

CUBITAL TUNNEL RELEASE PROTOCOL

POST-OP WEEK 0-2:

Home Expectations:

1. Surgical dressing:
 - a. Cover the entire incision until post op day 14 and keep the incision completely dry.
 - b. Edgerton: Splint will be placed post-operatively for the first 2 weeks
 - c. Johnson: Soft dressings and sling will be used post-operatively for the first 2 weeks
2. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

POST-OP WEEK 2-4: May start formal physical therapy based on pain and function.

Home Expectations:

1. Continue to ice and work gently on Range of Motion exercises provided by PT.
2. Avoid heavy lifting (generally nothing over 1-2 lbs) pushing or pulling.
3. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling
4. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

Therapy Goals (if indicated):

1. Begin PROM as tolerated with emphasis on attaining full extension and working toward full supination.
2. Begin Active wrist extension, flexion, ulnar and radial deviation.

POST-OP WEEKS 4-6:

Home Expectations:

1. Light activities can be resumed.

Therapy Goals (if indicated):

1. Continue with PROM as needed progressing to patients tolerance.

2. Begin AAROM and work into AROM for elbow flexion/extension and pronation/supination.

POST-OP WEEKS 6-12:

Home Expectations:

1. Return to full activity as indicated by adequate muscle strength, proprioceptive development, and physician orders.
2. May follow up with your Orthopedic Surgeon at 6 weeks post op.

Therapy Goals (if indicated):

1. Continue PROM to achieve normal ROM compared to non-involved extremity.
2. AROM/PRE's in pain-free ranges using either hand weights, resistive equipment or tubing.
3. Patient to increase difficulty/resistance during rehabilitation activities as able without joint irritation.
4. Progression determined by ability to adequately demonstrate appropriate strength, proprioception, understanding, and independence in execution of exercise program.

This protocol provides you with general guidelines for the rehabilitation of a Cubital Tunnel Release. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's order take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.