



**DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
CARPAL TUNNEL RELEASE (ENDOSCOPIC AND OPEN TECHNIQUE)
POST-OP THERAPY PROTOCOL**

Phase 1 –Early Protective Phase (0-3 weeks)

Goals for Phase 1	Precautions for Phase 1
<ul style="list-style-type: none">• Immobilize and protect surgical site• Restore full wrist and hand ROM• Minimize risk of scar adhesions• Pain and edema control	<ul style="list-style-type: none">• Pillar pain along the thenar or hypothenar area may be present during initial 3 months following surgery. Gripping, and firm pressure along the palm can cause pain. As post-operative edema subsides, typically pillar pain will also subside

Splint

- A prefabricated wrist control splint to be worn for 6 weeks except for hygiene

Wound Care

- Light dressing applied as needed

Edema Management

- Light compression with compression sleeves to thumb, hand and forearm as needed after incision healed
- Elevation
- Manual Edema Mobilization (MEM)

ROM

- AROM 4-6x/day including flexor tendon glides, isolated blocking to the FDS and FDP, thumb opposition and wrist all planes of motion

Scar Management

- Begin scar massage no sooner than 2 days after suture removal after scar is fully closed with no scabbing present. Begin with light massage using lotion
- Educate patient in scar management
- Apply scar remodeling products as needed

Manual Therapy

- Desensitization – begin with light pressure and soft fabrics and progress to deeper pressure and coarse textures
- Median nerve glides

Modalities

- Ultrasound for scar management
- Heat modalities to progress ROM



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**Phase 2 – Intermediate/Late Phase (3+ weeks)
(continued on next page)**

Goals for Phase 2	Precautions for Phase 2
<ul style="list-style-type: none">• Initiate progressive strengthening• Develop home exercise program• Educate patient to prevent recurrence of symptoms• Gradually return to full functional use of involved arm	<ul style="list-style-type: none">• Strengthening is not initiated if significant pain or moderate amounts of edema persist• No lifting greater than 5#• Educate patient in reducing risk of recurrence<ul style="list-style-type: none">○ Avoid repetitive use of wrist○ Avoid using high-frequency vibration tools○ Ergonomic education and workplace modification○ AE training such as anti-vibration gloves may be necessary○ Frequent stretching and breaking up repetitive tasks

Splint

- Continue prefabricated wrist hand orthosis until 6 weeks post-op except with hygiene

ROM

- Continue phase 1 ROM exercises until WNL
- Gentle intrinsic stretching as needed
- Median nerve glides as needed

Manual Therapy

- Continue scar management techniques
- Continue desensitization as needed
- Median nerve glides

Strengthening

- Initiate strengthening initiated with foam blocks or putty no more than 5-minute sessions 3-5x/day. Educate patient in slow, sub-maximal pain-free gripping and pinching exercises.
- **4-6 weeks:**
 - If strength is severely limited and/or patient requires significant strength in their job, progress to stronger putty or an exerciser with extra padding to avoid discomfort
 - Initiate forearm and wrist isotonic strengthening
 - Postural strengthening



Phase 2 – Intermediate/Late Phase (3+ weeks)

Modalities

- Continue with ultrasound for scar management and heat modalities to progress ROM if it has not progressed to WNL for patient

Functional Activity

- **6 weeks:**
 - Patient education completed to reduce chance of recurrence of symptoms
 - Education on proper body mechanics and ergonomics should be vended to patient
- **8 weeks:**
 - Gradually return to functional use of the involved hand for higher level work and home management tasks
- **10 weeks:**
 - Patient may return to unrestricted use of the hand with physician permission.

Work Conditioning

- After 10 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate