ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
CUBITAL TUNNEL RELEASE POST-OP THERAPY PROTOCOL

Phase 1 – Early Protective Phase (3 days-2 weeks)

Goals for Phase 1	Precautions for Phase 1
• Promote hygiene and reduce risk of infection • Reduce presence of edema • Promote return of motion while ensuring patient stays asymptomatic	• During movement, ensure that no paresthesia symptoms occur. Doing so will exacerbate symptoms and delay recovery

Other Considerations
- It is important to take moving two-point discrimination measurements at initial evaluation and at regular intervals to document sensory return

ROM
- Gentle active and passive ROM initiated for the elbow, forearm, wrist, and digits 4-5 times per day
- Special care should be taken to reduce presence of paresthesia while completing exercises. Begin with isolated single joint range of motion and avoid composite stretching during this phase.

Edema Management
- Manual edema mobilization as needed
- Kinesiotape for swelling as needed

Wound Care
- Sterile dressing changes as needed
- An elbow pad may be helpful to provide protection to the surgical area

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 may be utilized if needed to reduce hypersensitivity of incision site

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Phase 2 – Restore Full Pain-Free Range of Motion (2-6 weeks)

Goals for Phase 2	Precautions for Phase 2
• Increase patient to full strength • Maximize overall function for full return to ADLs and IADLs • Prepare patient for return to full-duty labor if necessary	• Therapist should monitor for onset of hypersensitivity and dense scar formation, as these may lead to continued paresthesia symptoms. Modalities and manual therapy may help alleviate these symptoms

ROM
- Continue to work on achieving end-range motion if not fully achieved by this time
- Slowly progress from isolated single joint exercises to pain-free composite shoulder, elbow, forearm and wrist and hand range of motion

Scar and Edema Management
- Continue phase 1 scar and edema management as needed

Manual Therapy
- Continue with soft tissue massage, scar massage, and elastomer/silicon pad use to reduce density of scar and overall pain
- Continue desensitization as needed progressing from light to heavier pressure and utilizing varying textures

Modalities
- Ultrasound may be used for dense scar tissue formation, typically in tandem with soft tissue massage and elastomer/silicone pad use
- Fluidotherapy may be used to reduce intensity of hypersensitivity if present. May be used in tandem with desensitization bins

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Phase 3 – Strengthen and Return-to-Function (6+ weeks)

Goals for Phase 3	Precautions for Phase 3
• Restore strength and return to full functional use of involved extremity • Return to all activities of daily living including work activities	• Progress slowly with strengthening as tolerated by the patient. Resistance should not increase if patient experiences an increase in symptoms

ROM
- Restore full shoulder, elbow, wrist, and hand composite pain-free range of motion

Manual Therapy
- Continue scar management and desensitization as needed

Strengthening
- Initiate progressive strengthening to shoulder, elbow, forearm, wrist, and hand
- Strengthening to elbow should progress slowly beginning with 1# free weights and avoiding all exercises that increase pain or paresthesia symptoms

Functional Activity
- **6 weeks**: gradually return to functional use of the involved arm for higher level work and home management tasks
- **8 weeks**: patient may return to unrestricted use of the arm with physician permission

Work Conditioning
- After 8-10 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate

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