

Elbow Release with Ulnar Nerve Transposition Physical Therapy Protocol/Prescription

Name: _____**Date:** _____**Diagnosis:** _____**Date of Surgery :** _____**Weeks 0-6:**

- Edema Control
- Full Active and Passive ROM
- Continuous, stretching at end range, place and hold
- Compression Sleeve
- No Strength training
- Massage

**Weeks 6-12:**

- Progress elbow ROM, emphasize full extension
- Initiate strengthening exercises for
- Wrist/Elbow extension-flexion
- Forearm Supination-pronation
- Initiate eccentric exercise program
- Ok to begin gentle strengthening, but main focus should be motion until week 12

**Week 12:**

- Ok for full strengthening, begin throwing, continue ROM

Comments:**Frequency:** _____ **times per week****Duration:** _____ **weeks****Signature:** _____**Date:** _____