

Ulnar Nerve Transposition Physical Therapy Protocol/Prescription

Name: _____

Date: _____

Diagnosis: _____

Date of Surgery : _____

**Week 1:**

- Splint at 90 degrees elbow flexion with wrist free for motion
- Compression dressing
- **Exercise:** gripping exercises, wrist ROM, shoulder isometrics

**Week 2:**

- Remove splint for exercise and bathing
- Progress elbow ROM (passive ROM 15°-120°)
- Initiate elbow and wrist isometrics
- Continue shoulder isometrics

**Weeks 3-6:**

- Progress elbow ROM, emphasize full extension
- Initiate flexibility exercises for
- Wrist extension-flexion
- Forearm Supination-pronation
- Elbow extension-flexion
- Initiate strengthening exercises for
- Wrist/Elbow extension-flexion
- Forearm Supination-pronation
- Shoulder program

**Week 6:**

- Continue all exercises listed above
- Initiate light sport activities

**Week 8:**

- Initiate eccentric exercise program

- Initiate plyometrics exercise drills
- Continue shoulder and elbow strengthening and flexibility exercises
- Initiate interval throwing program

**Week 12:**

- Return to competitive throwing

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