

Physical/Occupational Therapy Prescription

Name: _____ Date of Birth: _____

Diagnosis: Cubital Tunnel Syndrome Code: G56.20

Procedure: Ulnar Nerve Release and Subcutaneous Transposition Surgery Date: _____

Instructions:

Range of motion:

- Splint immobilization for the first two weeks after surgery.
- Thereafter please perform progressive passive and active range of motion without restriction for wrist flexion and extension, forearm pronation and supination, and elbow flexion and extension.
- Begin active gripping exercises immediately and incorporate throughout protocol.
- Incorporate gentle stretching to reach final full flexion and extension at six weeks.

Strengthening:

- Begin rotator cuff, elbow, wrist submaximal isometric strengthening after split removal.
- Begin eccentric strengthening once range of motion is full.
- Progress to proprioception drills and plyometrics.
- Begin athletic activities (including throwing) once strength is full, progress as tolerated.

Please provide with a home exercise program.

Modalities

Heat before therapy, ice after. Additional modalities per therapist.

Frequency: 2 times/week Duration: 6 weeks

Signature: _____ Date: _____