

## **Ulnar Nerve Transposition**

A procedure performed to address Cubital Tunnel Syndrome in which the ulnar nerve is relocated anteriorly to the medial epicondyle where it is no longer irritated or pinched by the bony prominence

### **Phase I (8 – 10 days post-op)**

- Brace:
  - Sling removal allowed hourly to perform light elbow and hand ROM within pain-free ranges to avoid stiffness
- Work:
  - Return to work with use of unaffected extremity only with operative extremity maintained in a sling while at work

### **Phase II (2 weeks post-op)**

- Brace:
  - Discontinue sling wear
  - Until 4 weeks post-op, wrist is maintained in a wrist cock up brace
- ROM:
  - Continue A/PROM for the elbow and hand within patient tolerance

### **Phase III (4 weeks post-op)**

- Wound care:
  - Scar massage and desensitization may begin pending the wound is completely closed with no signs of infection and all sloughing material/eschar is gone.
- Brace:
  - Discontinue wrist cock up brace and bring wrist ROM

### **Phase IV (6 weeks post-op)**

- ROM:
  - Continue A/PROM for the elbow wrist, and hand
- Work:
  - Advance to 3 lb. Weight restriction
  - No power gripping or vibratory tools

### **Phase V (8 weeks post-op)**

- Strengthening:
  - Being light strengthening to tolerance

### **Phase VI (10+ weeks post-op)**



- Work:
  - Return to work without restrictions

**Expectations:** Variations in return to work can occur that are based on individual patient healing and rehabilitation variability in combination with job demands

Adapted From:

1) Indiana Hand Protocol