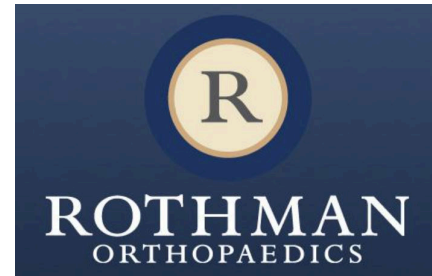


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Elbow Release with Ulnar Nerve Transposition Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Open Elbow Release with Ulnar Nerve Transposition

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ Week 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:

_____ Functional Capacity Evaluation _____ Work Hardening/Work Conditioning Teach HEP

Modalities

Electric Stimulation _____ Ultrasound _____ Iontophoresis _____ Phonophoresis _____ TENS
 Heat before Ice after _____ Trigger points massage Therapist's discretion

Signature _____ Date _____