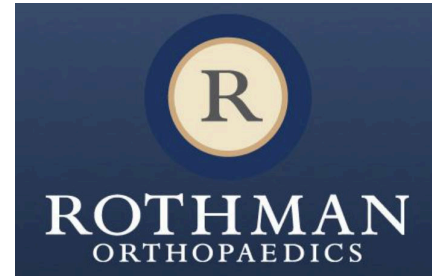


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Ulnar Nerve Transposition Physical Therapy Protocol/Prescription

Name _____

Diagnosis s/p RIGHT/LEFT Ulnar Nerve Transposition

Date of Surgery _____

Frequency: _____ times/week Duration: _____ Weeks

_____ 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

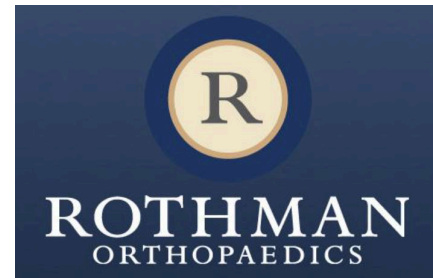
_____ Weeks 3-6

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

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_____ 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:

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

Modalities

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

Signature _____ Date _____