

Carpal Tunnel Release Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint (if applicable) for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	No splint vs. postoperative volar wrist splint depending on surgeon preference A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Suggested Therapeutic Exercise <ul style="list-style-type: none"> • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • If no postoperative splint: gentle, short-arc AROM wrist and forearm • AROM elbow flexion and extension • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • Gentle, pain-free cervical AROM to relieve tension • Abdominal breaths/deep breathing <p>Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake</p>

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**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
No resistance strengthening until 4-6 weeks post op depending on soft tissue healing.
Avoid instrument-assisted scar mobilization over the carpal tunnel, may use extraction techniques.**

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Restore range of motion</p> <p>Restore dexterity</p> <p>Nerve mobilization through gliding exercises</p> <p>Scar management</p> <p>Desensitization</p>	<p>None required</p> <p>May use padded glove or hand sleeve for comfort</p> <p>Compression glove, if needed for swelling</p>	<p>Soft tissue mobilization through the neural anatomic pathway</p> <p>Education: Posture positioning and areas of possible nerve compression and traction</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Continue previous recommendations • AROM fingers with tendon glides • Thumb FPL glides • Thumb radial and palmar abduction, opposition to the tip of each finger/reposition • Dexterity and hand manipulation activities • AROM wrist 4-way • AROM forearm pronation/supination • Median nerve glides <p>Scar management activities</p> <p>Desensitization activities if hypersensitive at the surgical site</p>

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Phase 3 Precautions: Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand. Continue nerve glides.

Phase 3	Emphasis on	Orthosis	Exercise
6-12 weeks	<p>Begin gradual strengthening for functional activities</p> <p>Continue neural mobilization</p> <p>Encourage progressive functional use of the surgical hand</p>	<p>None required</p> <p>Padded hand sleeve or glove for weight bearing, anti vibration gloves if using vibration tools as needed</p>	<p>Continue previous soft tissue mobilization and education as needed</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Progressive upper quarter flexibility including thoracic spine, scapula on thorax mobility • Progressive strengthening of the upper quarter as tolerated • Continued dexterity and hand manipulation activities if dexterity deficits persists • Address dysfunctional posture positioning and movement patterns • Continue median nerve glides <p>Progress ADL's, allowing pain to guide activity</p> <p>Scar management activities including myofascial mobilization</p>

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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