Cubital Tunnel Release Anterior Subcutaneous Transposition Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint 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	Postoperative elbow (wrist may be included) splint A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • If postoperative splint allows, gentle, short-arc AROM wrist • 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 • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

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Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
No resistance strengthening until 6 weeks post op.

Phase 2	Emphasis on	Orthosis	Exercise
2-6 weeks	Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal Balance relative rest with appropriate amounts of therapeutic activity for recovery Restore range of motion Address compensatory movement/guarding patterns including position of posture Restore dexterity Nerve mobilization through gliding exercises Soft tissue mobility through the neural anatomic pathway Scar management Desensitization	None required Padded elbow sleeve as needed compression sleeve and/or glove prn	Soft tissue mobilization through the neural anatomic pathway Education: posture positioning and areas of possible nerve compression and traction Suggested Therapeutic Exercise • AROM Finger Tendon glides with emphasis on intrinsic flexion • Thumb flexion/extension, radial and palmar abduction, opposition to the tip of each finger • Emphasis on finger ABD/ADD • Dexterity and hand manipulation activities • AROM wrist 4-way • AROM forearm pronation/supination • AROM elbow flexion and extension • Move the shoulder through full available motion • Gentle, pain-free cervical ROM • Ulnar nerve glides Scar management activities Desensitization activities if hypersensitive at the surgical site

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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	**Begin gradual strengthening for functional activities** **Continue neural mobilization** **Encourage progressive functional use of the surgical hand**	**None required** **Padded elbow sleeve as needed**	**Continue previous soft tissue mobilization and education as needed** **Suggested Therapeutic Exercise** • **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** • **Intrinsic strengthening** • **Scapular stabilization and rotator cuff strengthening** • **Address dysfunctional posture positioning and movement patterns** • **Continue ulnar nerve glides** **Progress ADL's, allowing pain to guide activity** **Scar management activities including myofascial mobilization**

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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