UVAHEALTH: ORTHOPAEDIC DEPARTMENT HAND AND UPPER EXTREMITY DIVISION

Radial Tunnel Release Rehabilitation Guidelines

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 Emphasis on Orthosis Exercise Surgery Protection Postoperative splint: Elevation 1-2 weeks Protection Postoperative splint: Elevation It clean and dry Asing may be used when out in the community, removing at home to allow for elevation and striffness and loss of motion for the unaffected joints Asing may be used when out in the community, removing at home to allow for elevation and therapeutic exercises Finger flexion and extension AROM and AROM for tendon glides Avoid upper quadrant pain from holding arm in a guarded position a guarded position If not contraindicated by a non related shoulder dysfunction: active and backward 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 as be, good sleep hygiene and good hydration and nutritional intake	Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.							
Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors. Phase 1: Starts after Emphasis on Orthosis Exercise 1-2 weeks Protection Postoperative splint Elevation NWB of the surgical upper extremity 1-2 weeks Protection Postoperative splint Description of the surgical upper extremity Movement of unaffected joints 1-2 weeks Protection A sing 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 A sing may be used when out in the community, removing at home to allow for elevation and therapeutic exercises Finger flexion and extension AROM and AAROM for tendon glides Avoid upper quadrant pain from holding arm in a guarded position a guarded position 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 Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake	Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.							
Phase 1: Starts after Emphasis on Orthosis Exercise Surgery Protection Reep the postoperative splint: posterior long arm elbow and wrist Rowent of unaffected joints 1-2 weeks Prevent finger stiffness and loss of motion for the unaffected joints A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises Finger flexion and extension Avoid upper quadrant pain from holding arm in a guarded position A void upper quadrant in a guarded position Finger flexion and extension Frow and attive and active assisted shoulder circles moving the scapular retraction Finovard and backward shoulder circles moving the scapula on the thorax Gentle, pain-free cervical AROM to relieve tension Abdominal breaths/deep breathing Encourage staying active throughout the day sable, good sleep hygiene and good hydration and nutritional intake	Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.							
1-2 weeks Protection Keep the postoperative splint clean and dry Postoperative summer of unaffected joints throughout the day A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises NWB of the surgical upper extremity Avoid upper quadrant pain from holding arm in a guarded position Finger flexion and extension active and active assisted shoulder range of motion nor helding arm in a guarded position If not contraindicated by a non related shoulder retraction Forward and backward shoulder circles moving the scapula on the thorax Gentle, pain-free cervical AROM to releasion the thorax Brown and AROM for the day sable, good sleep hygiene and good hydration and nutritional intake Elevation	Phase 1: Starts after	Emphasis on	Orthosis	Exercise				
1-2 weeksProtectionPostoperative splint: postoperative splint: clean and dryPostoperative splint: posterior long arm elbow and wristElevationMinimize swellingA sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercisesNWB of the surgical upper extremity Movement of unaffected joints suggested Therapeutic ExerciseA void upper quadrant pain from holding arm in a guarded positionAvoid upper quadrant pain from holding arm in a guarded positionNote the superative splint: posterior long arm elbow and wristSuggested Therapeutic Exercise• Finger flexion and extension AROM and AROM for tendon glides• Finger flexion and extension AROM and AROM for tendon glides• Cative finger of the unaffected joints• Finger flexion and extension AROM and AROM for tendon glides• Forward and backward shoulder dysfunction: active and active assisted shoulder rrange 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• Broourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake	Surgery							
	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 splint: posterior long arm elbow and wrist 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 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 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				
Phase 2 2-6 weeks	Emphasis on 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 Nerve mobilization through gliding exercises Soft tissue mobility through the neural anatomic pathway Scar management Desensitization	Orthosis Wrist orthosis (WHO) wrist in 30° extension. Compression sleeve and/or glove PRN	Exercise Soft tissue mobilization through the neural anatomic pathway Education: posture positioning and areas of possible nerve compression and traction Suggested Therapeutic Exercise • Continue previous recommendations • Thumb flexion/extension, radial and palmar abduction, opposition to the tip of each finger • Dexterity and hand manipulation activities • AROM wrist 4-way • AROM forearm pronation/supination • Radial nerve glides Scar management activities Desensitization activities if hypersensitive at the surgical site				

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Radial Tunnel Release Rehabilitation Guidelines

Phase 3 Precautions: <u>Avoid pain when strengthening</u> 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 restoration of range of motion, if applicable Encourage progressive functional use of the surgical hand	Gradual weaning of wrist orthosis, may continue at night for positioning compression sleeve and/or glove prn	 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 Scapular stabilization and rotator cuff strengthening Address dysfunctional posture positioning and movement patterns Continue radial 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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