

Conservative Treatment for Cubital Tunnel Syndrome

Clinical Goals

- ◆ Decrease pain or discomfort on the dorsal / ulnar aspect of the elbow
- ◆ Decrease tingling or numbness in ulnar nerve distribution, including the ring and small fingers

Testing

- ◆ Elbow ROM is usually within normal limits
- ◆ Pain rating
- ◆ 2 point discrimination in ring and small fingers, if numbness is present

Splinting

- ◆ A volar elbow splint is applied in 30-45° of flexion, to be worn at night
- ◆ An elbow pad may be worn with the splint at night and alone during the day

Exercise

- ◆ ROM exercises are usually not needed
- ◆ The patient is instructed not to keep the elbow in a flexed position for prolonged periods of time, and to avoid pressure to the elbow
- ◆ Ulnar nerve gliding exercises may be performed 3 times a day (see hand out)

Clinical Follow-up

- ◆ Only as needed, usually only one or two visits

Post-Operative Treatment Following Ulnar Nerve

Transfer

Phase I: 1-6 weeks

Clinical Goals

- ◆ Achieve full ROM of the involved elbow and forearm
- ◆ Maintain minimal swelling
- ◆ Prevent/decrease hypersensitivity around incision area
- ◆ Scar management

Testing

- ◆ Elbow and forearm ROM

Splinting

- ◆ A long arm splint is worn between exercises and at night for 3 weeks, then gradually decreased during the day, while worn at night for 2-3 more weeks.

Exercises

- ◆ Active and gentle passive ROM exercises are initiated to the wrist, forearm, and elbow to be done 6 times a day.
- ◆ Ice is used after exercise for 20 minutes 3-4 times a day
- ◆ Passive stretching is increased the 2nd week
- ◆ Scar Massage and desensitization exercises, if needed, are begun when the wound is healed
- ◆ An elastomer or silicone pad may be made to wear at night if the scar is hard or raised
- ◆ If passive extension is limited, prolonged passive stretches may be performed 3 times per day for 20 minutes, beginning with 1 pound at approximately 3 weeks

Phase II: 5-6 weeks to 12 weeks

Clinical Goals

- ◆ Scar management
- ◆ Regain full strength in involved arm

Testing

- ◆ ROM elbow, forearm
- ◆ Grip strength

Exercises

- ◆ ROM exercises are continued until ROM is within normal range
- ◆ Scar massage is performed several times a day for 5-7 minutes
- ◆ Strengthening exercises are initiated at 5-6 weeks
- ◆ Putty or a hand gripper are used for grip strength 3 times a day for 10 minutes
- ◆ Light weights or tubing are used for wrist, forearm and elbow strengthening 1-2 times a day, followed by ice for 20 minutes

Clinical Follow-up

- ◆ 2-3 times a month until 8 weeks, then 1-2 times a month, unless the patient has problems regaining ROM and needs to be seen more often

DISCLAIMER

These general rehabilitation guidelines are created by physical and occupational therapist for the rehabilitation of various shoulder and elbow pathologies. These are to simply be used as guidelines. This information is provided for informational and educational purposes, only. Specific treatment of a patient should be based on individual needs and the medical care deemed necessary by the treating physician and therapists. The University of Kentucky and The American Society of Shoulder and Elbow Therapists take no responsibility or assume no liability for improper use of these protocols. We recommend that you consult your treating physician or therapist for specific courses of treatment.