



**ULNAR NERVE TRANSPOSITION PT PROTOCOL**

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Date of Surgery** \_\_\_\_\_

Frequency: 1 2 3 4 times/week

Duration: 1 2 3 4 5 6 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 degrees)
- Initiate elbow and wrist isometrics
- Continue shoulder isometrics

**Week 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 extension-flexion
  - Forearm Supination-pronation
  - Elbow extension-flexion
  - Shoulder program

**Weeks 6**

- Continue all exercises listed above
- Initiate light sport activities

**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



# Brian Waterman, MD

SPORTS MEDICINE & ORTHOPEDICS

**Comments:**

Functional Capacity Evaluation  Work Hardening/Work Conditioning  Teach HEP

**Modalities:**

Electric Stimulation  Ultrasound  Iontophoresis  Phonophoresis  
 TENS  Heat before/after  Ice before/after  Trigger points massage  
 Therapist's discretion  
 Other \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_