

Elbow Arthroscopy with /ulnar Nerve Transposition Rehabilitation Protocol

General notes:

No activity should cause sharp pain during the exercise or a significant increase in pain afterwards. "As tolerated" means that all prior phases and steps have been achieved and that the activity does not cause pain.

Ice should be applied to the elbow for 20 minutes following each exercise, therapy, or training session.

All times and exercises are to serve as guidelines. Actual progress may be faster or slower, depending on each individual patient, as agreed upon by the patient and his/her team of providers

Phase 1: Post-Operative Week 1

Brace: on and locked at all times, except to dress incision, at approximately 90 degrees. Utilize sling, for comfort

Therapeutic Exercises:

- Finger, hand and wrist motion encouraged

Phase 2: Post-Operative Weeks 2 to 4:

Brace: continue brace use with progressive opening as per ROM guidelines. Discontinue sling as tolerated.

ROM (range of motion) Goals:

- Active (your muscle causes movement) and active assisted (surgical arm gets help moving) to regain elbow ROM.
- Progress to 45-120 degrees as tolerated. Pronation and supination can progress to full as tolerated.

Therapeutic Exercises:

- Strengthening: Formal strengthening will begin when full range of motion has been reestablished
- Core Strengthening: may be initiated as tolerated, non-weight bearing upper extremities
- Conditioning: stationary bike, elliptical may be initiated as tolerated

Phase 3: Post-Operative Weeks 5 to 8:

ROM (range of motion) Goals:

- Progress as tolerated achieving full extension at 8 weeks post-op

Therapeutic Exercises:

- Strengthening: resistance exercises allowed as tolerated, in all planes
- Core Strengthening: continue with core strengthening
- Conditioning: as tolerated; upper extremity weight-bearing activities

Phase 4: Return to play, Post-Operative Weeks 9 and beyond

Therapeutic Exercises:

- Strengthening: upper body plyometric activities may be added in slowly after full ROM and strength have been regained
- Conditioning: progress as tolerated
- Throwing rehabilitation: interval throwing may begin after full ROM and strength have been gained

Phase 5: Return to play

Final clearance for full, unrestricted return to play will be determined by the medical provider (physician, physician assistant)