



Physical/Occupational Therapy Prescription

Name:

Date of Birth:

Diagnosis: Cubital Tunnel Syndrome **Code:** G56.20

Procedure: Cubital Tunnel release +/- ulnar nerve transposition

Surgery Date:

Instructions:

Range of motion:

Splint immobilization until two weeks post-operatively.

Thereafter please perform progressive passive and active range of motion without restriction for wrist flexion and extension, forearm pronation and supination, and elbow flexion and extension.

Begin active gripping exercises immediately and incorporate throughout protocol.

Incorporate gentle stretching to reach final full flexion and extension at six weeks.

Strengthening:

Begin rotator cuff, elbow, wrist submaximal isometric strengthening after 2 weeks.

Begin eccentric strengthening once range of motion is full.

Progress to proprioception drills and plyometrics.

Begin athletic activities (including throwing) once strength is full, progress as tolerated.

Please emphasize a home exercise program.

Goal is full use of arm by 6 weeks and return to unrestricted activity by 12 weeks.

Modalities: Heat before and ice after therapy. Massage prn

Frequency: 2-3 times/week

Duration: 6 weeks

Signature:

Date:

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