



Cubital Tunnel Release- Physical Therapy Prescription

Please fax weekly assessment/progress notes directly to 248-498-7594

Name: _____

Date: _____

Diagnosis: R / L Elbow Cubital Tunnel Release

Date of Surgery: _____

Frequency: Perform below exercises daily after surgery

Phase I (weeks 0-2)

Bandage to remain in place per post-operative instructions for 48-72 hours

- Keep dressing clean and dry
- May shower after 48-72 hours when dressing comes off, NO BATHS/SOAKING

Start elbow range-of-motion exercises day after surgery

- Concentrate on full extension of elbow
- Then progress to full flexion
- Pronation/Supination (rotation) of elbow as tolerated

May move Wrist/Hand/Fingers as much as desired

Limit lifting to less than 5 pounds

Avoid repetitive motions of elbow/wrist

Phase II (weeks 2+)

No soaking of wound for minimum 3 weeks after surgery

Gradually return to full activity

Increase weight as tolerated

- Let pain be your guide

Aim for full range of motion of elbow by weeks 4

- If stiffness still present by week 4, will consider physical therapy

Full Return to Work/Activity

No or minimal symptoms from the ulnar nerve (numbness/tingling/pain/etc...)

Full pain-free ROM

Strength 85-90% equal to contralateral arm

Cleared by Physician

Signature: _____

Date: _____