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**Advanced Orthopedics**  
AND SPORTS MEDICINE



## Physical Therapy Prescription – Ulnar nerve release/transposition

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

**Diagnosis:** R / L elbow ulnar nerve release **Date of Surgery:** \_\_\_\_\_

**Frequency:** 2-3 times per week for \_\_\_\_\_ weeks

### Weeks 0-2

Elbow in posterior mold splint x 1 week or until first therapy visit  
Appointment to be scheduled with Hand Therapist for incision check and begin therapy  
Ok for free wrist range of motion  
Ok to squeeze sponge and soft putty  
In first week avoid passive terminal elbow extension (5-10degrees) with wrist extended  
Avoid massage over incision

### Weeks 2-4

Remove Sling  
Passive elbow ROM exercises  
Progress to active/active assist ROM  
Begin wrist, forearm, and hand/finger strengthening exercises

### Weeks 4-8

Add elbow flexion and extension strengthening exercises  
Add radial/ulnar strengthening  
Begin upper body ergometer for conditioning

### Week 8-12

Progress heavier weights as tolerated  
May progress shoulder strengthening with light weight emphasizing rotator cuff  
May begin light throwing

### 3-4 Months

Continue strengthening as needed  
May begin functional work-related activities and sports specific drills  
Begin Throwing program

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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