CLINICAL PROTOCOL FOR CUBITAL TUNNEL SYNDROME (CONSERVATIVE)

FREQUENCY: 1-3 times per week.

DURATION: Average estimate of formal treatment 1-3 times per week up to 10 visits over 4 weeks based on Occupational Therapy evaluation findings.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

INITIAL EVALUATION (VISIT ONE)

   - Edema
   - Range of motion
   - Grip/Elbow extended as well/Pinch strength
   - Clinical Tests: Elbow flexion, Tinel’s at cubital tunnel
   - Manual muscle testing especially intrinsics, ECU, FDP III-IV
   - Sensation
   - Upper extremity screen (neck/shoulder/wrist evaluations)

2. Limit/Immobilize elbow range of motion by fabricating splint.
   - Neoprene elbow splint (may add aquaplast insert at –30 to –45 degrees)
   - Elbow splint may or may not include wrist (elbow at –30 to –45 degrees), preferably volar

3. Protect medial elbow.
   - Heelbo

4. Instruct in home exercise program of:
   - Ice
   - Range of motion exercises
   - Ulnar nerve glides

5. Patient education regarding postures and activities to avoid:
   - Resting elbow on hard surface, prolonged elbow flexion, repetitive flexion/extension at elbow or wrist.
If patient presents with the following Self-Management Criteria:

- Good understanding and execution of home exercise program.
- Minimal to no limitation in active range of motion of elbow/forearm/wrist.
- Minimal to no edema at elbow.

then patient can be placed on a home exercise program in conjunction with a splint wearing schedule. Follow-up appointment to be made every 1-2 weeks until Discharge Criteria have been met. If patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until below Discharge Criteria have been met.

**DISCHARGE CRITERIA:**

- Full elbow, forearm, and wrist active range of motion.
- Independent with comprehensive home exercise program.
- Patient has adequate knowledge of diagnosis and demonstrates ability to self-manage symptoms.
- Failure to progress.
- Failure to comply.

**TREATMENT GUIDELINES**

**WEEK ONE TO FOUR:**

**GOALS:**
1. Patient will demonstrate proper home exercise program techniques.
2. Patient will be knowledgeable in activities and postures to avoid:
   - Repetitive flexion/extension at elbow or wrist.
   - Resting elbows on hard surfaces.
   - Prolonged elbow flexion.
3. Patient will be independent with donning/doffing splint and will don as instructed.
4. Patient will have good tolerance for iontophoresis, if necessary.

- Ulnar nerve glides.
- Home exercise program done 3-4 times per day.
- Stretches.
- Education in good posture and body mechanics.
- Fluidotherapy.
- Iontophoresis if deemed appropriate.

**REFERENCES:**