



Frisbie Memorial Hospital

Marsh Brook Rehabilitation Services

Wentworth-Douglass Hospital

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)

GOALS: 1. Standard evaluation.

- 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.

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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 do 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:

1. Blackmore SM, Hotchkiss RN. Therapist's Management of Ulnar Neuropathy at the Elbow. In: Hunter JM, Mackin EJ, Callahan AD (eds.). Rehabilitation of the Hand, 4th ed. St. Louis, MO: Mosby, 1995: 665-677.
2. Hunter JM, Davlin LB, Fedus L. Major Neuropathies of the Upper Extremity: The Ulnar and Radial Nerves. In: Hunter JM, Mackin EJ, Callahan AD (eds.). Rehabilitation of the Hand, 4th ed. St. Louis, MO: Mosby, 1995: 918-919.
3. Nicholson, Beth. Clinical Evaluation. In: Stanley BG, Tribuzi SM (eds.). Concepts in Hand Rehabilitation. Philadelphia, PA: F.A. Davis Co., 1992: 87-88.