KEVIN O'DONNELL, MD
Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Cubital Tunnel Decompression

Ulnar nerve decompression at the elbow (in-situ release or anterior transposition)

The ulnar nerve has been decompressed. With a simple in-situ release, early elbow motion is encouraged. If the nerve was transposed, end-range elbow flexion is protected briefly. Nerve recovery (sensation/strength) can continue for months and depends on the pre-operative severity.

General Precautions

- Soft dressing for in-situ release; a posterior splint (~45° flexion) for ~1–2 weeks if the nerve was transposed.
- If transposed, avoid aggressive end-range elbow flexion stretching for ~3–4 weeks.
- No heavy lifting or gripping until cleared.

Phase I — Protection Weeks 0–2

Goals

- Control pain and swelling
- Protect the nerve
- Maintain motion of adjacent joints

Precautions / Restrictions

- Transposition: protect end-range elbow flexion
- Keep incision clean and dry

Exercises & Interventions

- Gentle active elbow, wrist, and finger motion (in-situ: early full elbow AROM)
- Edema control / elevation
- Gentle nerve glides as tolerated
- Cryotherapy

Criteria to Advance

- Wound healing
- Pain controlled

Phase II — Motion Weeks 2–4

Goals

- Restore full elbow and forearm motion
- Begin scar management

Precautions / Restrictions

- Progress end-range elbow flexion gradually if transposed

Exercises & Interventions

- Full active elbow/forearm range of motion
- Ulnar nerve gliding exercises
- Scar mobilization / desensitization

Criteria to Advance

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- Full pain-free motion
- Well-healed scar

Phase III — Strengthening Weeks 4–8

Goals

- Restore grip and forearm strength

Exercises & Interventions

- Progressive grip and forearm strengthening
- Intrinsic hand strengthening as needed
- Endurance work

Criteria to Advance

- Strength improving
- Functional use restored

Phase IV — Return to Activity Months 2–3+

Goals

- Return to full activity

Exercises & Interventions

- Sport-/job-specific progression
- Continued nerve gliding as needed

Criteria to Advance

- Functional strength
- Note: sensory/motor nerve recovery may continue over many months

This protocol is a general guideline. Progression is criteria-based and may be advanced or slowed by Dr. O'Donnell based on intraoperative findings, tissue quality, fixation, and individual healing. Time frames are approximate. Direct questions to the office at (305) 393-8810.