KEVIN O'DONNELL, MD

Orthopaedic Surgery · Sports Medicine

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PHYSICAL THERAPY PROTOCOL

Carpal Tunnel Release

Open or endoscopic median nerve decompression at the wrist

After release of the transverse carpal ligament, early tendon and nerve gliding help prevent adhesions while the incision heals. Grip and pinch strength return gradually; “pillar” pain at the base of the palm can persist for several weeks to months.

General Precautions

- Soft dressing; keep the incision clean and dry.
- Avoid heavy gripping, forceful pinching, and repetitive wrist loading for ~4–6 weeks.
- Elevate the hand to control swelling.

Phase I — Early Motion Weeks 0–2

Goals

- Control swelling
- Maintain digit and wrist motion
- Begin gliding

Precautions / Restrictions

- No heavy grip/pinch
- Protect the incision

Exercises & Interventions

- Active finger, thumb, and wrist range of motion
- Tendon and median-nerve gliding exercises
- Edema control / elevation

Criteria to Advance

- Wound healing
- Full active digit motion

Phase II — Motion & Scar Care Weeks 2–6

Goals

- Restore full motion
- Manage scar and tenderness

Exercises & Interventions

- Full wrist and digit AROM
- Scar mobilization and desensitization
- Continue nerve/tendon glides
- Begin light grip/pinch strengthening

Criteria to Advance

- Full motion
- Improving scar mobility

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Phase III — Strengthening Weeks 6–12

Goals

- Restore grip and pinch strength

Exercises & Interventions

- Progressive grip and pinch strengthening (putty, grippers)
- Forearm strengthening
- Work-conditioning as needed

Criteria to Advance

- Grip/pinch strength improving toward symmetric
- Return to normal activity (pillar pain may linger)

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.