

Conservative Treatment for Cubital Tunnel Syndrome

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, Tinelís 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 ñ30 to ñ45 degrees)

! Elbow splint may or may not include wrist (elbow at ñ30 to ñ45 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.