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)

   ! 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.