



Median or Ulnar Nerve Repair Therapy Instructions Laith Al-Shihabi, MD

2-4 weeks

If nerve repair was performed along with flexor tendon repairs, follow the tendon repair protocol. This protocol is meant for median or ulnar nerve repairs performed in isolation.

Splint:

- Fashion a short-arm dorsal blocking splint holding the wrist in 20 degrees of flexion with the fingers free except for the following:
 - i. If the median nerve was repaired, fashion a thumb spica extension to maintain the first web space.
 - ii. If the ulnar nerve was repaired, fashion an anti-claw splint for the long through small fingers.
- Wear splint full-time except for when performing therapy exercises.
- Splint can be converted to hand-based only at 4 weeks.

Motion:

- Emphasize passive stretches to compensate for motor loss.
- Begin active and passive flexion and extension range of motion exercises to the fingers, along with active and passive flexion along with active extension within the splint.
- Active and passive wrist flexion along with active wrist extension within the splint is also allowed.
- Motion exercises should be performed hourly within the splint at home.

Edema Control:

Edema modalities per therapist.

4-8+ weeks

Initiate manual desensitization and sensory re-education as needed. Therapy visits may be resumed after this time frame as needed for sensory re-education. Emphasize sensory precautions for anesthetic digits.

Splint:

- Re-cut splints to be hand-based only. Continue use of splints with rest or while sleeping until nerve motor recovery occurs.
- Finger extension splinting can be started if there is an extension lag or flexion contracture.

Motion:

- Full active and passive wrist and finger motion is allowed.
- Begin gentle strengthening at 4 weeks.
- Transition to home program at 6-8 weeks.

Edema Control:

Per therapist.