Median or Ulnar Nerve Repair
Therapy Instructions
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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.