ROBERT PETTIT, MD

Restoring Function. Maximizing Performance.

ORTHOPAEDIC SPORTS MEDICINE · BEACON ORTHOPAEDICS & SPORTS MEDICINE

CINCINNATI, OH · FORT THOMAS, KY

(513) 354-3700

FELLOWSHIP-TRAINED · BOARD CERTIFIED (ABOS) · MAKO ROBOTICS CERTIFIED · CINCINNATI REDS TEAM PHYSICIAN

PHYSICAL THERAPY PROTOCOL — FOR THE TREATING THERAPIST

Cubital Tunnel Release

Rehabilitation guideline — individualize per operative note and surgeon instruction · Questions: (513) 441-5639

PRECAUTIONS

- No aggressive nerve stretching — gentle glides only.
- No direct pressure/leaning on the medial elbow ×4 wk.
- Desensitization/scar management if the incision becomes sensitive; monitor ulnar-intrinsic strength.

PHASED PROGRESSION

Phase	WB / Protection	Goals & Interventions	Criteria to Progress
0–1 wk	Light use immediately	Full elbow/wrist AROM, ulnar nerve glides, edema control, grip putty light	Full elbow ROM
2–4 wk	No leaning on elbow	Grip/pinch strengthening, scar mobilization, proprioceptive fine-motor tasks	Pain-free grip; scar mobile
4–6 wk	Unrestricted progressing	Progressive resisted forearm/hand program, work conditioning	Strength ~90% contralateral
6 wk+	Unrestricted	Return to full duty/sport; continue glides if residual symptoms	Discharge with home program

Timeframes are typical; radiographic healing and the operative note govern. DVT prophylaxis per surgeon (default aspirin 81 mg BID × 30 days). Report wound concerns, calf pain/swelling, fever, or neurovascular changes to the office same-day.

SCAN FOR THE LATEST VERSION ONLINE

robertpettitmd.com/pt-protocols/cubital-tunnel-release.pdf

This handout is for general patient education and does not replace personalized medical advice. Always follow the specific instructions given by Dr. Pettit and your care team.