SOUTH BEND ORTHOPAEDICS
A DIVISON OF ASCENDANT ORTHOPEDIC ALLIANCE LLC
Phone: 574.247.9441 • Fax: 574.247.9442 • www.sbortho.com

ANTERIOR INTRAMUSCULAR TRANSPOSITION OF THE ULNAR NERVE
DR MENCIAS, MD

Indications: Anterior intramuscular transposition of the ulnar nerve is indicated for persistent cubital tunnel syndrome.

Surgical procedure: This procedure involves transferring the ulnar nerve from beneath the medial epicondyle and cubital tunnel anterior to the medial epicondyle. This is accomplished by creating a trough in the flexor pronator mass by dividing the interconnections between the muscles. The nerve is placed deep in the trough. Care is taken to ensure fascia is not restricting the nerve.

Postoperative Rehabilitation

10-14 DAYS POST OP

The bulky compressive dressing is removed.
A long arm splint is fabricated to wear between exercises and at night. The long arm splint is fitted with the elbow in 90° of flexion and the forearm in a neutral to slightly pronated position, wrist is not included.
Initiate edema management and scar management within 48 hours of suture removal.
Initiate AROM exercises to the elbow, including supination. When completing elbow motion, keep the forearm in slight pronation to avoid undue stress on the flexor pronator muscle repair.
Initiate short-arc range nerve gliding. Will issue median nerve glides since the ulnar nerve was transposed anteriorly.

4 WEEKS POST OP

Begin weaning schedule for long arm splint during the day. Continue wearing at bed.
Initiate PROM to elbow, forearm, and wrist if necessary.

4-5 WEEKS POST OP

Initiate progressive strengthening to the forearm, grip, digits.Initiate progressive strengthening to the upper arm on a per patient basis, if the patient has minimal pain symptoms.

8 WEEKS POST OP

Progressive endurance building and low-load strengthening.
Goal is for the patient to return to work and normal activities.

NOTE: Patients should continue nerve gliding for 3-4 months.