Ulnar Nerve Decompression

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1.0 Policy Statement

1.1 It is the policy of Cappagh National Orthopaedic Hospital to provide a patient focused physiotherapy service delivered by chartered physiotherapists and support staff working in a well-equipped environment.

1.2 It is the policy of Cappagh National Orthopaedic Hospital to provide health professionals and the public with the necessary advice and guidance on physiotherapy rehabilitation.

2.0 Purpose

2.1 The purpose of this guideline is to advise health professionals and patients on the physiotherapy rehabilitation of a person undergoing Ulnar Nerve Decompression.

3.0 Scope

3.1 This guideline applies to all staff involved in the care of a person undergoing Ulnar Nerve Decompression, community staff involved in the pre and post-operative care of the patient, the patient and their family.

4.0 Health & Safety

4.1 There are health and safety risks involved in patient care, namely risk of physical injury to patient and staff, risk of infection.

4.2 Physiotherapists have the necessary qualifications and clinical experience to carry out this guideline and to supervise unqualified support staff.

4.3 They must be eligible for membership of their professional body, the Irish Society of Chartered Physiotherapists (ISCP).

4.4 They undertake mandatory manual handling, basic life support training, fire safety, infection prevention and control and risk management.

4.5 They complete a minimum of 100 hours continuing professional development every three years as required by the ISCP.

5.0 Responsibilities

5.1 It is the responsibility of physiotherapists to implement this guideline.
6.0 Definitions and Abbreviations
Compression of the ulnar nerve at the elbow, known as cubital tunnel syndrome, causes numbness in the small finger, along the half (lengthwise) of the ring finger closest to the small finger, and the back half of the hand over the small finger. Initially, the numbness is transient and usually occurs in the middle of the night or in the morning. Over time, the numbness is there all of the time, and weakness of the hand sets in. The ulnar claw, a position where the small and ring fingers curl up, occurs late in the disease and is a sign the nerve is severely affected.

7.0 Guideline

7.1 Pre-Operative
7.1.1 Patients are usually seen as day surgery cases and pre-operative assessments should include:

7.1.1.1 Physical assessment - joint range, muscle wasting, muscle strength, sensory changes and general function

7.1.1.2 Explanation of post-operative physiotherapy management.

7.2 Post-Operative
Review operation notes and post-operative physiotherapy and mobility instructions.

7.2.1 Day 1
7.2.1.1 Patients are usually in a soft dressing.

7.2.1.2 Encourage full active movement of shoulder, wrist and hand.

7.2.1.3 Active assisted progressing to active exercises for elbow flexion, extension, pronation and supination, within comfortable range.

7.2.1.4 Advise regarding the use of ice and elevation if indicated.
7.2.2 2 Weeks
7.2.2.1 Review home exercise regime.
7.2.2.2 Aim for full active range of movement at each joint, avoid over-stretching.
7.2.2.3 Assess neural sensitivity - occupational therapy for sensory re-education and desensitisation if required.
7.2.2.4 Splinting may also be indicated if fingers are clawed.

7.2.3 6 Weeks
7.2.3.1 Resume all normal activities.

8.0 Related Documents
Individual Physio tools exercise sheets

9.0 Appendices
N/A

10.0 References
N/A