St. James’s Hospital
Median and Ulnar Nerve Repair Protocol

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**Week 0 – 4**

**Median Nerve Splint**
- Fabrication of Wrist based splint.
  - Wrist in neutral. MCP, PIP, DIP joints not included. (Wrist Flexion 10-20° if tight repair)

**Ulnar Nerve Splint**
- Fabrication of Splint
- Immobilisation of Wrist in Neutral and MCP joints of ring and little in 70° Flexion
  - Two hourly active/passive flexion and active extension of all fingers and thumb (EAM) within limitations of splint commenced.
  - Scar management as indicated.

**Week 4**
- Commence active and passive ROM exercises out of splint to facilitate increased ROM and function.
- Active ROM of Wrist
- Scar management and skin care.
- Review of splint as required
  - **Median Nerve**: thumb spica splint if indicated to maintain 1st web space.
  - **Ulnar Nerve**: Change splint to Dorsal based hand splint to prevent hyper extension of MCP joints.
- Avoid combined wrist and digit extension.
- Education and advice re motor/sensory loss.
• Functional use of the hand encouraged.
• Assistive equipment recommended if required.
• Refer to local therapist with protocol.

**Week 6**
• Appointment made for Occupational Therapy Department for full sensory assessment.
• Exercises progressed to combined wrist and finger extension stretch.
• Night splint modified as indicated.

**Week 8**
• Can commence strengthening exercises.
• Anti-deformity splinting to compensate for loss of motor function commenced.

**Onwards**
• Regular review in occupational therapy and physiotherapy for up to two years.