



Orthopaedic Protocols

Carpal Tunnel Release Postoperative Management

Post-op 10 Days:

- Within 48 hrs following suture removal, scar mobilization techniques may be initiated. This may include scar massage with lotion, along with the use of Elastomer, 50/50 or Otoform K.
- Active & PROM exercises may be initiated to the wrist & digits. Exercises should include composite flexion & extension of the digits, isolated blocking to the FDS & FDP & wrist ROM. Exercises should be performed 4-6 times a day for 10 minute sessions.
- Manual desensitization exercises may be initiated along the surgical area. Light pressure with soft fabrics is begun initially. The patient is progressed to utilizing deeper pressure & coarse textures.
- Pillar pain may be present during the initial 3 months following surgery. Pillar pain includes aching pain and tenderness along the thenar or hypothenar area. It is aggravated with gripping & firm pressure along the palm. The pain is believed to be superficial to the area of the carpal tunnel. The discomfort may not be localized to the palmar area. Occasionally, patients will report pain that migrates along the area of the distal forearm. As the post-op edema completely subsides, typically the pillar pain will subsides as well.

Post-op Week 3:

- Gentle strengthening may initiated with a Nerf ball &/or putty. Strengthening is performed 3-4 times a day for 5 minute sessions. Strengthening is not initiated if significant pain or moderate amounts of edema persist.

Post-op Weeks 4-6:

- Progressive strengthening may be initiated. This may include the utilization of hand exerciser. The hand exerciser may need to be padded along the base of the palm to avoid discomfort. If necessary, 1-3# hand weights may be initiated for the wrist & forearm. This is typically reserved for those individuals requiring significant strength in their job.

Post-op Week 6:

Patient returning to work must keep in mind proper body mechanics & ergonomics. some points to keep in mind include:

- Avoiding repetitive overuse of the wrist.
- Avoiding high frequency vibration tools with work activities. In instances where this cannot be avoided, consideration should be given to utilizing anti-vibration gloves &/or vibration dampening materials such as Viscolas
- Ergonomically designed hand tools are encouraged. Hand tools with a diameter in the range of 1 1/2-2" should be sufficient for most patients.
- For computer work, it is important to have an ergonomically designed work station. [Refer to the Workstation Design handout]

Individuals returning to work with computer work stations are encouraged to perform flexibility exercises a minimum of 2 times during the work day. [Refer to Flexibility Exercises handout]

TENS is not recommended for pain management secondary to a carpal tunnel release. Typically the TENS will simply irritate the median nerve & heighten the pain.