



Carpal Tunnel Release Dr. Staiger

*Schedule OT 1-3 days post-op.

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat.	Edema control
Post-Op Day 1-3	Dressing change and check for signs/symptoms of infection. Assess BOM wound care numbered tingling symptoms.	Pain managementROM
	 Assess ROM, wound care, numbness/tingling symptoms, and pain symptoms. 	
	Instruct in edema management.	
	Fit with neutral wrist position orthosis to be worn for 2 weeks day and night then just at night until at least 4 weeks post on	
	 weeks post-op. Instruct in finger tendon gliding and active wrist flexion/extension. 	
	 Educate in median nerve glides and isolated active finger flexion to begin 5-7 days post-op. 	
Phase II 10-14 Days	Dr. will see for suture removal no therapy necessary, but may do Week 3 Post-op information as needed especially if client lives out of town.	Incision care
	If Dr. Staiger and Emil are on vacation, see OT at 10-14 days post-op to remove sutures and instruct in week 3 post-op information.	
Phase II 3 Weeks	 Instruct in scar management techniques (to begin once incision is healed). Issue scar pad (to be worn once incision is healed). Review HEP. 	Functional ROMScar management
	 Orthosis primarily worn at night for at least 4 weeks post- op. (Wean out during the day as comfort allows.) 	
	 Educate in strengthening exercises to begin at 6 weeks post-op. 	
	 May use modalities as indicated (ultrasound typically not done until 4 weeks post-op). 	
	 May include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks. 	
Phase III	Doctor will see client and if needed may sent client to	• PREs
6 Weeks	therapy for further strengthening education.	