

## Physical Therapy Treatment Plan

**Patient Name:** Olivia Mitchell

**Date of Birth:** 07/22/1990

**Start of Care:** 02/12/2025

**Payer:** Private Insurance

**Hospitalization:** No hospitalization required

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### Diagnosis

The patient has the following diagnoses: Med – cubital tunnel syndrome in the right upper limb (G56.21), Tx – pain in the right hand (M79.604), and Tx – cubital tunnel syndrome in the left upper limb (G56.22), all with an onset date of 02/01/2025.

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### Treatment Approaches

- **PT Evaluation** (Assessment of elbow posture, range of motion, and hand sensory deficits)
  - **Therapeutic Exercises** (Strengthening exercises for the forearm and upper limb muscles to improve posture and reduce pressure on the ulnar nerve)
  - **Neuromuscular Reeducation** (Focus on restoring proper elbow positioning, especially during sustained postures such as using a phone or computer)
  - **Manual Therapy** (Gentle soft tissue mobilization to release tight muscles and improve nerve mobility around the elbow)
  - **Modalities** (Cold therapy for inflammation, electrical stimulation to reduce pain and promote nerve healing)
  - **Elbow Padding/Bracing** (Night splinting to keep the elbow in a neutral position and reduce nerve compression during sleep)
  - **Ergonomic Education** (Modify workstation or phone use to avoid prolonged elbow flexion)
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### Frequency, Duration, Intensity, Certified Period

- **Frequency:** 2 sessions per week
- **Duration:** 4-6 weeks
- **Intensity:** Low to moderate intensity, with a focus on nerve mobilization, pain management, and improving elbow posture
- **Certified Period:** 02/12/2025 - 03/26/2025

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## **Plan of Treatment**

### **Short Term Goals**

1. Olivia will report a 25% reduction in tingling and numbness in the ring and pinky fingers after 4 weeks (Target: 03/12/2025).
2. Olivia will demonstrate an improvement in elbow range of motion, with at least 10° of additional extension, after 4 weeks (Target: 03/12/2025).
3. Olivia will improve strength of forearm muscles, reaching 4/5 strength in wrist flexors and extensors by 4 weeks (Target: 03/12/2025).
4. Olivia will demonstrate proper ergonomic positioning during daily activities, such as using a phone, with no symptoms (Target: 03/12/2025).

### **Long Term Goals**

1. Olivia will be able to perform all activities of daily living (ADLs) with no tingling, numbness, or pain in the affected hand or fingers by the end of the treatment period (Target: 03/26/2025).
2. Olivia will have full, pain-free elbow range of motion and strength (5/5) by the end of treatment (Target: 03/26/2025).
3. Olivia will resume phone use and other activities that require elbow flexion without exacerbating symptoms, without needing to adjust posture or take breaks (Target: 03/26/2025).
4. Olivia will be able to perform ergonomic tasks, such as typing and writing, without symptoms or discomfort by 03/26/2025.

### **Patient Goals**

- "I want to be able to talk on the phone without feeling that numbness in my fingers."
- "I need to regain full function of my hand so I can do my daily tasks without issues."

### **Potential for Achieving Goals**

- Olivia has good rehab potential due to her young age, motivation, and absence of complex comorbidities. She understands the importance of ergonomic adjustments and is highly motivated to follow through with prescribed therapy.

### **Participation**

- Olivia is motivated to fully participate in the therapy program and is proactive in seeking ways to modify her habits to reduce symptoms. She is willing to engage in exercises, stretch, and make changes to her daily routine to relieve symptoms.
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## Initial Assessment / Current Level of Function & Underlying Impairments

### Factors Supporting Medical Necessity

- **Referral:** Referred for physical therapy due to ongoing tingling and numbness in the ulnar nerve distribution (ring and pinky fingers) caused by cubital tunnel syndrome.
  - **Medical History:** No significant past medical history or comorbidities.
  - **Complexities:** Prolonged elbow flexion during phone use exacerbates symptoms, affecting the ability to work and carry out daily activities.
  - **Prior Treatment:** Conservative management with rest and ergonomic adjustments at work; no prior physical therapy.
  - **Prior Living Situation:** Active, with a sedentary desk job requiring prolonged phone and computer use.
  - **Discharge Plan:** Goal to restore hand and elbow function without symptoms and improve ergonomic strategies to prevent recurrence.
  - **Prior Level of Function (PLOF):** No prior upper extremity pain or numbness, fully independent in ADLs and work activities.
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### Background Assessment

- **Precautions:** Avoid sustained elbow flexion greater than 90 degrees and positions that exacerbate symptoms (e.g., holding phone with bent elbow).
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### Joint ROM / Goniometric Measurements

- **Right Elbow Flexion:** 140° (Normal)
  - **Right Elbow Extension:** 10° (Restricted)
  - **Left Elbow Flexion:** 145° (Normal)
  - **Left Elbow Extension:** 0° (Normal)
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### Strength / Manual Muscle Testing

- **Wrist Flexors (Right):** 4/5 (Fair)
  - **Wrist Extensors (Right):** 4/5 (Fair)
  - **Grip Strength (Right):** 4/5 (Fair)
  - **Elbow Flexors (Right):** 4/5 (Fair)
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## Balance

- **Sitting Balance:** Normal
  - **Standing Balance:** Normal
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## Additional Abilities / Underlying Impairments

- **Cardiopulmonary Function:** Normal
  - **Tone and Posture:** Slight forward head posture; tendency to keep elbow flexed during phone calls
  - **Pain and Edema:** Mild tingling and numbness in the ring and pinky fingers, primarily when elbow is bent for long periods
  - **Coordination:** Normal
  - **Sensory Test Findings:** Positive for diminished sensation in the ulnar nerve distribution (ring and pinky fingers)
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## Visual Assessment

- **History and Analysis:** Elbow is often held in flexion while talking on the phone, leading to aggravation of symptoms. No visible deformity or swelling.
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## Functional Assessment

- **Bed Mobility:** Independent
  - **Transfers:** Independent
  - **Gait:** Normal
  - **Functional Tasks:** Difficulty holding phone for long periods; some discomfort with typing and writing when elbow flexion is maintained
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## Objective Tests / Measures & Additional Analysis

- **Assessments:**
  - **Elbow Flexion Test:** Positive for symptoms of tingling and numbness in the ring and pinky fingers when elbow is flexed beyond 90 degrees for 30+ seconds.
  - **Ulnar Nerve Tinel's Sign:** Positive at the elbow (pain and tingling sensation in the ring and pinky fingers when tapping over the cubital tunnel).
- **Other:** Home Exercise Program (HEP) to include elbow stretches, nerve gliding exercises, and strengthening for forearm muscles.

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## Clinical Impressions

Olivia presents with cubital tunnel syndrome, with ulnar nerve compression at the elbow causing tingling and numbness in the ring and pinky fingers. The treatment plan will focus on nerve mobilization, improving elbow posture, and addressing any muscular imbalances around the elbow to relieve pressure on the ulnar nerve. Emphasis will be placed on ergonomic modifications and stretches to prevent recurrence of symptoms.

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## Test/Measures and Outcomes

- **Strength Testing:** Goal to achieve full strength (5/5) in wrist flexors, extensors, and grip strength by the end of treatment.
- **Pain Reduction:** Target reduction of tingling/numbness to 0/10 during daily activities and phone use.
- **Function:** Target full return to phone and computer use with no discomfort.