

Post-Operative Hand & Wrist Rehabilitation

These multidisciplinary guidelines form the basis of a progressive rehabilitation programme. These are general guidelines for the most common hand & wrist surgical procedures and are not designed to replace sound clinical reasoning. Any specific instructions from the consultant orthopaedic team either verbally or in post-operative notes must take precedence.

Despite the guidelines having timeframes and management suggestions it is important to “support the philosophy that every patient must be managed according to their individual needs and the variable characteristics of injury, surgical findings and lifestyle”.

PIPJ and DIPJ fusions

	Day 1	2 weeks	4 - 6 weeks	6 - 12 weeks	12 weeks
Advise	<ul style="list-style-type: none"> • Finger usually immobilised in POP / splint for 6-8/52 • Joints proximal and distal to the fused joint are left free • Routine oedema management • Proximal and distal joints should be actively mobilised to maintain range of movement in the unaffected joints. 	<ul style="list-style-type: none"> • Sutures are removed and scar management commenced • Continue splint • Joints proximal and distal to the fused joint should be left free 	<ul style="list-style-type: none"> • Continue scar management • Continue splint • Joints proximal and distal to the fused joint should be left free 	<ul style="list-style-type: none"> • Depending on the progress of the union, either an additional period of splinting past 6 weeks, or progressive return to full function out of splint 	<ul style="list-style-type: none"> • Progressive return to full function out of splint as able
Avoid	<p>AVOID:-</p> <ul style="list-style-type: none"> • Avoid any stress through the fused joint (only use hand for light ADLs) when mobilising nearby joints 				

Hints

- Wound healing occurs at differing rates in different people and the time frames for suture removal and scar management are a guide only.
- Where there is significant pain and swelling, exercises should be kept within comfortable limits during the initial post-operative weeks.
- If there are concerns about wounds, then this should be discussed with the surgeon
- Any concerns about CRPS, then early discussion with the surgeon is recommended