

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”.

Thumb ulnar collateral ligament repair

	Day 0	2 weeks	4 - 6 weeks	6 - 12 weeks	12 weeks
Advise	<ul style="list-style-type: none"> Elevate, particularly in first 24-48 hours Thumb immobilised in POP Active movements for all finger joints and thumb IPJ 	<ul style="list-style-type: none"> Removal of sutures Thermoplastic splint made with the thumb MCPJ full extension, CMCJ in 30 degrees abduction / neutral ante-position, and IPJ free. Scar massage if accessible 	<ul style="list-style-type: none"> Splint removed for hourly exercises MCPJ flexion and extension CMCJ Flex/Ext Ab/Add and opposition exercises Composite thumb flexion and extension 	<ul style="list-style-type: none"> Discard splint Use hand for light ADLs and progress Pinch and key grip strengthening Use PAMs - AP and PA if required to restore ROM 	<ul style="list-style-type: none"> Return to normal ADL requiring high load If continues to lack full ROM, consider: PAMs (lateral glides, rotations and distraction if required), sustained passive stretches (SSTM if required) Teach taping for sport for next 3 months
Avoid	<p>AVOID:-</p> <ul style="list-style-type: none"> Avoid force through the thumb 				

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