

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”.

Trapeziectomy

	Day 1	2 weeks	4 - 6 weeks	6 - 12 weeks	12 weeks
Advise	<ul style="list-style-type: none"> • POP for 2 weeks • Swelling and pain management. • Upper limb and finger active exercises • Active thumb IPJ flexion/extension 	<ul style="list-style-type: none"> • Removal of sutures • Remove POP and go into a splint with thumb in Ext / Abd • Scar massage / management 	<ul style="list-style-type: none"> • Treat residual swelling • Continue scar management • Desensitisation of scar, radial side of wrist, and / or dorsum of thumb if superficial branch of radial nerve affected. • Continue upper limb exercises • Thumb ROM within limits of pain • Soft tissue stretching to counteract 'thumb in palm' tendency if required 	<ul style="list-style-type: none"> • Discard splint • Specific functional rehab / re-education may be needed for pincer, power and key grip strengthening activities • Resisted ex's as ROM improves to increase CMCJ stability Start with light pinch grip of index to thumb and progress to through range resisted ex's to thumb extensors and thenar muscles in particular 	<ul style="list-style-type: none"> • Return to full activity
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