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”.

Scapho-lunate Ligament Reconstruction

	Day 0	2 weeks	4 - 6 weeks	6 - 12 weeks	12 weeks
Advise	• Elevate, particularly in first 24-48 hours • When swelling permits post-op back slab is removed • Aim to prevent wrist flexion / extension and forearm rotation – usually achieved by immobilisation in a splint • Maintain full range of movement of fingers, elbow and shoulder	• Removal of sutures and re-apply splint	• Continue in splint	• If k-wire present this is removed at 6-8 weeks • Change continuous splint to a thermoplastic removable splint • To wear splint for all "at risk" activities (i.e. anything where forced palmar flexion might occur, such as lifting full kettle) • Out of splint can commence gentle pronation/supination movements and dorsiflexion and grip strengthening.	• Full strengthening and mobilising as able
Avoid	**AVOID:-** • Avoid stress through the wrist.			**AVOID:-** • Avoid passive forced palmar flexion until 12 weeks	**AVOID:-** • Avoid contact sports or very heavy manual work for six months.

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
- Since this procedure is stabilising the ulnar side of the wrist as well as the scaphoid it is essential to block movement at the DRUJ as well as the Wrist.