

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 CMCJ fusion

	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 • POP thumb spica • Active thumb IPJ flexion-extension if able in POP • Active finger movements to maintain full range • Avoid heavy activity 	<ul style="list-style-type: none"> • Removal of sutures • New POP applied • Avoid heavy activity • Continue IPJ flexion-extension 	<ul style="list-style-type: none"> • Continue in POP • Avoid heavy activity • Continue IPJ flexion-extension 	<ul style="list-style-type: none"> • POP removed and splint applied and to be worn until 12 weeks • Splint can be removed for scar management but otherwise to remain in place • Active full range MCPJ and IPJ movements including opposition as able. 	<ul style="list-style-type: none"> • Discard splint • Progress will depend on radiological union, assessed by surgeon. • If delayed union, progress will be restricted • If united: isometric exercises can commence, progressing to light resisted stability exercises including graduated pinch and key grip strengthening. Return to moderate activity e.g. lifting weight of full kettle using thumb splint • Return to full use of hand will likely be nearer to 4 months •
Avoid	<p>AVOID:-</p> <ul style="list-style-type: none"> • Avoid stress through the thumb joint 				

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
- Progress will depend on radiological union of the fusion site