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".

Diagnostic wrist arthroscopy

Day 0	2 week	4 - 6 weeks	6 - 12 weeks	12 weeks
 Elevate, particularly in first 24-48 hours Can move fingers gently within bulky bandage. Avoid using hand for ADLs Keep clean and dry. 	 Removal of sutures Scar management Gentle AROM exercises are initiated at the wrist (linear motion), forearm (in the neutral position), hand, and digits ADL commenced 	 AROM exercises for fingers, hand, and wrist. Patient continues ADL tasks to restore motor control. 	 PROM may begin and work on end-range motion below the pain reflex level to restore the full range of motion Progressive strengthening as comfort allows 	Full activities
AVOID:- • Avoid forced movements or repetitive a	ctivities.			

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