

Dr. Robert Wysocki

Limited Wrist Fusion (arthrodesis) – 4 corner, STT, RSL, etc.

10-14 days:

Splint: Sutures are removed, and patients are fitted with a short-arm cast or occasionally a form-fitting clamshell splint for full-time use, (STT fusions will require thumb spica). These patients have large post-operative deadspace, are can develop substantial swelling, thus elevation is strictly encouraged as well as coban for the fingers (or fingersocks)

Motion: Active and Passive Range of Motion exercises are initiated to all fingers, forearm, including tendon gliding exercises with the splint on. Scar massage and desensitization is initiated when stitches removed if needed. Special emphasis is given to EDC, EIP, EPL isolation to prevent scarring.

Pin care protocol with daily hydrogen peroxide if pins present

6 -8 weeks:

Pins removed when union achieved.

Splint: If cast was used, patients are now provided with volar cock up splint across wrist.

Motion: Continue range of motion as above, with composite taping or flexion glove for limited passive digital flexion. May begin AROM/AAROM of the wrist.

8-10 weeks

Motion: Patients begin with passive range of motion of the wrist as dictated by patient comfort. Begin strengthening of hand with putty, and strengthening of elbow and shoulder, but not forearm (until 10-12 weeks) to avoid torsional stresses at fusion site. Patients may resume any ADL's with lifting less than 5 lbs.

12 weeks:

Splinting is discontinued, but can be continued during activities. . Gentle progressive strengthening of the wrist is begun. Patients gradually return to full activity, consider work conditioning for laborers.

Persistent pain may be a worrisome sign and should be reported to the physician.