

MCP Arthroplasty

3 - 8 days:

The postoperative dressing is removed. (3 days for single procedure-MCP arthroplasties only, 6-8 days for multiple procedures). The wound is inspected for edema and drainage.

A light dressing and edema control measures are applied as needed.

Splint:

1) Day Splint: **RA Splint** for continual wear during the day. The hand is positioned in Wrist 15 degrees of dorsiflexion, MCP: 0-10 degrees of flexion and neutral alignment using MCP slings. The slings are set up to approximately 60 degrees of radial pull from the outrigger. A Supinator Outrigger splint is worn on the index finger between exercises to protect the RCL repair. Gutter splints are applied to any fusions for continual wear.

2) Night Splint: **Resting Pan** splint is fabricated to be worn at night as follows: The wrist is in 15 degrees extension, digits are placed in full extension. The MCP joints are held in 0 degrees flexion, no hyperextension, with slight radial deviation. A Supinator may be applied to the index finger.

Motion: Active Finger Range of Motion exercises are initiated 15 min/hr. with the MCP slings on, including composite flexion beginning with MCP, finishing in full extension. Passive Range of Motion exercises are performed 2 x/day, 15 reps, as outlined by the therapist, with most emphasis on small finger.

1-2 weeks:

Splint:

1) Day: Continue as above. Consider re-positioning wrist into 15 degrees palmar flexion if patient having difficulty achieving full MP extension

2) Night: If . . . (1) Ring/small passive MCP flexion is 60 or more degrees, then continue resting pan splint, (2) Ring/small passive MCP flexion is less than 60 degrees: Dynamic MCP Flexion splint

Motion: Continue as per days 3-8

6 weeks:

Splint: Continue day and night splinting protocol as above. Consider anti-ulnar deviation splint if needed. Discontinue supinator tab to index finger.

Motion: Light prehension activities are permitted outside of the splint 3-4x per day. No writing. Avoid activities requiring UD or pinch, but ADL's at neutral or RD are okay

10 weeks:

Splint: If MCP extensor lag less than 30 deg and no ulnar drift, day splint discontinued. The resting splint is continued at night.

10-12 weeks:

Soft putty and other gentle resistive exercises may be initiated, but should be limited to very light strengthening if ulnar deviation persists, as this may worsen with strengthening. Writing is permitted. Continue resting splint at night for 6-12 months.

Re-evaluate patient's functional goals needs at this time, re-evaluate for ergonomic assistance where needed.