

Dr. Robert Wysocki

Ulnar Shortening Osteotomy Rehabilitation Protocol

Post operative day 4-5:

Splint: The patient is seen in occupational therapy and the postoperative dressing is removed and the patient provided with a removable custom-molded forearm based wrist splint to be worn full-time except for hygiene and ROM. Patient is to keep the incision dry until after sutures are removed.

Motion: Full active and passive range of motion of the digits is emphasized. Also patient to begin forearm AROM/PROM supination and pronation, as well as AROM wrist flexion and extension in formal therapy as well as a home exercise program.

10-14 Days:

Sutures are removed in the doctor's office. Scar massage is emphasized and is initiated as soon as sutures were removed

6 weeks:

Splint: Splint is progressively weaned off as tolerated over 1-2 weeks unless otherwise stated. The splint should be continued in at risk activities to 10 wks.

Motion: Begin PROM wrist flexion and extension. Continue to work on supination/pronation.

8 weeks:

Motion: Consider static progressive splinting (JAS or Stat-a-Dyne) for forearm or wrist range of motion if necessary. May begin gentle progressive strengthening.

10 weeks:

Patient may now begin full weight bearing through the affected extremity. Splint is fully discontinued.