

Blatt’s Capsulodesis Rehabilitation Guidelines

| Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors. | | | |
|---|---|---|--|
| Phase 1: Starts after Surgery | Emphasis on | Orthosis | Exercise |
| 1-2 weeks | <p>Protection</p> <p>Keep the postoperative splint clean and dry</p> <p>Minimize swelling</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p> <p>Avoid upper quadrant pain from holding arm in a guarded position</p> | <p>Postoperative splint: volar wrist vs. long arm elbow and wrist</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p> | <p>Elevation</p> <p>NWB of the surgical arm</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Finger flexion and extension AROM and AAROM for tendon glides ● Active finger ABD/ADD, assisted by lacing fingers with contralateral hand ● Active elbow flexion and extension within confines of postoperative splint (elbow may be immobilized) ● If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction ● Forward and backward shoulder circles moving the scapula on the thorax ● Gentle, pain-free cervical AROM to relieve tension ● Abdominal breaths/deep breathing <p>Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake</p> |

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



Blatt's Capsulodesis Rehabilitation Guidelines

Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Protect repair via immobilization of the wrist. Avoid resistive strengthening, sustained gripping, weight bearing or distraction activities with the surgical extremity until after 12 weeks post op.

| Phase 2 | Emphasis on | Orthosis | Exercise |
|-----------|---|---|--|
| 2-6 weeks | <p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Protection of the repair</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p> | <p>Short arm cast wrist or thumb spica until post op week 6-8, depending on surgeon preference</p> | <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Continue above therapeutic exercises ● Dexterity/hand manipulation tasks ● Thumb IP flexion/extension |

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



Blatt's Capsulodesis Rehabilitation Guidelines

Phase 3 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical extremity. Avoid pain when progressing ADL's and functional use of the surgical hand. Avoid resistive strengthening, sustained gripping, weight bearing or distraction activities with the surgical hand until after 12 weeks post op.

| Phase 3 | Emphasis on | Orthosis | Exercise |
|------------|---|---|---|
| 6-12 weeks | <p>Protection of the repair</p> <p>Initiate wrist range of motion</p> <p>Address any finger and thumb ROM deficits</p> <p>Restore dexterity</p> | <p>Wrist orthosis</p> <p>Full time wear removing for hygiene and prescribed range of motion</p> <p>Week 8: may begin removing orthosis for light seated activities</p> <p>Week 10: progressive weaning of orthosis as tolerated, continuing for demanding or dynamic loading until after 12 weeks post op</p> | <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Continue previously recommendations as applicable ● Week 6-8: <ul style="list-style-type: none"> ○ midrange AROM wrist 4-way ○ AROM forearm pronation/supination ○ Dexterity activities for functional skills within the orthosis ● Week 8-10: <ul style="list-style-type: none"> ○ gentle assisted ROM for restoration of functional motion ○ Gentle, light grip strengthening (light theraputty, less than 10 pound grip) ● Week 10: <ul style="list-style-type: none"> ○ progressive wrist strengthening up to 5 pounds <p>Week 12: gradually progress ADL's as tolerated</p> |

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

