MCP Joint Arthroplasty with EDC Centralization 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	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint: volar wrist and hand A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise • AROM and AAROM for the finger joints not immobilized in the postoperative splint (IP joints may be available) • AROM elbow flexion/extension • 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 • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

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

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Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
Protect joint arthroplasty and tendon centralization by maintaining the protective position of the involved digit in the orthosis.

Phase 2	Emphasis on	Orthosis	Exercise

2-6 weeks	Postoperative care:
	2-week postoperative appointment with the surgical team for wound assessment and suture removal
	
	Balance relative rest with appropriate amounts of therapeutic activity for recovery
	
	Protect the joint arthroplasty
	
	Restore range of motion within precautions
	
	Scar management
		WHFO: wrist in neutral to slight extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)
		
		Ensure digits are not allowed to ulnar deviate
		
		Ensure involved MCP(s) are in 0 dg extension to prevent active extension lag
		
		An additional attachment for full support of the involved digit(s) including IPs in extension for use at night, especially if multiple digits are affected
			Suggested Therapeutic Exercise
			• AROM and manual ROM for the unaffected digits through full ROM
			• AROM and assisted motion for IP flexion and extension of the involved digit(s)
			• Week 4:
			  ○ Short arc 0°-30° for the involved MCP joint, emphasis on MCP extension in hook position
			  ○ AROM wrist with fingers in a relaxed position
			
			Scar management activities

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Phase 3 Precautions: Avoid forceful lifting, pushing, pulling or forceful gripping with the surgical hand until 8 weeks post op. No resistance strengthening until after 8 weeks post op.

Phase 3	Emphasis on	Orthosis	Exercise

6+ weeks	Orthosis weaning keeping in mind long term support may be needed for diagnosis of RA
	
	Restore *functional* ROM keeping in mind that pain-free, functional motion for the specific patient's ADLs is the goal
		<u>For diagnosis of RA</u>
		Gradually wean orthosis during the day, continue at night for soft tissue rest and positioning until 8 weeks post op.
		
		May transition to soft neoprene anti ulnar deviation orthosis, if needed.
		
		<u>For diagnosis of OA</u>
		Wean from orthosis as tolerated
			Suggested Therapeutic Exercise
			• Continue previously recommended exercises
			• Week 6:
			  ○ progressive AROM for MCP flexion, composite flexion
			  ○ MCP extension in hook position
			• Week 8:
			  ○ composite finger and wrist flexion
			  ○ begin grip strengthening
			
			Scar mobilization

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.

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