

MCP Joint Arthroplasty Rehabilitation Guidelines

*****This guideline is to be used if there is no additional soft tissue repairs to centralize the EDC tendon*****

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 <ul style="list-style-type: none"> • 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

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

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>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protect the joint arthroplasty</p> <p>Restore range of motion within precautions</p> <p>Scar management</p>	<p><u>For diagnosis of RA</u> WHFO: wrist in neutral to slight extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)</p> <p>Ensure digits are not allowed to ulnar deviate</p> <p>Ensure involved MCP(s) are in 0 dg extension to prevent active extension lag</p> <p>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</p> <p><u>For diagnosis of OA</u> HFO: MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block)</p> <p>Orthosis is to be worn full time including sleep removing for hygiene and prescribe hand therapy exercises</p> <p><u>For OA at week 4-6:</u> If MCP flexion is stiff and there is a less than 15 dg active extension lag, may remold orthosis positioning</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • 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) • Remove orthosis several times a day for progressive active MCP flexion and extension, emphasizing full active MCP extension to prevent developing and active extension lag • Active tendon glides, progressing ROM as tolerated • Dexterity activities • AROM wrist if included in the protective orthosis <p>Scar management activities</p>

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		<p>the MCPs in functional flexion (30-45 dg)</p> <p>May begin removing for light ADL's, continuing at night and for more vigorous activities.</p> <p>May use buddy strap support when using the surgical hand without orthosis support</p>	
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	<p>Orthosis weaning keeping in mind long term support may be needed for diagnosis of RA</p> <p>Restore <i>functional</i> ROM keeping in mind that pain-free, functional motion for the specific patient's ADLs is the goal</p>	<p><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.</p> <p>May transition to soft neoprene anti ulnar deviation orthosis, if needed.</p> <p><u>For diagnosis of OA</u> Wean from orthosis as tolerated</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue previously recommended exercises Week 8 <ul style="list-style-type: none"> begin grip strengthening <p>Scar mobilization</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.

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