

## PIP Joint Arthroplasty 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><b>Protection</b></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><b>Postoperative splint: finger splint</b></p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p>	<p><b>Elevation</b></p> <p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>● Finger flexion and extension AROM and AAROM for the non involved fingers not included in the postoperative splint</li> <li>● If not included in the postoperative splint: AROM wrist</li> <li>● AROM elbow flexion/extension</li> <li>● 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</li> <li>● Forward and backward shoulder circles moving the scapula on the thorax</li> <li>● Gentle, pain-free cervical AROM to relieve tension</li> <li>● Abdominal breaths/deep breathing</li> </ul> <p>Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake</p>

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



**PIP Joint Arthroplasty Rehabilitation Guidelines**

**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Protection of structures repaired after release to allow exposure. Typically medial/lateral joint support required. Monitor for active PIP extension lag. No resistance strengthening until after 8 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>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protection during soft tissue healing</p> <p>Restore range of motion within precautions*</p> <p>Preventing active extension lag at the PIP joint</p> <p>Scar management</p> <p>Edema control</p> <p>*typically the PIP joint will be limited to 80°-90° flexion to prevent excessive stress to the prosthesis</p>	<p>FO: supporting the PIP joint medially and laterally in full extension, may include DIP for stability of the orthosis or may allow DIP motion if orthosis is able to maintain PIP position</p> <p>Orthosis is to be worn full time including sleep except:</p> <ul style="list-style-type: none"> <li>● May remove for hygiene, buddy taping to prevent accidental medial/lateral stress to the joint</li> <li>● Remove for recommended ROM sessions</li> </ul> <p>Night time: PIP and DIP extension orthosis to prevent extension lag and PIP flexion contracture</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>● AROM and manual ROM for the unaffected digits through full ROM.</li> <li>● Tendon glides</li> <li>● Joint blocking</li> <li>● Intrinsic extension and reverse blocking for PIP extension to prevent active extension lag</li> <li>● Dexterity activities without resistance</li> </ul> <p>Scar management activities</p>

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### PIP Joint Arthroplasty Rehabilitation Guidelines

Phase 3 Precautions: No resistance strengthening until after 8 weeks post op.

Phase 3	Emphasis on	Orthosis	Exercise
6+ weeks	<p>Restore <i>functional</i> range of motion within precautions*</p> <p>Preventing active extension lag at the PIP joint</p> <p>Restoring dexterity and strength</p> <p>Scar management</p> <p>*typically the PIP joint will be limited to 80°-90° flexion to prevent excessive stress to the prosthesis</p> <p>Scar management and edema control</p>	<p>Buddy straps may be used to protect against medial/lateral forces at the PIP joint and to facilitate AROM</p> <p>Continue PIP and DIP extension at night to prevent extension lag and PIP flexion contracture</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>● Continue previously recommended exercises</li> <li>● May add PROM to gain <i>functional</i> PIP flexion*</li> <li>● Progressive functional dexterity activities</li> <li>● week 8:                             <ul style="list-style-type: none"> <li>○ progressive grip strengthening</li> </ul> </li> </ul>

**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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