

## Scapholunate Ligament Reconstruction Rehabilitation Guidelines

<b>Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.</b> <b>Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.</b> <b>Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.</b>			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	<b>Protection</b>  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	<b>Postoperative splint: thumb spica</b>  A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	<b>Elevation</b>  NWB of the surgical upper extremity  Movement of unaffected joints throughout the day  <b>Suggested Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Finger flexion and extension AROM and AAROM for tendon glides</li> <li>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand</li> <li>• Active elbow flexion and 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> Encourage staying active throughout the day as able, good sleep hygiene, 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 repair via immobilization of the wrist.

Avoid resistive strengthening, sustained gripping, weight bearing or distraction activities with the surgical hand 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>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protection of the repair</p> <p>Continued relative rest for soft tissue recovery</p> <p>Initiate light dexterity activities</p>	<p>Short arm cast wrist or thumb spica until post op week 6-8, depending on surgeon preference</p>	<p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>Continue above therapeutic exercises</li> <li>Dexterity/hand manipulation tasks</li> <li>Thumb IP flexion/extension</li> </ul>

**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>Restoring dexterity</p>	<p>Wrist neutral orthosis</p> <p>Full time wear removing for hygiene and prescribed range of motion</p> <p>May begin removing orthosis for light seated activities at week 8-10,</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> <li>Continue previously recommendations as applicable</li> <li>Week 6-8: <ul style="list-style-type: none"> <li>midrange AROM wrist 4-way</li> <li>AROM forearm pronation/supination</li> <li>Dexterity activities for functional skills within the orthosis</li> </ul> </li> </ul>

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		<p>depending on surgeon preference</p> <p>Week 12: progressive weaning of orthosis as tolerated, continuing for demanding or dynamic loading until after 16 weeks post op</p>	<ul style="list-style-type: none"><li>• Week 8-12:<ul style="list-style-type: none"><li>○ gentle assisted ROM for restoration of functional motion</li><li>○ Gentle, light grip strengthening (light theraputty, less than 10 pound grip)</li></ul></li></ul> <p>Week 12: gradually progress ADL's as tolerated</p>
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**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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