

Wrist Darrach Procedure 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 vs. posterior long arm elbow and wrist 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"> • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • If postoperative splint allows: 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 • Gentle, pain-free cervical AROM to relieve tension • 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.
No passive forearm rotation, limited forearm pronation to mid range until 6 weeks post op.
No resistance strengthening until after 8 weeks post op.**

Phase 2	Emphasis on	Orthosis	Exercise
2-8 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>Restore finger range of motion</p> <p>Initiate wrist range of motion and limited forearm rotation, limiting pronation as recommended in suggested therapeutic exercises*</p> <p>Scar management</p> <p>*Typically, a soft tissue repair has been performed to stabilize the ulna from translation</p>	<p>Depending on surgeon preference: Cast immobilization until week 3-4</p> <p>After immobilization phase: Wrist orthosis (WHO) placing the wrist in neutral full time removing for hygiene and wrist ROM until 8 weeks post op</p> <p>Continue WHO at night until 10-12 weeks post op</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Continue previous recommendations • AROM elbow • Light dexterity with the forearm in neutral until week 6 • week 4: <ul style="list-style-type: none"> ○ AROM wrist flexion/extension through mid range of motion ○ AROM forearm rotation limiting ROM from full supination to mid range pronation • week 6: <ul style="list-style-type: none"> ○ progress forearm rotation and wrist motion as tolerated • week 8: <ul style="list-style-type: none"> ○ may initiate gentle PROM to restore wrist and forearm motion • week 10: <ul style="list-style-type: none"> ○ may initiate resistive strengthening for functional strength and endurance <p>Scar management activities</p>

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Phase 3 Precautions: Gradual weaning from orthosis.

Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand.

Phase 3	Emphasis on	Orthosis	Exercise
8-12 weeks	<p>Gradual weaning from orthosis</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion, if applicable</p> <p>Restore extrinsic forearm flexibility</p> <p>Encourage progressive functional use of the surgical hand</p>	<p>Wean wrist orthosis as tolerated during the day</p> <p>Continue wrist orthosis at night until 10-12 weeks post op</p> <p>Long term, may continue wrist orthosis to sleep as needed</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Progressive strengthening wrist and forearm PROM wrist and forearm to restore functional ROM Forearm flexibility stretches Grip strengthening Dexterity activities <p>Progress ADL's, allowing pain to guide activity</p> <p>*Average range of motion is 85/78 degrees for pronation/supination, 41/45 degrees for flexion/extension, and 14/19 degrees for radial/ulnar deviation</p> <p>*Grawe B, Heincelman C, Stern P. Functional results of the Darrach procedure: a long-term outcome study. J Hand Surg Am. 2012 Dec;37(12):2475-80.e1-2. doi: 10.1016/j.jhsa.2012.08.044. PMID: 23174061.</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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