

Wrist Partial Fusion (4-Corner) 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
initial 10-14 days	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 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 ● 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.

Wrist immobilization for protection of the surgical fusion

No resistance strengthening until after fusion has been confirmed by the surgeon.

Phase 2	Emphasis on	Orthosis	Exercise
2 weeks - 10-12 weeks (Until fusion is confirmed by the surgeon via X-ray)	<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>Immobilization of the wrist</p> <p>Restore range of motion for fingers and thumb as allowed by the short arm cast</p>	<p>Short arm cast</p> <p>Depending on surgeon preference, immobilization may be modified to a custom, static WHO or a semi-custom Exos WHO to be worn full time removing only for hygiene and skin care</p>	<p>Continue previous recommendations</p> <p>Add PROM to restore digit ROM, performing into stiffness avoiding pain</p> <p>If transitioned to a removable immobilization orthosis: scar management activities</p> <p>Encourage light use of the hand within the confines of the cast or orthosis</p>

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Phase 3 Precautions: *Avoid pain when strengthening* and when progressing ADL's and functional use of the surgical hand. Maximize wrist ROM in a *pain-free*, functional range.

Avoid weight bearing until cleared by the surgeon.

Phase 3	Emphasis on	Orthosis	Exercise
10-12 weeks - 16 weeks	<p>Gradual weaning from orthosis</p> <p>Restore <i>functional</i> wrist AROM-ROM deficits are expected long term</p> <p>Begin gradual strengthening for functional activities</p> <p>Restore extrinsic forearm flexibility</p> <p>Encourage progressive functional use of the surgical hand</p> <p>Education to gradually increase load tolerance without pain when progressing activities</p> <p>Education that to restore activity tolerance, expect recovery to take several months to more than a year</p>	<p>Wean wrist orthosis as tolerated</p> <p>May continue wrist orthosis to sleep as needed for soft tissue rest and joint positioning</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • AROM wrist 4-way and forearm pro/sup • Progressive, pain-free strengthening wrist and forearm • Forearm flexibility stretches <p>May add pain-free PROM for wrist and forearm motion 2 weeks after initiating AROM</p> <p>Progress ADL's, allowing pain to guide activity</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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