

Wrist Total Arthroplasty Rehabilitation Guidelines

For an example of the implant system used at UVA: [WristMotion Hemiarthroplasty & Total Arthroplasty Systems - Anika](#)



Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.

No lifting, pushing, pulling or forceful gripping with the surgical.

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>Protection</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>Postoperative splint: volar wrist</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p>	<p>Elevation</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"> • 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 for relieve tension • Abdominal breaths/deep breathing

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



Wrist Total Arthroplasty Rehabilitation Guidelines

			Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake
Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Wrist immobilization for protection and soft tissue recovery. No resistance strengthening or passive motion until after 8 weeks post op.			
Phase 2	Emphasis on	Orthosis	Exercise
2 weeks - 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 soft tissues and implant against excessive forces</p> <p>Restore range of motion for fingers and thumb</p> <p>Scar management</p>	Rigid WHO—either custom, static thermoplastic or semi-custom Exos.	<p>Continue previous recommendations</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Add PROM and place and hold ROM to tolerance to restore digit ROM • Initiate AROM wrist 4-way and forearm rotation • Light 2-handed functional tasks • Dexterity activities <p>Scar management activities</p> <p>Encourage light, pain-free use of the hand within the confines of the orthosis</p>

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



Wrist Total Arthroplasty Rehabilitation Guidelines

Phase 3 Precautions: *Avoid pain when strengthening* and when progressing ADL's and functional use of the surgical hand. No resistance strengthening or passive motion until after 8 weeks post op.
Lifetime restrictions for heavy manual labor and repetitive loading.

Phase 3	Emphasis on	Orthosis	Exercise
7 weeks - 12 weeks	<p>Gradual weaning from orthosis</p> <p>* Restore <i>functional</i> wrist AROM–ROM deficits are expected. Aim for the following: wrist extension 40° wrist flexion 20° radial deviation 10° ulnar deviation 15°</p> <p>Week 8: Begin gradual strengthening for functional activities</p> <p>Encourage progressive functional use of the surgical hand within tolerance</p> <p>Education: To restore activity tolerance, expect recovery to take several months to more than a year</p> <p>* Education on lifetime restrictions—permanently avoid repeated forceful activities (hammering, etc.) and avoid heavy manual work and contact sports</p>	<p>Wean wrist orthosis as tolerated</p> <p>Long term, recommend using wrist orthosis as needed to sleep and during activity for discomfort, positioning, protection and soft tissue rest</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue previous recommendations Week 8: may add gentle PROM to restore <i>functional ROM</i>* Week 8: Progressive, pain-free strengthening wrist and forearm <p>Week 12: may progress functional activities to tolerance within lifetime precautions</p> <p>*Green's Operative Hand Surgery, 8th Edition. Edited by S.C Wolfe, W. C. Pederson, S.H. Kozin, and M.S. Cohen . Pp.483. Elsevier. Philadelphia, PA., 2022.</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.

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

