

Wrist Proximal Row Carpectomy Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the operative extremity. 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 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 through full available motion • 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 • Scapular retraction and forward and backward shoulder circles • Gentle, pain-free cervical AROM for releasing tension • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake

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**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical extremity.
No strengthening until 6 weeks post op.**

Phase 2	Emphasis on	Orthosis	Exercise
2-4 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>Address active finger flexion and extension lag</p> <p>Initiate light dexterity activities</p> <p>Scar management, if not immobilized in a wrist orthosis</p>	<p>Depending on surgeon preference: Short arm cast vs. a custom-fabricated wrist orthosis for full time wear (including sleep) removing for hygiene and skin care only</p>	<p>Address any active finger flexion and extension lag</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> Continue previous therapeutic exercises Place and hold finger motion to address any active lag Light dexterity activities with orthosis in place Encourage remaining active as tolerated, following precautions <p>Scar management activities during hygiene if protective orthosis is removable</p>

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Phase 3 Precautions: No strengthening until 6 weeks post op.
Avoid weight bearing.
Avoid composite wrist/digit flexibility exercises to prevent stretching extrinsic muscles.
Avoid forceful manipulation of the wrist joint to regain range of motion.

Phase 3	Emphasis on	Orthosis	Exercise
4-8 weeks	<p>Initiate wrist and forearm range of motion with efforts to gradually increase motion</p> <p>Begin gradual strengthening for functional activities</p> <p>Begin light proprioception training (NWB)</p> <p>Continue restoration of active finger/thumb range of motion, if applicable</p> <p>Continue to address dexterity deficits</p> <p>Scar management</p> <p>Encourage light functional use of the surgical hand for self care ADL's</p>	<p>Transition from a short arm cast to a wrist orthosis if treated in a short arm cast initially</p> <p>Continue wrist orthosis full time removing for hygiene and for hand therapy exercises including wrist range of motion</p> <p>Week 6: May begin removing orthosis for light, sedentary ADL's (keyboarding, meals)</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Continue above exercises to address any active lag for finger motion • Continue to address dexterity deficits • AROM wrist 4-way • Emphasis on isolated wrist extension without compensatory EDC activity • AROM forearm pronation/supination • Gravity assisted wrist and gentle assisted wrist motion when tolerated to restore functional ROM <i>avoiding extrinsic stretching</i> • beginning 6 weeks post op, if tolerated: isometric wrist strengthening • Continue AROM for elbow and shoulder <p>Progress ADL's continuing to use orthosis for protection, allowing pain to guide activity</p> <p>Scar management activities</p>

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Phase 4 Precautions: Gradual weaning from orthosis.

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

8-12 weeks	Gradual return to previous level of activity unless ADL's require heavy lifting	<p>Discharge wrist orthosis as tolerated</p> <p>May continue wrist orthosis to sleep as needed for soft tissue rest and joint positioning</p> <p>Compression sleeves and wrist supports for comfort as needed</p>	<p>Encourage gradual return to all ADL's that do not require heavy lifting such as construction work</p> <p>Do not progress resistance until the patient is not experiencing delayed muscle soreness at current level of resistance</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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