Post-Operative Week 0-4

- Wrist is casted in bulky post-operative dressing (0-10 degrees extension)
- Full active digital and thumb motion are encouraged
- Gentle forearm supination/pronation are encouraged.
- Edema control—may require the use of high volt electrical stimulation if edema levels are too high.

Goals:
- Control edema
- Promote shortening of the lengthened extrinsic muscles/tendons
- Sustain strength in the intrinsic musculature for later contribution to grip strength recovery.

Precautions:
- MPJ lag—may have to limit composite digital flexion due to the altered length-tension relationship of the flexor tendons.
- Continued watch for infection
- Wrist position must remain at 0-10 degrees of extension. If this is lost as the edema reduces the wrist control splint must be adjusted to maintain the position. Wrist position establishes the critical tension of the extrinsic muscle-tendon units.

Post-Operative Weeks 4-6

- If not previously ordered by physician, fabrication of thermoplastic wrist control orthosis (WHO) with wrist in 0-10 degrees extension
  - To be worn full time with removal for hygiene and exercises only
- Initiation of gentle AROM into wrist flexion/extension
- Initiation of ultrasound for increased healing and scar remodeling
- Scar Management
- Desensitization
- Composite digital flexion is acceptable at this stage of healing
- Slow initiation of light functional activities
- Patient education in expectation of wrist when fully healed

Goals:
- Promote return of functional motion
  - Expect approximately 50-80% return flexion/extension arc
  - Radial deviation is most limited motion
  - Ulnar deviation is fairly well preserved.
- Desensitize the hand
- Engage it in light activities with fluidity of motion and minimal pain
- Continue focus on edema reduction
- Decrease any scar adhesions

Precautions:
- Take care not to cause any undue tendon inflammation
- Always work within pain limits
- Keep edema reduced
- NO resistive strengthening at this stage
- DO NOT perform composite wrist/digital flexion to avoid stretching the extrinsic muscle-tendon units.
Post-Operative Weeks 6-10

Week 6
- Progress to isometric strengthening
- Progress to AAROM at week 6
- Gentle neuromuscular reeducation
- Slowly wean patient from WHO as pain and inflammation decrease
- Lontophoresis may safely be used for pain and inflammation
- May require a step-down orthosis of neoprene
- Patient education that UP TO 90% strength may be regained but this may take UP TO 1 YEAR

Week 8 - gentle strengthening exercises such as
- Graded grip strengthening
- Progressive resistive exercises
- Isotonic exercises
- Job simulations

Goals:
- Slow return to strengthening
- Full EXPECTED motion
- Education in progression of strengthening and full return to function

Precautions:
- No forceful manipulations
- No Joint mobilizations
- Do NOT strengthen at a rapid or aggressive rate.
- Patient education that the actual timeline for healing is up to 1 YEAR.

Bibliography
