



**ORTHOPEDICS &
SPORTS MEDICINE**
BAYCARE CLINIC®

Dr Brian Klika

SCAPHOLUNATE LIGAMENT REPAIR

Phase 1- Early Protective Phase

0-6 weeks

Goals for phase 1

- Edema control
- Protect surgical repair

Other considerations

- No use of the surgical hand

Splint

Fabrication of a thermoplastic forearm based thumb spica orthosis

AROM

- Tendon gliding exercises and intrinsic stretching for fingers
- Thumb IP active motion
- Forearm supination/pronation
- Elbow/shoulder active motion

Manual Therapy

- Manual edema mobilization as needed
- Scar massage



Phase 2 – Intermediate Phase 6-10 weeks

Goals for phase 2

- Edema control
- Pain control

Other considerations

- FCR, FCU, ECRB and APL support the SL ligament
- Do NOT target ECU as this will stress the repair

Splint

- Continue with forearm based thumb spica
- Begin to wean from this upon recommendation from MD – generally 8-10 weeks

Weight bearing

- None

AROM

- Begin with Dart Thrower motion
- Wrist flexion / extension
- Forearm supination/pronation
- Hold radial / ulnar deviation until week 8-10

Manual Therapy

- Soft tissue massage
- Initiate scar massage
- Desensitization as needed

Proprioception

- Begin light proprioceptive tasks
 - Muscle sequencing
 - FCR, FCU, ECRB and APL support the SL ligament
 - Do NOT target ECU as this will stress the repair

Modalities

- Moist heat
- Ultrasound for scar/pain



Phase 3 – Intermediate Phase 10-16 weeks

Goals for phase 3

- Full AROM

Weight bearing

- None

AROM

- Continue with hand/wrist AROM

Manual Therapy

- Soft tissue massage
- Scar massage
- Desensitization as needed

Other considerations

- Use caution with strengthening and consider pain. Progress slowly.
- No weight bearing until 6 months
- No loading or power grip until 6 months

Strengthening

- 10 weeks – can begin gentle pinch/grip with a foam block or towel; progress to putty (no power grip until 6 months)
- 12 weeks – can begin light strengthening working up to 2-5# only

Proprioception

- Continue with proprioceptive tasks
- Begin reactive muscle activation at 12 weeks

Modalities

- Moist heat
- Ultrasound for scar/pain



Phase 4 – Return to Function 16+ Weeks

Goals for phase 4

- Return to full functional use

Other considerations

- Use caution with strengthening and consider pain. Progress slowly.
- No weight bearing until 6 months
- No loading or power grip until 6 months

Weight bearing

- None

Manual Therapy

- Soft tissue massage
- Scar massage
- Desensitization as needed

Strengthening

- Progress static to dynamic strengthening
- Incorporate full upper extremity strengthening

Proprioception

- Advance as they relate to required functional use, work and sport

Modalities

- Moist heat
- Ultrasound

Work related activities

- Return to light duties at work
- Begin to progress into heavy duties at work

Sport related activities

- After 16 weeks and with MD consent a comprehensive work conditioning program for patients with high demand / heavy manual labor occupations may be appropriate



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References

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Skirven, T. M., Ostermans, A. L., Fedorczyk, J. M., & Amadio, P. C. (2011). *Rehabilitation of the Hand and Upper Extremity* (Vol. 1). Philadelphia, PA: Elsevier.

This protocol was reviewed and updated by Nissa McWilliams, OTR/L, CHT, Lacey Jandrin, PA-C and Brian Klika, MD May 2017.