



**ORTHOPEDICS &  
SPORTS MEDICINE**  
BAYCARE CLINIC®

**Dr. Klika & Dr. Kirkpatrick**  
**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

**ROM**

- 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 mobilization



## Phase 2 – Intermediate Phase 6-10 weeks

### Goals for phase 2

- Edema control
- Pain control
- Progress motion

### Splint

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

### ROM

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

### Other considerations

- FCR, FCU, ECRB and APL support the SL ligament
- Do NOT target ECU as this will stress the repair
- **Expected 90-degree arc of motion**

### Manual Therapy

- Soft tissue mobilization
- Initiate scar mobilization
- 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

- Fluidotherapy for heat, ROM, and desensitization, as needed
- Paraffin may be used for deep heat, as needed
- Ultrasound for scar/pain



## Phase 3 – Intermediate Phase 10-16 weeks

### Goals for phase 3

- 90-degree arc of motion

### 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
- **Expected 90-degree arc of motion**

### ROM

- Continue with hand/wrist A/PROM

### Manual Therapy

- Soft tissue mobilization
- Scar mobilization
- Desensitization as needed

### 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

- Fluidotherapy for heat, ROM, and desensitization, as needed
- Paraffin may be used for deep heat, as needed
- 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

### ROM

- Continue to progress A/PROM

### Manual Therapy

- Soft tissue mobilization
- Scar mobilization
- 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

- Fluidotherapy for heat, ROM, and desensitization, as needed
- Paraffin may be used for deep heat, as needed
- Ultrasound for scar/pain

### 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 Brian Klika, MD, Lacey Jandrin, PA, Andrew Kirkpatrick, MD, Tiffany Terp, PA, and the Hand Therapy Committee 8/9/2021.