

MCP Arthroplasty

Postoperative Rehabilitation Protocol

Johnny T. Nelson MD | www.RaleighUpperEx.com

This protocol is meant to provide the patient and/or clinician with a guide to postoperative rehabilitation after an individual metacarpophalangeal joint arthroplasty. For patients, it is not intended as a substitute for personal guidance or evaluation by your surgeon. For other clinicians, it is not intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of postoperative complications. If a clinician requires assistance in the progression of a postoperative patient, consultation with Dr. Nelson should be sought.

➤ **Therapy goals:**

- Increased functional use of hand to perform ADLs
- Obtain 60 to 70 degrees of MCP flexion
- Prevent/avoid MCP flexion contracture/extensor lag
- Maximum range of motion usually obtained 3 to 5 months postop

➤ **2 weeks postop**

- Custom fabricated hand-based splint: MP and 28 flexion and PIP and DIP free. Support operative MP by splinting at 2 adjacent nonoperative MP. Wear at all times, may remove for bathing and active range of motion of the MP joint and active/passive range of motion PIP and DIP joint 3-5 times daily
- Initiate scar massage over healed incision
- Edema management (retrograde massage, Coban wrap if appropriate).

➤ **4 weeks postop**

- Begin coordination and fine motor activities
- Buddy strap to adjacent finger for day use, wear splint at night only
- Begin gentle strengthening and isometric exercises avoiding lateral forces
- Light ADLs and functional activities permitted

➤ **6 weeks postop**

- May discontinue splint if cleared by MD
- Progress strengthening exercises
- Gentle passive stretching is permitted.