

## PHYSICAL THERAPY POST APTIS-SCHEKER DRUJ PROSTHESIS

### A. Initial Post Operative visit (Within 2 weeks of surgery)

- Initial evaluation will be performed to include skin integrity, pain, edema, sensation, ROM
- Important for MP joints to be free of post op dressing
- Begin AROM all joints.
- Begin AROM of uninvolved joints to prevent stiffness and assist with edema management (eg. tendon gliding exercises)
- TENS if indicated (monitor for ulnar nerve irritation)
- Monitor for signs of infection, RSD
- Pt education on condition, edema management, precautions
- Document job requirements and functional limitations if not done so preoperatively-DASH
- Okay to begin functional activities and lifting up to 2#. Increase weight by 1# daily up to 20# with pain as limiting factor.

### B. 2-4 Weeks postop

- Discharge post op dressing
- Add wrist and forearm isometrics when appropriate
- Begin light gripping and strengthening activities and progress as tolerated over the next 6-8 weeks.
- Modalities as indicated: MH, TENS, Cryotherapy.
- Monitor for ECU tendonitis-may add iontophoresis.
- Monitor for CRPS
- Scar care
- Sensory re-education and desensitization as indicated

### C. 4-6 Weeks postop

- Initiate proprioceptive re-training-gyrodiscor
- Progress gripping and strengthening. No lifting over 20#.
- **ALWAYS USE PAIN AS LIMITING FACTOR**

#### **Considerations for the rheumatoid patient**

- Never add exercises that will contribute to pain and deformity of other joints
- Rice bucket exercises and isometric exercises work well for strengthening these patients
- Educate in the principles of joint protection

\*\* Continue to follow as needed depending on patient progress

Holly Habeeb, PT, MS  
Therapy and Orthotics  
Christine M. Kleinert Institute for Hand and Microsurgery  
812-981-4735    hhabeeb@cmki.org