ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
DRUJ RECONSTRUCTION POST-OP THERAPY PROTOCOL

Phase 1 – Maximum Protective Phase (0-6 weeks)

Goals for Phase 1
- Immobilize and protect reconstruction
- Pain and edema control
- Educate patient in home program and importance of wearing splint at all times
- Educate patient to return to clinic for splint adjustments as needed to ensure comfort and compliance with splint use

Other Considerations
- Patient will most often be referred to therapy for initial therapy visit after his/her 2-week follow-up with surgeon. This appointment consists of splint fabrication and patient education in ROM of uninvolved joints, edema management, scar management, and education in physical activity restrictions.
- Begin therapy if patient unable to make full composite flexion

Orthosis
- Muenster splint – elbow at 90 degrees, wrist in slight extension, forearm in neutral
- To be worn at all times

ROM
- **2 weeks post-op**: AROM to uninvolved joints (shoulder, digits)
  - Begin therapy if patient has increased swelling and/or inability to make composite flexion
  - If the patient has no issues with swelling and able to complete composite flexion the patient is instructed to continue splint at all times, with deferred therapy until week 4 for check-up on scar and edema

Scar Management
- Begin scar massage no sooner than 2 days after suture removal after scar is fully closed with no scabbing present. Begin with light massage using lotion.
- Apply scar remodeling products as needed

Edema Management
- Light compression with Coban or compression sleeves to digits, hand, and forearm
- Elevation
- Manual Edema Mobilization (MEM)

Functional Activity
- Splint on at all times
- Use involved UE with non-resistive, light ADL/IADL only within limits of the splint
- Wear splint for showering, but may remove for hand hygiene

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Phase 2 – Begin Range of Motion (6-12 weeks)

Goals for Phase 2
- Continue to protect healing repair while restoring pain-free AROM
- Continue pain, edema control, and scar management

Orthosis
- Transition to wrist hand orthosis. Patient may begin weaning from orthosis at 8 weeks post operatively.

ROM
- Initiate gentle active range of motion to wrist and forearm AROM 6x/day for 10-minute sessions; begin with closed chain AAROM using small light weight ball and progress to open chain against gravity
- Continue with active and passive shoulder, elbow, digit ROM as appropriate
- **8 weeks**: gentle PROM may be initiated

Manual Therapy
- Continue phase 1 scar and edema management
- Desensitization

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

Functional Activity
- Encouraged participation of involved UE in non-resistive ADL
- Wrist support/splint provided by physician to be worn with heavier ADL/IADL within physical activity restrictions

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Phase 3 – Maximize ROM and Initiate Strengthening (12-16 weeks)

Goals for Phase 3	Precautions for Phase 3
• Restore functional pain-free range of motion • Initiate isotonic strengthening • Return to activities of daily living	• Although PROM is indicated for joint and soft tissue restrictions, avoid painful ROM and stretching beyond a functional range of motion. The end goal of surgery is to stabilize the wrist for pain-free function.

Orthosis
- Continue wrist hand orthosis with heavy activities

ROM
- Continue AROM to wrist and forearm
- PROM to forearm should be performed by securing at the forearm and not distal to the wrist to avoid torsional load on the DRUJ. Pain-free PROM to wrist and forearm to restore functional motion.

Strengthening
- Initiate forearm, wrist. and hand strengthening beginning with isometrics and progressing to isotonics
- Initiate isotonic strengthening including resistive wrist and forearm exercises using looped TheraBand
- Gentle grip strengthening and pinch strengthening with putty
- Begin closed chain proprioceptive/stabilization exercises (example: rhythmic stabilization with patient's hand placed on ball). Progress to open chain proprioception/stabilization exercises (examples: marble in lid, labyrinth/phone games, wrist alphabet with light free weight, oscillation with flex bar, gyroball, body blade).
- Scapula stabilization and proximal upper extremity strengthening

Manual Therapy
- Continue phase 1 scar and edema management
- Desensitization as needed

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

Functional Activity
- Continued use of involved UE with ADL/IADL within physical activity restrictions
- Utilize wrist hand orthosis with heavier activities

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Phase 4 – Progress Strengthening and Return-to-Function (16+ weeks)

Goals for Phase 4	Precautions for Phase 4
• Restore functional strength • Return to work full duty • Restore ROM to 85% of pre-surgical ROM at 6 months	• Patients returning to heavy labor jobs may benefit from continued wrist support use to prevent re-injury

Orthosis
- Continue wrist hand orthosis with heavy activities

ROM
- Begin aggressive PROM
- Maximize wrist and forearm ROM to 85% of pre-surgical range by 6 months post-operatively

Manual Therapy
- Continue scar and edema management as needed

Strengthening
- Progress forearm, wrist, and hand strengthening
- Progress scapula stabilization and proximal UE strengthening

Functional Activity
- Continued use of involved UE with ADL/IADL within physical activity restrictions

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

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