



**Dr. Klika & Dr. Kirkpatrick**  
**Integra MCP Joint Replacement**

**Phase 1: Early Protective Phase 0-4 weeks**

**Goals for Phase 1:**

- Immobilize and protect surgical site
- Begin ROM of finger
- Minimize risk of scar adhesions
- Pain and edema control

**Other considerations**

- Maintain MCP extension in splint
- No joint distraction, compression, or rotation

**Splint**

Fabricate a MCP Flexion block splint maintaining full MCP extension and allowing PIP and DIP flexion

**Wound care**

- Light dressing applied as needed

**Edema Management**

- Light compression with compression sleeves to thumb, hand and forearm as needed after incision healed
- Elevation
- Manual Edema Mobilization (MEM)

**ROM**

AROM exercises performed hourly

- MCP flexion to 45 to 60 degrees
- Thumb opposition to each finger
- PIP and DIP flexion

PROM of PIP and DIP flexion

**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.
- Educate patient in scar management
- Apply scar remodeling products as needed

**Manual Therapy**

- Desensitization – begin with light pressure and soft fabrics and progress to deeper pressure and coarse textures
- Median nerve glides

**Modalities**

- Ultrasound for scar management
- Heat modalities to progress ROM

## Phase 2: Intermediate / Late Phase 4+ weeks

### Goals for phase 2:

- Initiate progressive strengthening
- Develop home exercise program
- Gradually return to full functional use of involved arm

### Other considerations

- Strengthening is not initiated if significant pain or moderate amounts of edema persist

### Splint

Continue prefabricated wrist hand orthosis until 6 weeks post-op except with hygiene

- Begin weaning at 4 weeks post-op
- Can fabricate dynamic flexion splint if 60 degrees of MCP flexion not achieved

### ROM

- Increased AROM of MCP joint to 90 degrees
- AAROM if 60 degrees of MCP flexion not achieved
- Continue PROM of PIP and DIP joints

### Manual Therapy

- Continue scar management techniques
- Continue desensitization as needed

### Strengthening

- Initiate strengthening at 6 weeks post-op

### Modalities

Continue with ultrasound for scar management and heat modalities to progress ROM if it has not progressed to WFL for patient

### Functional Activity

- **4 weeks** – Resume light ADL activities outside of the splint
- **6 weeks** – Progress to full activities as tolerated

### Work Conditioning

After 10 weeks and with MD consent a comprehensive work conditioning program for patients with high demand / heavy manual labor occupations may be appropriate

This protocol was reviewed and updated on 8/26/2024