ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
ECU STABILIZATION 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
- Patient is usually only seen for one appointment during this initial immobilization phase
- This appointment consists of splint fabrication and patient education in ROM of uninvolved joints, edema management, scar management, and physical activity restrictions

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

ROM
- **2 weeks post-op**: AROM to uninvolved joints (shoulder, elbow, digits)
- **4 weeks post-op** ROM check:
  - Begin therapy if patient has increased swelling and <50% range of motion. Therapy should begin with instruction in home program for ROM in gravity-eliminated positions 2x/day for 10-minute sessions with emphasis on slow and controlled pain-free movement.
  - If the patient has no issues with swelling and greater than 50% of normal range of motion, the patient is instructed to continue with splinting at all times and ROM is deferred to 6 weeks post-op

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

Form Number 80263
Rev. 4/27/2026

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
ECU STABILIZATION POST-OP THERAPY PROTOCOL

Phase 2 – Initiate Motion (6-8 weeks)

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

Splint
- Transition to wrist immobilization splint/brace
- Patient may begin weaning from brace immediately from orthopedic visit
- Therapist may recommend weaning schedule variations as appropriate

ROM
- Initiate gentle active range of motion to wrist and forearm AROM 6x/day for 10-minute sessions
- Continue with active and passive shoulder, elbow, digit ROM as appropriate

Strengthening
- Initiate submaximal pain-free isometrics for wrist and forearm after 1 week of AROM

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

Form Number 80263
Rev. 4/27/2026

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
ECU STABILIZATION POST-OP THERAPY PROTOCOL

Phase 3 – Maximize ROM and Initiate Strengthening (8-10 weeks)

Goals for Phase 3	Precautions for Phase 3
• Restore functional pain-free range of motion • Initiate isotonic strengthening • Continue to control edema and minimize scar adhesions	• PROM to forearm should be performed by securing at the forearm and not distal to the wrist to avoid torsional load on the TFCC • 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.

Splint
- Continue splint with heavy activities

ROM
- Continue active ROM to wrist and forearm
- Initiate pain-free PROM to wrist and forearm to restore functional motion

Strengthening
- Initiate hand, wrist, and forearm strengthening
- Initiate isotonic strengthening including weighted wrist and forearm exercises and gentle grip and pinch strengthening with putty
- Proprioceptive/stabilization- wrist alphabet with 1# hand weight, oscillation with flex bar, gyroball
- 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
- Splint with heavier activities

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
ECU STABILIZATION POST-OP THERAPY PROTOCOL

Phase 4 – Progress Strengthening and Return to Function (10+ weeks)

Goals for Phase 4	Precautions for Phase 4
• Restore functional strength • Return to work full duty	• Patients returning to heavy labor jobs may benefit from continued wrist support use to prevent re-injury

Splint
- Continue splint with heavy activities

ROM
- Maximize wrist and forearm ROM

Manual Therapy
- Continue scar and edema management as needed

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

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

Work Conditioning
- After 10-12 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate

Form Number 80263
Rev. 4/27/2026