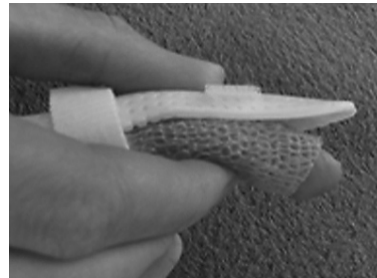
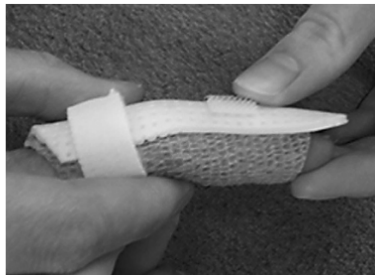


PIPJ REPLACEMENT REHAB PROTOCOL (VOLAR APPROACH)

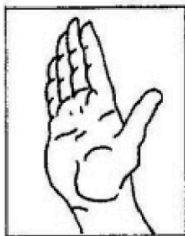
Please note this is a week-by-week protocol to provide a general framework for post-operative goals. Specific progression through the protocol may vary slightly - faster or slower. Please correlate with operation note for patient specific post-operative plan based on intra-operative findings.

0-6 Weeks

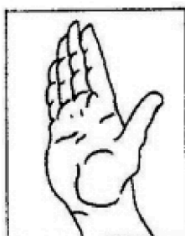
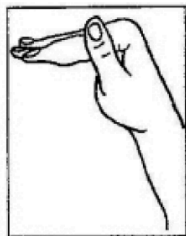
- After surgery:
 - o Finger/hand will be covered in a backslab and bandage
 - o Please keep hand elevated to minimise swelling
- Early hand therapy from 5-7 days for resting splint:
 - o Resting thermoplastic splint to prevent hyperextension and to control any varus/valgus angulation, allows active MCPJ and DIPJ range of motion



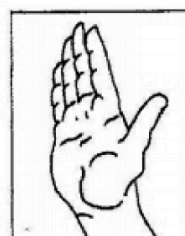
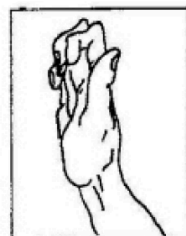
- Passively stretch PIPJ/DIPJ to full extension up to splint
- Active and assisted active full range of motion isolating PIPJ by supporting proximal phalanx with splint on



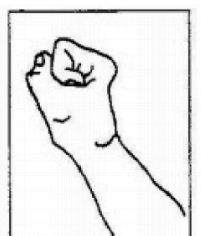
Start with your fingers straight then bend them all forward at the back knuckles only, like a flat table top.



Start with your fingers straight then hook them all forward keeping the back knuckles straight.



Start with your fingers straight then make a full fist with all of your fingers.



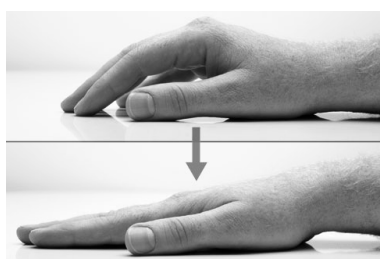
- Active flexion exercises as depicted above (no restriction) through MCPJ, PIPJ, DIPJ with splint on

From 6 weeks

- Start weaning out of resting splint as tolerated
- Buddy strapping to adjacent finger when out of splint for next 6 weeks
 - o This will encourage active assisted range of motion to full
- An oval eight splint can be used to prevent PIPJ hyperextension
- Splinting may be required at night or with at risk activities to protect PIPJ
- Transition to light functional activities as tolerated
- No strengthening or rotational/twisting activities yet

From 8 weeks

- Initiate gradual strengthening
- Encourage/attempt passive flexion into a full fist (some patient may not be able to achieve this), can also do the same with hand flat on table to encourage full extension, but avoid hyperextension



- Avoid functional activities involving rotational forces (e.g. opening jars, turning taps) until 12 weeks post op

From 12 weeks

- Goal is to be out of splint and buddy strapping
- Continue with strengthening as required
- Functional rehab

Follow-up appointments:

- 1 night in hospital
- 2 weeks clinic for wound check and x-ray
- 6 weeks clinic with x-ray with Mr Francis Ting
- 12 weeks clinic with Mr Francis Ting

Initial phases of rehabilitation emphasise on tissue healing, reduction of inflammation and pain, and protection of repair.

Appropriate range of motion after surgery is important to minimise risk of post-operative stiffness, encourage tendon gliding and joint mobility. Safe, proper exercise progression should be followed to limit stress on healing repair.