

PIP Non-Constrained Joint Replacement Rehabilitation Protocol

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

1-3 Days Postoperative

- Do not remove the surgical bandage.
- Restrictions: No heavy lifting or pulling greater than 0 lbs.
- The patient is to begin active and passive range of motion of the uninvolved fingers and thumb to prevent stiffness and reduce swelling.

3-5 Days Postoperative

- The therapist will remove the surgical bandage.
- The therapist will fabricate a static extension orthosis with the PIP joint in full extension. X-Rays will be taken to confirm proper position of the joint.
- The orthosis is to be worn at all times. The orthosis may be removed for hygiene purposes and to perform the exercise program.
- The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Instruct the patient to begin active range of motion exercises of the MP and DIP joints with the PIP joint blocked in full extension.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

10 – 14 Days Postoperative

- The sutures are removed at Dr. Holtkamp's office.
- Instruct the patient to begin active range of motion of the PIP joint to 40 degrees of flexion. If there is PIP joint extensor lag, then limit the amount of joint flexion and the frequency of exercises.
- Instruct the patient to begin passive range of motion exercises of the MP and DIP joints with the PIP joint blocked in full extension.

3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.
- Instruct the patient to increase the active range of motion of the PIP joint to 50 degrees of flexion if there is no extensor lag present.
- The therapist will adjust the static extension orthosis as needed. Orthosis adjustments may be required as the swelling decreases.

4 Weeks Postoperative

ORTHOILLINOIS

CRYSTAL LAKE: 750 Terra Cotta Ave, Crystal Lake, Illinois 60014 | Huntley: 12519 Regency Pkwy, Huntley, IL 60142
Phone 815.455.0800, Fax 847.669.3772

- Instruct the patient to begin full active range of motion exercises of the digit. Composite flexion is allowed.

6 Weeks Postoperative

- Instruct the patient to begin passive range of motion exercises to the digit assuming the extensor lag is less than 10 degrees. If there is an extensor lag greater than 10 degrees, then wait an additional 2 weeks before beginning passive range of motion.
- The extension gutter orthosis is discontinued, if there are no signs of an extensor lag. The wearing time in the extension gutter orthosis should be gradually reduced 1-2 hours each day. It is expected that the patient is completely out of the orthosis within 7-10 days.
- Instruct the patient to buddy tape the involved finger and adjacent finger.
- If an extensor lag is present and passively correctable, continue the extension gutter orthosis for 8-12 hours per day (i.e. sleeping, downtime). For some patients, the length of time in the orthosis may take up to 6 months or longer.
- If an extensor lag is present and NOT passively correctable, then the therapist will fabricate a dynamic extension splint.

8 Weeks Postoperative

- Instruct the patient to begin passive range of motion exercises to the digit if this has not already been done at 6 weeks postoperatively.
- Instruct the patient to begin a progressive strengthening exercise program.

10 Weeks Postoperative

- The buddy tape may be discontinued for low risk activities. Instruct the patient to continue buddy tape during high risk activities that could cause increased strain at the PIP joint.

12 Weeks Postoperative

- Discontinue buddy tape if pain and tenderness are resolved at the PIP joint.
- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

16 Weeks Postoperative

- The patient may resume activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.

1 Year Postoperative

- X-Rays of the PIP joint are performed to assess the implant.

2 Years Postoperative

- X-Rays of the PIP joint are performed to assess the implant.

ORTHOILLINOIS

CRYSTAL LAKE: 750 Terra Cotta Ave, Crystal Lake, Illinois 60014 | Huntley: 12519 Regency Pkwy, Huntley, IL 60142
Phone 815.455.0800, Fax 847.669.3772