

UCL/RCL Finger MP Joint Repair Rehabilitation Protocol

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

1-14 Days Postoperative

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

10-14 Days Postoperative

- The sutures are removed at Dr. Holtkamp's office.
- The therapist will fabricate a forearm-based radial or ulnar gutter static orthosis positioning the wrist in 20 degrees of extension, MP joints in 45 degrees of flexion and the IP joints free. For the index and long fingers, use a radial gutter orthosis. For the ring and small fingers, use an ulnar gutter orthosis. The orthosis should include the involved digit and the adjacent digit.
- 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 (flexion and extension only) exercises of the finger without stressing the UCL/RCL repair.
- 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.

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.

4 Weeks Postoperative

- Instruct the patient to begin gentle passive range of motion exercises of the finger without stressing the UCL/RCL repair.

6 Weeks Postoperative

- Instruct the patient to begin un-restricted active range of motion exercises of the finger (abduction and adduction).

8 Weeks Postoperative

- The orthosis is discontinued. Instruct the patient to buddy tape the involved finger and adjacent finger.

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- The orthosis may be worn for protection and comfort during activities that require weighted resistance or sustained power pinching.
- Instruct the patient to begin a progressive strengthening exercise program.

12 Weeks Postoperative

- Discontinue buddy tape if pain and tenderness are resolved at the MCP 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 normal 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.