

UCL/RCL Finger PIP Joint Repair Rehabilitation Protocol

Kelly Holtkamp, M.D.

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 volar-based finger gutter orthosis positioning the PIP joint in full extension.
- 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 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 passive range of motion exercises of the finger without stressing the UCL/RCL repair.

6 Weeks Postoperative

- The extension gutter orthosis is discontinued, if there are no signs of an extensor lag.
- 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

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- 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 injury to the ligament repair.

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 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.