

MCP REPLACEMENT PHYSIOTHERAPY PROTOCOL

PRE-OPERATIVE

Assessment as appropriate, to include shoulder, neck, scapular and elbow range of movement, muscle strength and general upper limb function.

POST-OPERATIVE

Review operation notes and post-operative physiotherapy instructions

Day 1

- Hand immobilized in volar slab:
 - wrist in extension
 - MCP joints flexed 30° - 40 °
 - PIP & DIP joints flexed 10 °
- Elevation of upper limb for swelling control
- Advice on active movement of shoulder & elbow on the operation limb

Day 3

- Static resting splint is fabricated by occupational therapy as oedema allows
- Commence isolated active assisted MCP joint flexion and passive extension out of the splint. The 2nd-5th MCP joints should be flexed as a unit. The wrist and IP joints should be extended during this exercise. Exercises out of the splint are supervised by a physiotherapist
- Commence active assisted IP joint flexion & extension. Progress to active movement as swelling resolves
- Maintain active movement of the shoulder & elbow

Day 5

- Dynamic splint is fabricated by occupational therapy
- Out of the dynamic splint, continue with the MCP & IP joint movements previously described, under physiotherapy supervision
- In the dynamic splint, teach the patient to actively flex the MCP joints. They can add passive end range flexion stretch if necessary to attain maximum MCP flexion range
- Check the patient is able to independently put on & off both static and dynamic splint
- Arrange follow-up outpatient physiotherapy appointment prior to discharge

2-6 Weeks (Note)

- The patient will exercise independently in the dynamic splint for the first 6 weeks. Regular monitoring of the MCP joint range of movement is required
- The 2nd-5th MCP joints should be flexed as a unit. The wrist and IP joints should be extended during this exercise
- When exercising avoid ulna deviation at the wrist & MCP joints
- If the MCP joints become stiff or loose range of flexion glove may be required.

6 Weeks Onwards:

- Splinting:
 - Wean out of the dynamic splint
 - The static splint is worn at night for the first 3 months
 - A Metacarpal Ulnar Deviation (M.U.D.) splint can be fitted for function if required
- Commence combined MCP & IP joint flexion to attain composite grip
- Commence light functional activities
- Avoid power grip and heavy lifting (12 lbs. max)
- Emphasize joint protection. Avoid positions and activities that promote ulna drift