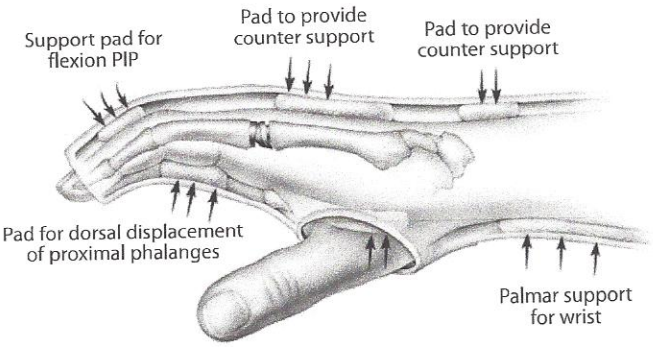
11 Initial Post-Operative Treatment

Postoperative positioning is important and should place the MCP joints in slight flexion and the PIP joints in approximately 45° flexion. If there has been preoperative ulnar deviation, or this appears following closure the fingers should be placed in 5 to 10° radial deviation. These positions must be held while applying a compressive dressing (**FIGURE 11**).

If there has been a tendency for the fourth and fifth metacarpals to "droop", the excessive metacarpal arch curvature should also be supported. The dressing is removed at 2 to 4 days and a dynamic splint applied for daytime exercises. A static rest/nocturnal splint capable of holding the fingers in the corrected positions is used at other periods for 4 to 6 weeks.

FIGURE 11

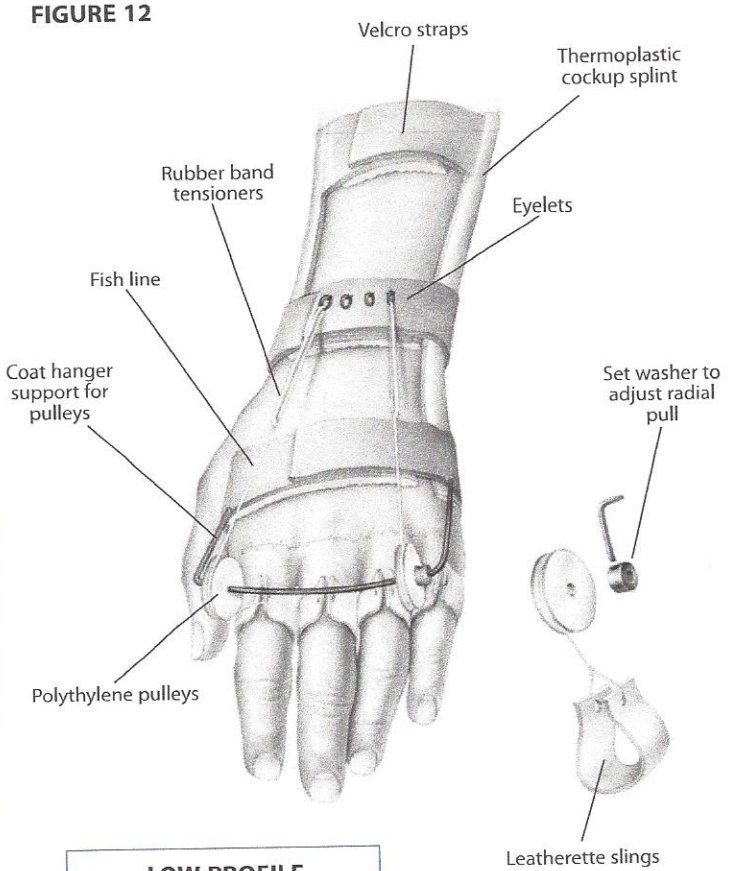


12 Rehabilitation

The initial rehabilitation program benefits greatly from close supervision of the physiatrist and hand therapist. The fabrication of the dynamic and static splints requires expert knowledge for correct fit as well as instruction in proper use (**FIGURE 12**). The first week or two are best carried out with daily or bi-daily supervision followed with repeat reassessment at the scheduled visits.

Follow-up exams should include range of motion (ROM) assessment for all the joints of the hand and wrist and other significant joints. Static deformities, grip strength and pinch strength should also be assessed and recorded. X-ray examination includes AP, lateral and such special views as may also be indicated at follow-up intervals. Assessment of MCP palmar subluxation, ulnar drift, ulnar intrinsic contracture, extrinsic extensor tendon displacement, swan neck or boutonniere deformity, and flexor tendon displacement should also be recorded.

FIGURE 12



LOW PROFILE DYNAMIC SLING
Counteracts palmer and ulnar subluxations tendencies