WRIST Arthoscopic Procedures Post-op Rehabilitation Guidelines

These guidelines are intended for Compensation Services and Clinical Staff as general guides for the direction, timing and expected outcomes for post-surgical rehabilitation clients seen through the Visiting Specialists Clinic. Deviations from these guidelines may occur based on the specifics of individual cases and surgeon preference.

Procedure: Wrist Arthroscopic Evaluation or Debridement

NOTE: For Some Surgical Procedures There May Be A Period Of Post-Operative Immobilization Prior To Initiation Of Therapy

Phases and Expected Time Lines	Therapy / Rehabilitation Guidelines	Expected Outcome At The Completion Of Phase	Notes / Comments
Phase 1: (Week 1 of Therapy) Immediate Post-operation Or Post-Immobilization	Monitor incision site(s) for infection, keep clean and dry until sutures out. Rest, Ice, Compression, Elevation - as needed for pain and edema control. Patient Education – Pathology, Recovery, Self-Management. Forearm-based wrist Splint with wrist in neutral, to be used at night and as required during the day, if needed, for rest and pain control. Use Hand / Upper extremity for painfree personal care and light household functional activities as tolerated. Therapy Program - (Note: Home exercises should be done ~ x3 / day): • Full Active/Passive ROM Exercises Shoulder, Elbow – if limited. • Forearm, Finger and Thumb Active/Passive ROM and Tendon Gliding exercises – as tolerated. • Active wrist ROM within Functional Limits.	 Clinical Goals: Full (or pre-op) Active/Passive ROM – Shoulder, elbows, forearm, digits. Painfree, Functional Wrist ROM (see definitions). Sutures out ~ 7 – 10 days. Limited swelling and no pain at rest. RTW / Functional Goals: Independent, painfree personal care and sedentary to light (< 10 lbs.) household tasks. Tolerance to these functional tasks likely to be limited to less than 1 hour. 	Caution with Radio- Ulnar Deviation exercises if Repairs or Debridement.



WORKERS' COMPENSATION BOARD

6951 Westminster Highway, Richmond BC V7C 1C6
Telephone (604) 279-7576 Fax (604) 231-8423
Mailing Address: PO Box 5350 Stn Terminal Vancouver BC V6B 5L5

WRIST Arthoscopic Procedures Post-op Rehabilitation Guidelines

Phase 2: (Weeks 2 –3 of Therapy) Early Controlled Mobilization	Splint – at night (only if waking up at night with wrist pain or waking up in the morning with wrist pain). Scar - Hydration / Compression / Desensitization / Mobilization / Massage - as needed. Use Hand and Upper extremity for all painfree lifting (< 20 lbs.), gripping / pinching and carrying household functional activities - as tolerated. Therapy Program - (Note: Home exercises should be done ~ x3 / day): • Active ROM Wrist progressing to Full Mobility - as tolerated. • Light Resisted – <i>Outer Range</i> Grip and Pinch Strengthening Exercises – as tolerated. • Progressive Resisted <i>Isometric</i> Wrist Strengthening Exercises within functional ROM. • Modalities for pain and swelling control – as needed during therapy.	 Clinical Goals: Flat, Red, Minimally Sensitive Scars. T5% Contra-Lateral side or Pre-op wrist ROM < 50% Contra-Lateral side Grip and Pinch Strength RTW / Functional Goals: Independent with Light to Moderate Level (< 25 lbs.) Lifting, Gripping and Carrying Activities within functional wrist ROM. Tolerance to these functional tasks likely to be limited to less than 2 hours. Likely ready for Early Graduated / Modified Workplace Reintegration if Sedentary or Light Job Demands. 	Caution with progressing mobility exercises past functional limits and introducing axial loading / gripping or pinching activities if repair or debridemen t.
Phase 3: (Weeks 4 to 6 of Therapy) Graduated Strengthening	Splint – Discontinue Scar - Hydration / Compression / Desensitization / mobilization/ Massage - as needed.	 Clinical Goals: Flat, Red, Non-Sensitive, Non-Adherent Scars. > 75% Contra-Lateral side or pre-op wrist 	Caution with inner range gripping activities, vibration
and Functional Reactivation And / Or	Use Hand and Upper extremity for all painfree lifting (up to 40 lbs.), gripping / pinching and carrying household functional activities - as tolerated.	ROM • 50 - 75% Contra- Lateral side Grip and Pinch Strength	and impact activities, weight bearing through an
Early Graduated / Modified Workplace Re-	Therapy Program - (Note: Home exercises should be done ~ x3 / day):	RTW/ Functional Goals: Independent with	extended wrist, and passive



WORKERS' COMPENSATION BOARD

6951 Westminster Highway, Richmond BC V7C 1C6
Telephone (604) 279-7576 Fax (604) 231-8423
Mailing Address: PO Box 5350 Stn Terminal Vancouver BC V6B 5L5

WRIST Arthoscopic Procedures Post-op Rehabilitation Guidelines

integration (Phase 3 Con't)	 Active/Passive ROM Wrist to Full Mobility as tolerated. Progressive Resisted – Inner Range Grip and Pinch Strengthening Exercises. Progressive Resisted Isotonic and Eccentric Wrist Strengthening Exercises – within functional wrist ROM. Progressive Workplace Specific Functional Re-activation Tasks (eg: lifting, carrying, material handling tasks). 	Moderate Level (< 40 lbs.) Lifting, Gripping and Carrying Activities within functional wrist ROM. Tolerance to these functional tasks likely to be limited to less than 4 hours. Likely ready for Graduated / Modified Workplace Reintegration if Moderate Level Job Demands. (If Heavy Job or workplace not able to accommodate, consider Occupational Rehabilitation or Activity-related Soft Tissue Disorder treatment program)	wrist mobilization s if repair or debridement.
Phase 4: (Weeks 7 to 12 of Rehab) Graduated / Modified Workplace Reintegration Or Transfer to Other WCB of BC Sponsored Rehabilitation Program	Ongoing local treatment in therapy for the hand / wrist / upper extremity is usually not indicated after 8 weeks of therapy. Client should be able to continue with a home therapy program for regional tissue strengthening, ROM and self-management of symptoms and / or integrate their exercise program into a Graduated/Modified RTW plan or Activity-related Soft Tissue Disorder treatment program or an Occupational Rehabilitation Program.	 Clinical Goals: ~ 100% Contra-Lateral side or pre-op wrist ROM > 75% Contra-Lateral side Grip and Pinch Strength RTW / Functional Goals: Independent with Moderate or Heavy Level (> 40 lbs.) Lifting, Gripping and Carrying Activities within functional wrist ROM limits. Tolerance to these functional tasks likely to be limited to less than 6 hours. Likely able to meet 	



WORKERS' COMPENSATION BOARD

6951 Westminster Highway, Richmond BC V7C 1C6 Telephone (604) 279-7576 Fax (604) 231-8423 Mailing Address: PO Box 5350 Stn Terminal Vancouver BC V6B 5L5

WRIST Arthoscopic Procedures Post-op Rehabilitation Guidelines

		most workplace critical job demands (as defined by Activity- related Soft Tissue Disorder or Occupational Rehabilitation treatment programs).	
Phase 5: (> 12 weeks -	Further improvements will be dependent on the client's ongoing compliance with home exercises and ongoing functional use of the affected upper extremity.	If not already Within Normal Limit, further limited improvements, in regional tissue functional tolerance, mobility and strength could be expected up until ~ 6 months post-surgery.	

Special Considerations:

Time frames for each phase will depend on:

- Specific surgical procedures performed
- Unforeseen Post-operative Complications (eg: Infection, Complex Regional Pain Syndrome)
- Surgeon Preference

Legend Of Abbreviations / Definitions:

- Functional Wrist ROM = 40 degrees flexion, 40 degrees extension, 40 Radio-Ulnar Deviation arc.
- Axial Loading = Forces transmitted through the wrist with gripping / pinching activities.
- ROM = Range of Motion
- RTW = Return to Work

WRIST Arthoscopic Procedures Post-op Rehabilitation Guidelines

References:

- Cooney WP, Linscheid RL, Dobys JH (eds). <u>The Wrist: Diagnosis and Operative Treatment.</u> (Vols. 1 & 2) Mosby, Toronto, 1998
- 2. Nelson DL. Functional Wrist Motion. Hand Clinics. 13(1) 83-92, 1997.
- 3. Viegas S, Patterson RM. Load Mechanics of the Wrist. Hand Clinics. 13(1): 109 128, 1997.
- 4. Wipple TL: Arthroscopic Surgery: The Wrist JB Lippincott, New York, 1993.

Developed by:

The Visiting Specialist Clinic in Consultation with the WCB of BC Hand Therapy Program.