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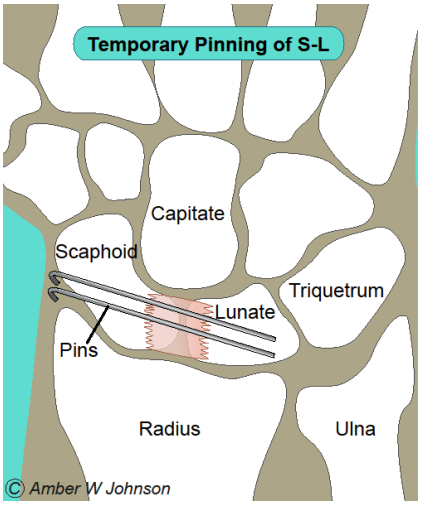
Acute Scapho-lunate Ligament Repair (with temporary pins)
Post Operative Rehabilitation Protocol



Following Surgery:

- Wrist to be immobilized in a splint until 2 week post-op visit.
- Elevate and ice for at least 3 days.
- Continue to elevate as often as possible until next clinic visit. (Elevate above your heart.)
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medication as needed and as prescribed. Call if problems or questions arise.

Precautions:

- If temporary pins were placed, avoid active wrist range of motion (ROM) until pin removal at 8 weeks.
- Avoid loading, power grip, weight bearing, and lifting until 6 months after surgery.

2 Weeks Post Op:

- Follow up appointment in clinic.
- Splint and sutures removed; placed in a short arm cast until 4 weeks post op.
- Initiate gentle thumb IP joint ROM and finger ROM.

4 Weeks Post Op:

- Follow up appointment in clinic.
- Transition to removable Velcro wrist splint to wear until 8 weeks post op.
- Begin home exercise program (3-4 times/day, 10 repetitions as long as pain does not increase):
  - Finger and thumb ROM; gel sheet wear and retrograde scar massage.
  - If **pins**, no active wrist ROM until removal of pins at 8 weeks to avoid pin breakage.
  - If **screw**, begin gentle active wrist ROM with wrist flexion/extension and "dart throwers" ROM between 4-6 weeks to avoid stiffness as directed by your physician.
- Therapist will assist with edema management: electrical stimulation, ultrasound, and moist heat or ice.

8 Weeks Post Op:

- Follow up appointment in clinic
- Pins removed in clinic at 8 weeks. (Occasionally pins are removed in operating room.)
- Begin gentle active and passive ROM and gentle resisted grip with light sponge or theraputty.

16 Weeks Post Op:

- Follow up appointment in clinic
- Initiate isometric wrist flexion/extension and 1# flexion/extension as tolerated.
- Expect some degree of wrist flexion or extension loss. There is no perfect scapholunate repair or reconstruction.

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.