

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

Following Surgery:

- Wrist to be immobilized in a splint for 10-14 days.
- 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.

10-14 Days Post Op:

- Follow up appointment in clinic with P.A. or M.D. with x-ray.
- Splint removed; placed in a thumb spica cast until 6 weeks post op.
- Initiate gentle thumb IP joint ROM and finger ROM.

6 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D. with x-ray.
- Thumb spica cast removed; re-fitted with a short arm cast 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 with M.D. with x-ray.
- If **pins** placed—removed in clinic at 8 weeks. (Occasionally pins are removed in operating room.)
- If **temporary screw** placed—screw often left longer than temporary pin to provide adequate healing time and to prevent immediate re-injury. (Screw often removed in operating room 6-9 months post op.)
- Removable wrist splint to be worn with activities for another month.
- Begin gentle active and passive ROM and gentle resisted grip with light sponge or theraputty.

12 Weeks Post Op:

- Follow up appointment in clinic with M.D. with x-ray.
- 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.

