

**Proximal Row Carpectomy
Post Operative Rehabilitation Protocol
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Following Surgery:

- Expect a bulky compressive dressing and wrist immobilization splint for 10-14 days.
- Elevate and ice for at least 3 days.
- Continue to elevate as often as possible until your 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 any problems or questions arise.

Precautions:

- Avoid loading, power grip, weight bearing, and lifting for 4-6 months after surgery.

10-14 Days Post Op (at therapy):

- Immobilization splint, bulky compressive dressing, and sutures will be removed.
- Expect a custom removable splint to be worn in between exercises and at night until 8-12 weeks post op.
- Active and passive Range of Motion (ROM) initiated to elbow, fingers, and thumb.

4 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Initiate active and gentle passive ROM to wrist. (Composite wrist/digit extension/flexion should be avoided to prevent stretching of extrinsic muscles.)
- Therapist will assist with edema control, possibly with electrical stimulation, ultrasound, moist heat, or ice pack.

6 Weeks Post Op (at therapy):

- Weighted wrist stretches initiated to regain passive ROM to wrist.
- Begin isometric strengthening exercises.
- Forceful manipulation and joint mobilization not appropriate.
- Neoprene wrist wrap may be worn for comfort.

8-12 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- Removable splint may be discontinued and worn only as needed.
- Gentle strengthening exercises initiated with putty, hand exerciser, or hand weights, followed by job simulations.

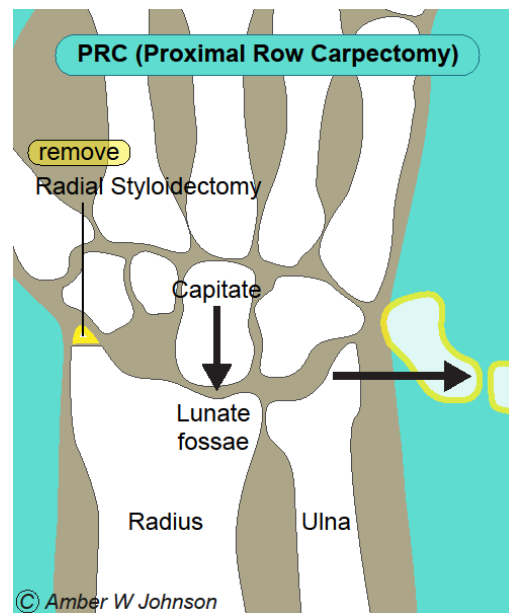
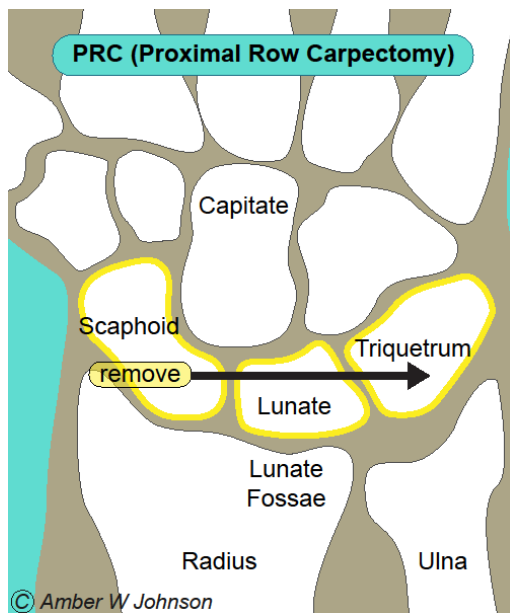
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4-6 Months Post Op:

- Patients with sedentary jobs may return to work about 3 months.
- Heavy labor jobs may require up to 6 months.
- Follow up with doctor on a PRN basis.

Considerations:

- Expect some weakness; grip and strength averages about 50-80% of the contra-lateral side.
- Usually it takes up to a year to regain best strength.
- Expect ~50% of wrist flexion and/or extension loss. Attempting to achieve full wrist ROM can create instability and ultimately increase risk of future wrist pathology.



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.