Alaska Orthopedic Specialists, LLC
4015 Lake Otis Parkway, Suite 201
Anchorage, AK 99508

Phone (907) 771-3500 | Fax (907) 771-3550
www.akortho.com

Scapho-lunate Reconstruction & Capsulodesis
Post Operative Rehabilitation Protocol

Following Surgery:

- Expect wrist to be immobilized in a thumb spica cast until 6-8 weeks post op, and then a thumb spica splint until 12 weeks post op.
- 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:

- If temporary pins were placed, avoid active 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 (at therapy):

- Sutures will be removed and patient will be placed in a new thumb spica cast until 6-8 weeks post op.

6-8 Weeks Post Op:

- Follow up appointment in clinic with P.A. or M.D.
- 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 in the wrist to provide adequate healing time and to prevent immediate re-injury. (Screw often removed in surgery 4-6 months post op.)
- A thumb spica splint is fabricated for intermittent protection and support until 12 weeks post op.
- Focus on "dart throwers" Range of Motion (ROM) and progress to active wrist ROM.

12 Weeks Post Op:

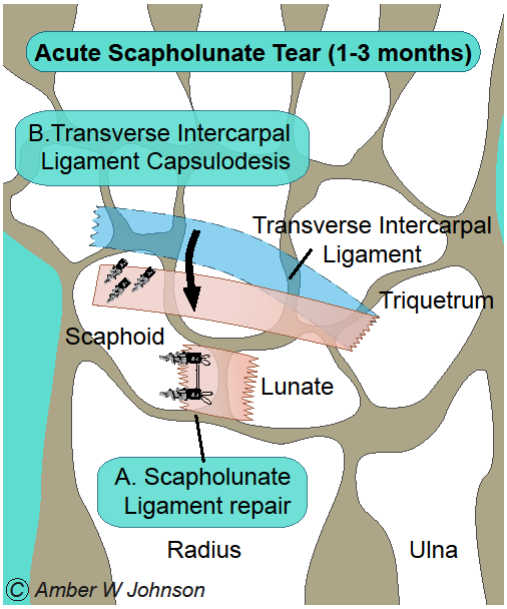
- Follow up appointment in clinic with P.A. or M.D.; may discontinue thumb spica splint.
- Initiate light strengthening exercises beginning with isometrics.
- Gentle static progressive splints may help to increase wrist ROM without compromising stability.

4-6 Months Post Op:

- Follow up appointment in clinic with M.D.; temporary screw may be removed in surgery.
- Full use of wrist permitted.

Considerations:

- Expect some degree of wrist flexion and/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.