MCP REPLACEMENT

PHYSIOTHERAPY PROTOCOL

PRE-OPERATIVE
Assessment as appropriate, to include shoulder, neck, scapular and elbow range of movement, muscle strength and general upper limb function

POST-OPERATIVE
Review operation notes and post-operative physiotherapy instructions

Day 1
- Hand immobilised in volar slab: wrist in extension
  MCP joints flexed 30°-40°
  PIP & DIP joints flexed 10°
- Elevation of upper limb for swelling control
- Advice on active movement of shoulder & elbow on the operation limb

Day 3
- Static resting splint is fabricated by occupational therapy as oedema allows
- Commence isolated active assisted MCP joint flexion and passive extension out of the splint. The 2nd-5th MCP joints should be flexed as a unit. The wrist and IP joints should be extended during this exercise. Exercises out of the splint are supervised by a physiotherapist
- Commence active assisted IP joint flexion & extension. Progress to active movement as swelling resolves
- Maintain active movement of the shoulder & elbow

Day 5
- Dynamic splint is fabricated by occupational therapy
• Out of the dynamic splint, continue with the MCP & IP joint movements previously described, under physiotherapy supervision
• In the dynamic splint, teach the patient to actively flex the MCP joints. They can add passive end range flexion stretch if necessary to attain maximum MCP flexion range
• Check the patient is able to independently put on & off both static and dynamic splint
• Arrange follow-up out patient physiotherapy appointment prior to discharge

2-6 Weeks (Note)
• The patient will exercise independently in the dynamic splint for the first 6 weeks. Regular monitoring of the MCP joint range of movement is required
• The 2nd-5th MCP joints should be flexed as a unit. The wrist and IP joints should be extended during this exercise
• When exercising avoid ulna deviation at the wrist & MCP joints
• If the MCP joints become stiff or loose range a flexion glove may be required.

6 Weeks Onwards:
• Splinting:  Wean out of the dynamic splint
  The static splint is worn at night for the first 3 months
  A Metacarpal Ulnar Deviation (M.U.D.) splint can be fitted for function if required
• Commence combined MCP & IP joint flexion to attain composite grip
• Commence light functional activities.
• Avoid power grip and heavy lifting(12 lbs max)
• Emphasize joint protection. Avoid positions and activities that promote ulna drift