Sports Medicine and Rehabilitation P: 605.977.6845 F: 833.918.2049 Therapy@ortho-i.com

Hand PIP Arthroplasty Protocol

General Guidelines and Precautions

- Avoid swan neck/hyper extension at the PIP level with digit extension strengthening
- Avoid scissoring with adjacent digits secondary to rotational defect/weakness
- Avoid being too aggressive with PROM
 - o Patient should not exceed 70-80 degrees PROM even if easily able to
- Monitor edema to avoid flair ups due to aggressiveness
 - o Patient may have soreness for 5-10 minutes post stretch, but usually resolves quickly
- Extension lag
 - o Patient may need to go back into the brace intermittently if extension lag is present
 - o Attempt PIP joint reverse blocking AROM with MP blocked at 45 degrees flexion
 - This position maximizes intrinsic advantage during extension

Phase 1	Surgery to 4 weeks post-op
Suggested Therapeutic Exercise/Treatment	 Edema management Unrestricted Pain free AROM of MP, PIP, DIP Reverse blocking of MP for PIP and DIP extension AROM for unaffected digits Wrist ROM Cryotherapy Scar massage Activities unrestricted when splint applied
Splinting	 Finger static splint placing DIP and PIP in full extension with MP free for motion Splint to be worn at all times outside of removal for bathing and HEP
Precautions	Avoid hyper extension, valgus, and varus stress to the PIP

Page 1 of 2 OIPT.02.22.22.ver1



Sports Medicine and Rehabilitation P: 605.977.6845 F: 833.918.2049 Therapy@ortho-i.com

Hand PIP Arthroplasty Protocol

Phase 2	6 weeks post-op
Appointments	• 1-3 x per week depending on patient AROM
Suggested Therapeutic Exercise/Treatment	 Continue with AROM of MP, PIP, DIP Initiate PROM to all joints Discontinue splint Initiate Buddy loops if needed

Phase 3	7 weeks post-op
Appointments	• 1-3 x per week depending on patient motion and strength
Suggested Therapeutic Exercise/Treatment	 Unrestricted use of the hand Initiate isometric and concentric strengthening of hand and digits

Page 2 of 2