

Hand MP Arthroplasty Protocol

General Guidelines/Precautions	
<ul style="list-style-type: none"> • Edema glove is often used for management of edema at the MP level • Goal is to achieve pain-free functional fist 	

Phase 1	Surgery to 4 weeks post-op
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Edema management • MP AROM 0-40 degrees • MP reverse blocking AROM for PIP and DIP extension. • Unrestricted pain-free AROM/PROM of PIP, DIP • AROM for unaffected digits • Wrist ROM • Cryotherapy • Scar massage • Activities unrestricted when splint applied
Splinting	<ul style="list-style-type: none"> • Forearm-based splint placing the wrist in neutral to mild extension with MP of affected digits in full extension <ul style="list-style-type: none"> ◦ PIP and DIP free for motion • Splint to be worn at all times with removal for bathing and HEP only
Precautions	<ul style="list-style-type: none"> • Avoid hyperextension, rotational forces, valgus, and varus stress to the MP level

Phase 2	4-6 weeks post-op
Appointments	<ul style="list-style-type: none"> • 1-3x per week, depending on patient AROM
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • MP AROM advanced to 0-60 degrees • Initiate opposition AROM of thumb to all digits • Initiate digit Abduction and Adduction AROM to all digits
Splinting	<ul style="list-style-type: none"> • Continue with splint

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Phase 3	6 weeks post-op
Appointments	<ul style="list-style-type: none"> • 1-3x per week depending on patient motion and strength
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Unrestricted AROM at the MP level • Isolated PROM at MP, PIP, DIP level • Composite PROM to digits • Buddy loops if needed • Initiate isometric and concentric strengthening of hand and digits
Splinting	<ul style="list-style-type: none"> • Discontinue splint wear
Precautions	<ul style="list-style-type: none"> • Avoid ulnar deviation at the MCP <ul style="list-style-type: none"> ○ Utilize buddy loops w/wo finger spacer • Avoid being too aggressive with PROM • Patient should not exceed 70-80 degrees PROM even if easily able to • Extension lag <ul style="list-style-type: none"> ○ Patient may need to go back into the brace intermittently if extension lag is present