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Limited Wrist Fusion (arthrodesis) – 4 corner, STT, RSL, etc.

10-14 days:

Splint/Cast: Sutures are removed, and patients are fitted with a short-arm cast or occasionally a form-fitting clamshell splint for full-time use, (STT fusions will require thumb spica). These patients have large post-operative deadspace, can develop substantial swelling, and thus elevation is strictly encouraged as well as Coban for the fingers (or fingersocks)

Motion: Active and Passive Range of Motion exercises are initiated to all fingers and forearm, including tendon gliding exercises with the splint/cast on. Scar massage and desensitization are initiated when stitches are removed, if needed. Special emphasis is given to EDC, EIP, EPL isolation to prevent scarring.

Pin care protocol with daily hydrogen peroxide if external pins present

6 -8 weeks:

Pins removed at 7 weeks in OR.

Splint: If cast was used, patients are now provided with volar cock up splint across wrist.

Motion: Continue range of motion as above, with composite taping or flexion glove for limited passive digital flexion. May begin AROM/AAROM of the wrist.

8-10 weeks

Motion: Patients begin with passive range of motion of the wrist as dictated by patient comfort. Begin strengthening of hand with putty, but not forearm or wrist (until 4 weeks after pin removal and 10-12 weeks from first operation) to avoid torsional stresses at fusion site. Patients may resume any ADL's with lifting less



than 5 lbs.

12 weeks:

Splinting is discontinued, but can be continued during activities. Gentle progressive strengthening of the wrist is begun. Patients gradually return to full activity. Consider work conditioning for laborers. Goal is 45 degrees extension and 40 degrees flexion and 80-90% grip strength compared to contralateral side (if normal).

Persistent pain may be a worrisome sign and should be reported to the physician.

Please call with questions or concerns at the phone number above.