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DRUJ (Distal Radioulnar Joint) Arthroplasty (Aptis-Scheker)

Therapy typically lasts 2-3 months

Expect 20 degree loss of pronation AND supination from contralateral side (if normal)

Patients have lifetime restriction of no single lifts greater than 20 lbs, no repetitive greater than 10 lbs.

POD 10-14:

Splint: The postoperative dressing and sutures are removed. A well molded short arm splint up to the elbow flexion crease is fabricated for continual wear except during exercises.

Motion:

- Begin AROM of all joints to prevent stiffness and assist with edema management (e.g. tendon gliding exercises)
- Patient should receive education on edema control and precautions
- May use TENS if indicated

2-4 weeks:

Splint: Discontinue splint at 4 weeks

Motion:

- Continue motion as above until full ROM achieved.
- Can add wrist and forearm isometrics when appropriate
- Modalities as indicated for scar desensitization, edema control, and pain (i.e. MH, TENS, Cryotherapy)
- Sensory re-education and desensitization as indicated



4-6 weeks:

Splint: none

Motion:

- Can begin light gripping and strengthening activities and progress as tolerated over the next 6-8 weeks
 - Can begin loading and strengthening once full motion achieved AND patient is at least 6 weeks postop
- Strengthening should be gradual and start with activities and lifting up to 2lbs and can increase weight daily by 1lb up to 20lbs maximum, with pain as the limiting factor in progression

*Always use pain as a limiting factor

Considerations for the Rheumatoid Patient

- Never add exercises that will contribute to pain and deformity of other joints
- Rice bucket exercises and isometric exercises work well for strengthening these patients
- Educate in the principles of joint protection

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