



NICHOLAS J NEWSUM, M.D.
ORLANDO HAND SURGERY ASSOCIATES
801 N. ORANGE AVE SUITE 600B
ORLANDO, FL 32801
PHONE (407)-841-2100
FAX (407)-841-5705

Total Wrist Fusion (Arthrodesis)

POD 10-14:

Splint: Sutures are removed, and patient is fitted with a short-arm cast or occasionally a form-fitting clamshell splint for full-time use. These patients have large post-operative deadspace, are can develop substantial swelling, 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, forearm, including tendon gliding exercises with the splint/cast on. Scar massage and desensitization is 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 are present

6 weeks:

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

Motion: Continue range of motion as above, with composite taping or flexion glove for limited passive digital flexion

8 weeks:

Splint: Continue until clinical union established

Motion: Continue range of motion as above. Begin strengthening of hand with putty, and strengthening of elbow and shoulder, but not forearm (until 10-12 weeks) to avoid torsional stresses at fusion site. Patients may resume any ADL's with lifting less than 5 lbs.

12 weeks:



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Splinting is discontinued when union achieved, and patients gradually return to full activity, consider work conditioning for laborers

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