



# Orthopaedic Protocols

## Proximal-Row Carpectomy

Therapy goals following PRC include pain relief, regaining functional but not full ROM, & the development of functional grip strength.

### Weeks 1-2:

- Following PRC, the wrist is immobilized in a neutral position.
- During the immobilization period, full active thumb & digital motion are encouraged beginning at the first post-op visit.
- The patient should be instructed in a home program of finger ROM as well as tendon gliding exercises to be performed 3 times a daily, usually in sets of at least 10 repetitions
- A through sensibility examination should be performed & when indicated, a desensitization program begun for complaints of hypersensitivity.

### Week 4:

- Gentle wrist AROM is typically begun by the 4th post-op week. The therapy program is progressed slowly, with care taken to avoid tendon inflammation & to respect pain.
- The wrist splint is used at this time for protection but may be removed for bathing & exercises; the splint may also be removed in selected situations in which the patient is not exposed to any inadvertent stress to the wrist. Several weeks as progress in therapy is made, the splint may be gradually discontinued, with a goal to fully discharge the splint at 3 months

### Week 6:

- At 6 weeks following PRC, gentle isometric strengthening exercises for the wrist can be initiated as tolerated. However, progressive resistive exercises, or "wrist curls," should be avoided until wrist motion is close to expected range & is symptom free.

### 6 Months:

- Return to moderate work is generally allowed by 6 months. Return to work is an important measure of any wrist procedure.