

**PROXIMAL ROW CARPECTOMY
DR MENCIAS, MD**

10-14 DAYS POST OP

Fabricate volar wrist splint.

Address edema with cold packs, elevation, and compression glove.

Initiate AROM and PROM including thumb, over-head fisting, supination/pronation, and general shoulder ROM exercises. Encourage finger extension as much as flexion because of scar adhesions from the dorsal incision.

4-6 WEEKS POST OP

Initiate wrist AROM per MD

Initiate scar management and desensitization program.

Initiate modalities for inflammation, pain, and decreased motion; fluidotherapy, e-stim, ultrasound.

Encourage use of light ADLs for short periods, without splint.

Avoid composite wrist flexion and finger flexion at this time to avoid overstretching extrinsic muscles.

Initiate gentle isometrics to wrist and light gripping activities.

6 WEEKS POST OP

Begin weaning the patient from wrist orthosis. Some patients may need a soft wrist orthosis as a transitional support.

Strengthen the wrist to maximize wrist stability; graded grip, eccentric, isotonic exercises and progressive wrist exercises can begin as tolerated.

Early proprioceptive training: PRC involves some nerve transection, removal of ligaments, and a change in muscle power, thereby removing or altering some proprioceptive structures that sense tension and stretch in the wrist. Proprioceptive rehabilitation involves creating new

pathways that enable the muscles to contract or relax in order to produce the desired movement and protect the wrist. Start with gentle pressure, forward and back and side to side on the ball,

causing gentle controlled tension to and stretch of structures around the wrist joint.

May start gentle PROM exercises. Watch for signs of increased redness, swelling, and loss of motion of strength as these are signs of overstretching tissue.

8-10 WEEKS POST OP

Add gentle whole UE conditioning and strengthening with light bands and light free weights.

Some surgeons may allow lifting and weight bearing as the patient tolerates this. It is best to check with the surgeon on specific weightlifting limitations. Begin light job simulation activities.

Typically patients can return to sedentary work at this time.

12 WEEKS POST OP + WORK CONDITIONING

Discontinue use of wrist orthosis completely

Continue strengthening while monitoring pain. Consider advancing proprioceptive exercises to provide more dynamic input to the wrist through use of body blade, rebounder with ball, and light use of a powerball. These exercises should be used cautiously and be more appropriate for the younger worker who will return to heavier work demands.

RTW FULL 3-4 MONTHS

KEY NOTES: Don't force ROM. Most improvement in wrist extension, flexion will remain an issue.

Originally found in Chapter 39 from Hand and Upper Extremity Rehabilitation- a practical guide, and also updated by Dr Mencias to incorporate to work conditioning.