

Proximal Row Carpectomy

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone **Proximal Row Carpectomy**. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Wrist salvage procedures are performed to treat moderate to severe arthritis of the carpal bones with significant pain. They are most associated with progression of arthritic changes of the carpal bones as well as alignment due to non-union scaphoid fractures (scaphoid non-union advanced collapse (SNAC)), scapholunate ligament injury (scapholunate advanced collapse (SLAC)), avascular necrosis of lunate (Kienbock's Disease), and avascular necrosis of scaphoid (Preiser's disease). Usually these procedures are performed at the end stages of the conditions above (stage III or IV).

Proximal Row Carpectomy

Phase I (7 to 10-14 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> • 1-2x/week or per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Activities of daily living (ADLs) - within your restrictions • Edema management • Scar management
Suggested therapeutic exercises	<ul style="list-style-type: none"> • AROM of the wrist, forearm, and digits out of orthoses 3-5x/day • Wrist becomes a hinged joint, therefore, wrist extension and flexion are the only directions of the wrist. • Immobilization for 6 weeks. We will send you to therapy to have a thermoplast splint made at two weeks after surgery.
Precautions	<ul style="list-style-type: none"> • No lifting, pushing, or pulling more than 5 pounds with the involved upper extremity • No weightbearing through the involved upper extremity
Orthotic Management	<ul style="list-style-type: none"> • Post op dressings removed. • Fabrication of custom thermoplastic wrist cock-up orthosis • Wear orthosis at all times except hygiene purposes and exercises
Progression criteria	<ul style="list-style-type: none"> • Progress as pain allows

Proximal Row Carpectomy

Phase II (Post op 3 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> • 1-2/week or per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Edema management • Scar management • Increase wrist motion while decreasing pain at wrist • Independent with ADLs per restrictions
Suggested therapeutic exercises	<ul style="list-style-type: none"> • Continue with AROM of the wrist. • Initiate dart thrower's motion AORM of the wrist • Wrist isometric strengthening to readjust tension • Proprioceptive retraining of the wrist and hand
Precautions	<ul style="list-style-type: none"> • No lifting, pushing, or pulling more than 5 pounds with the involved upper extremity • No weightbearing through the involved upper extremity
Orthotic Management	<ul style="list-style-type: none"> • Continue to wear orthosis at all times, except hygiene purposes and exercises.
Progression criteria	<ul style="list-style-type: none"> • Progress as pain allows

Proximal Row Carpectomy

Phase III (Post op 4 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> 1-2x/week per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Edema management Scar management Increase wrist motion while maintaining a low level or pain free wrist Independent with ADLs
Suggested therapeutic exercises	<ul style="list-style-type: none"> Initiate gentle PROM Of the wrist and forearm Perform light activities without wearing orthosis Perform functional proprioceptive retraining
Precautions	<ul style="list-style-type: none"> No lifting, pushing, or pulling more than 5 pounds with the involved upper extremity No weightbearing through the involved upper extremity
Orthotic Management	<ul style="list-style-type: none"> Wean from orthosis during light activities
Progression criteria	<ul style="list-style-type: none"> Progress as pain allows

Proximal Row Carpectomy

Phase IV (5 weeks post op)

Rehabilitation appointments	<ul style="list-style-type: none"> 1-2x/week per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Edema management Scar management Increase wrist ROM and strength while maintaining pain free wrist Independent with ADLs
Suggested therapeutic exercises	<ul style="list-style-type: none"> Progress PROM to prolonged low load stretches with use of weight Gradual isotonic without weights Consider focusing on strengthening wrist extensors more than flexors due to biomechanics – see additional notes
Precautions	<ul style="list-style-type: none"> Be cautious with aggressive PROM. Only perform to expected AROM – see additional notes below No lifting, pushing, or pulling more than 5 pounds with the involved upper extremity No weightbearing through the involved upper extremity
Orthotic Management	<ul style="list-style-type: none"> Continue to wean from orthosis as able
Progression criteria	<ul style="list-style-type: none"> Progress as pain allows

Proximal Row Carpectomy

Phase V (6 weeks post op)

Rehabilitation appointments	<ul style="list-style-type: none"> 1-2x/week per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Edema management Scar management Increase wrist ROM and strength while maintaining pain free wrist Independent with ADLs
Suggested therapeutic exercises	<ul style="list-style-type: none"> Progressive strengthening with use of putty/hand exerciser, weights, and bands Can initiate dynamic orthosis at this time if AROM gains are poor
Precautions	<ul style="list-style-type: none"> Be cautious with aggressive PROM. No lifting, pushing, or pulling more than 5 pounds with the involved upper extremity No weightbearing through the involved upper extremity
Orthotic Management	<ul style="list-style-type: none"> Completely wean from orthosis
Progression criteria	<ul style="list-style-type: none"> Progress as pain allows

Proximal Row Carpectomy

Phase VI (8 weeks post op)

Rehabilitation appointments	<ul style="list-style-type: none"> • 1-2x/week per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Scar management • A stable, pain free wrist • Independent with ADLs
Suggested therapeutic exercises	<ul style="list-style-type: none"> • Continue strengthening program, consider work/heavy task specific strengthening program
Precautions	<ul style="list-style-type: none"> • No restrictions at this time. If the patient is going back to a manual labor job, work hardening program is recommended.
Orthotic Management	<ul style="list-style-type: none"> • Discontinue orthosis
Progression criteria	<ul style="list-style-type: none"> • Discharge from therapy with pain free wrist. • Independent in ADLs and IADLs.