ORTHOPEDICS & SPORTS MEDICINE
BayCare Clinic

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
SCAPHOLUNATE LIGAMENT REPAIR POST-OP THERAPY PROTOCOL

Phase 1 – Early Protective Phase (0-6 weeks)

Goals for Phase 1	Precautions for Phase 1
• Edema control • Protect surgical repair	• No use of the surgical hand

Orthosis
- Fabrication of a thermoplastic radial forearm-based thumb spica orthosis with IP free

ROM
- Tendon gliding exercises and intrinsic stretching for fingers
- Thumb IP active/passive motion
- Forearm supination/pronation
- Elbow/shoulder active motion

Manual Therapy
- Manual Edema Mobilization (MEM) as needed
- Scar mobilization 3x/day, 3 minutes each session

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Phase 2 – Intermediate Phase (6-10 weeks)

Goals for Phase 2	Precautions for Phase 2
• Edema control • Pain control • Progress motion • Expected 90 degree arc of motion	• Do **NOT** target ECU as this will stress the repair

Other Considerations
- Consider referencing the Conservative Scapholunate Ligament injury guideline handout for progression of proprioceptive input

Orthosis
- **6 weeks**: begin to wean from orthosis with light ADL tasks during the day with recommendation from physician

ROM
- Begin with mid-range AROM, 25 repetitions with prolonged end-range holds; progress to full range as tolerated
- Begin with dart thrower motion
- Wrist flexion/extension, radial/ulnar deviation
- Forearm supination/pronation
- Thumb MP/CMC all planes of motion
- If patient tolerates AROM, progress to gentle, pain- free AAROM
- If patient tolerates AAROM, progress to gentle, pain-free PROM

Strengthening
- **8 weeks**: can begin gentle pinch/grip with a foam block or towel; progress to putty or hand exercises with bands (no power grip until 4 months)

Manual Therapy
- Soft tissue mobilization
- Initiate scar mobilization
- Desensitization as needed

Proprioception
- Begin light proprioceptive tasks
    - Muscle sequencing
    - Vision occlusion exercises
    - Wrist maze; perplexus, marble in cup, labyrinth
    - Hand to hand ball toss with tennis ball
    - FCR, FCU, ECRB and APL support the SL ligament
    - Do **NOT** target ECU as this will stress the repair

Modalities
- Fluidotherapy for heat, ROM, and desensitization as needed
- Paraffin may be used for deep heat as needed
- Ultrasound for scar/pain

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Phase 3 – Intermediate Phase (10-16 weeks)

Goals for Phase 3	Precautions for Phase 3
• Expected 90 degree arc of motion	• Use caution with strengthening and consider pain. Progress slowly. • No weight bearing until 6 months • No loading or power grip until 6 months

Orthosis
- Orthosis can be fully discontinued

ROM
- Continue with hand/wrist A/PROM

Manual Therapy
- Soft tissue mobilization
- Scar mobilization
- Desensitization as needed

Strengthening
- **12 weeks**: can begin light strengthening working up to 2-5# only

Proprioception
- Continue with proprioceptive tasks
- **12 weeks**: begin reactive muscle activation
- Flexbar, Powerball, body blade
- Progress plyometric work: ball drop, throw progression – begin with throw phase, add in catch phase as tolerated

Modalities
- Fluidotherapy for heat, ROM, and desensitization as needed
- Paraffin may be used for deep heat as needed
- Ultrasound for scar/pain

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Phase 4 – Return to Function (16+ weeks)

Goals for Phase 4	Precautions for Phase 4
• Return to full functional use • Return to sport	• Use caution with strengthening and consider pain. Progress slowly. • No weight bearing until 4 months • No loading or power grip until 4 months

ROM
- Continue to progress A/PROM

Manual Therapy
- Soft tissue mobilization
- Scar mobilization
- Desensitization as needed

Strengthening
- Progress static to dynamic strengthening
- Incorporate full upper extremity strengthening

Proprioception
- Advance as they relate to required functional use, work, and sport

Modalities
- Fluidotherapy for heat, ROM, and desensitization as needed
- Paraffin may be used for deep heat as needed
- Ultrasound for scar/pain

Work Related Activities
- Return to light duties at work
- Begin to progress into heavy duties at work

Sport Related Activities
- After 16 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate

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