ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
INTEGRA MCP JOINT REPLACEMENT POST-OP THERAPY PROTOCOL

Phase 1 – Early Protective Phase (0-4 weeks)

Goals for Phase 1	Precautions for Phase 1
• Immobilize and protect surgical site • Begin ROM of finger • Minimize risk of scar adhesions • Pain and edema control	• Maintain MCP extension in splint • No joint distraction, compression, or rotation

Splint
- Fabricate an MCP flexion block splint maintaining full MCP extension and allowing PIP and DIP flexion

Wound Care
- Light dressing applied as needed

Edema Management
- Light compression with compression sleeves to thumb, hand, and forearm as needed after incision healed
- Elevation
- Manual Edema Mobilization (MEM)

ROM
- AROM exercises performed hourly:
  - MCP flexion to 45° to 60°
  - Thumb opposition to each finger
  - PIP and DIP flexion PROM of PIP and DIP flexion

Scar Management
- Begin scar massage no sooner than 2 days after suture removal after scar is fully closed with no scabbing present. Begin with light massage using lotion.
- Educate patient in scar management
- Apply scar remodeling products as needed

Manual Therapy
- Desensitization – begin with light pressure and soft fabrics and progress to deeper pressure and coarse textures
- Median nerve glides

Modalities
- Ultrasound for scar management
- Heat modalities to progress ROM

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Phase 2 – Intermediate/Late Phase (4+ weeks)

Goals for Phase 2	Precautions for Phase 2
• Initiate progressive strengthening • Develop home exercise program • Gradually return to full functional use of involved arm	• Strengthening is not initiated if significant pain or moderate amounts of edema persist

Splint
- Continue prefabricated wrist hand orthosis until 6 weeks post-op except with hygiene
- Begin weaning at 4 weeks post-op
- Can fabricate dynamic flexion splint if 60° of MCP flexion not achieved

ROM
- Increased AROM of MCP joint to 90°
- AAROM if 60° of MCP flexion not achieved
- Continue PROM of PIP and DIP joints

Manual Therapy
- Continue scar management techniques
- Continue desensitization as needed

Strengthening
- Initiate strengthening at 6 weeks post-op

Modalities
- Continue with ultrasound for scar management and heat modalities to progress ROM if it has not progressed to WFL for patient

Functional Activity
- **4 weeks**: resume light ADL activities outside of the splint
- **6 weeks**: progress to full activities as tolerated

Work Conditioning
- After 10 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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