



## **MCP Pyrocarbon Total Joint**

## (Osteoarthritis and Trauma)

Dr. Widstrom

## \*Schedule OT same day as doctor.

Time Frame	Treatment	Goals
Post-Op Same day as MD	<ul> <li>Evaluate and Treat.</li> <li>Dressing change and check for signs/symptoms of infection.</li> </ul>	<ul> <li>Protection</li> <li>Edema control</li> <li>Incision healing</li> </ul>
	<ul> <li>Fabricate a dynamic orthosis for day use and static orthosis for night. <ul> <li>Instruct in orthosis wear and care.</li> </ul> </li> <li>Instruct in edema management techniques.</li> <li>Instruct in exercises within the day orthosis: <ul> <li>MCP Flexion to 45° to 60° according to doctor's instruction,</li> <li>Opposition to each fingertip,</li> <li>Full PIP/DIP flexion and extension.</li> </ul> </li> </ul>	<ul> <li>Pain management</li> <li>Limit ROM</li> </ul>
Phase I Day 10-14	<ul> <li>Instruct in scar management techniques (to begin once incision is healed).</li> <li>Issue scar pad (to be worn once incision is healed).</li> </ul>	<ul> <li>Scar management</li> </ul>
Phase II 3 Weeks	<ul> <li>May use modalities as indicated (ultrasound typically not done until 4 weeks post-op)         <ul> <li>Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks.</li> </ul> </li> <li>If used, ultrasound is usually completed at a low intensity (i.e. 0.5 w/cm2, 3 MHz) and pulsed (i.e. 20%) setting when over the implant area.</li> </ul>	<ul> <li>Continued edema control, pain and scar management, and ROM</li> </ul>
Phase III 4 Weeks	<ul> <li>Continue with orthosis wearing and exercises.</li> <li>Resume light ADL outside of orthosis.</li> <li>Increase allowed MP flexion to 90°.</li> <li>If 60° of flexion has not been achieved, assisted ROM exercises and a dynamic MCP flexion assisted orthosis may be required.</li> </ul>	• Functional ROM
Phase IV 6 Weeks	<ul> <li>Progress to full activities as tolerated.</li> </ul>	Return to function