



PIP Pyrocarbon Total Joint

Dr. Widstrom

* Schedule OT same day as doctor.

Time Frame	Treatment	Goals
Post-Op Same day as MD	 Evaluate and Treat. Dressing change and check for signs/symptoms of infection. Instruct in edema management techniques. Fabricate forearm base static resting orthosis: wrist in neutral, radial-ulnar deviation and 10°-15° of extension. Fabricate a forearm based, low profile PIP dynamic 	 Protection Edema control Incision healing Pain management Limit ROM
	 orthosis: wrist in neutral and 10° to 15° of extension MCPs in 20° of flexion, dynamic assist for PIP extension, slings on the middle phalanx of the involved digit(s). Instruct client in gentle pain-free ROM while in orthosis PIP dynamic assisted extension to neutral and PIP 	
Phase I Day 7-8	 flexion to 0° to 30°. If full active extension of PIP is achieved and no extension lag is present, increase arc of motion to 45° in dynamic orthosis. If active flexion at PIP is less than 30°, and full active PIP extension is maintained, remove dynamic extension during exercises and begin assisted ROM to 45° of flexion. 	 Progress ROM but still limit
Phase II 2-4 Weeks	 Instruct in scar management techniques (to begin once incision is healed). Issue scar pad (to be worn once incision is healed). Initiates light functional activities outside of orthosis only under supervision of the therapist. May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks. 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. If PIP maintains full extension, full time use of the dynamic orthosis may be discontinued as early as 2 weeks post-op. 	 Scar management ROM Continued edema control and pain management

Phase III 6 Weeks	 If angular deformity is present, construct a hinged PIP orthosis to provide radial-ulnar support to the PIP, yet allow flexion and extension. Initiate buddy taping to the adjacent digit to assist with alignment and motion. If active flexion is less than 30°, fabricate a dynamic PIP flexion orthosis with MCP flexion blocked in neutral. A knuckle bender orthosis may be considered. If any extension lag is present at the DIP, a stack orthosis may be used continuously until the lag is corrected. Client should achieve 0° to 45° of active PIP motion by 4 weeks post-op. Initiate gentle stretch. Increase light functional activities outside of orthosis. 	Functional ROM
	 Utilize buddy taping as appropriate. If limited motion or any deformity is present, continue splinting as necessary. Client should achieve 0° to 75° of active PIP motion by 6 weeks post-op. 	
Phase IV 12+ Weeks	 Continue activities as tolerated without orthosis. If limited motion or any deformity is present, continue splinting as necessary. 	Return to function