

**MCP Pyrocarbon Total Joint
(Rheumatoid Arthritis)**

Dr. Staiger

*Schedule OT 2-5 days post-op.

| Time Frame | Treatment | Goals |
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| Phase I Post-Op Day 2-5 | <ul style="list-style-type: none"> • Evaluate and Treat. • Dressing change and check for signs/symptoms of infection. • Instruct in edema management techniques. • Fabricate a static resting orthosis for night: <ul style="list-style-type: none"> ○ wrist at 0° to 10° of extension with ulnar deviation, ○ MCPs at 0° with finger dividers to promote radial deviation, ○ PIP/DIPs and thumb free. • Fabricate a dynamic MCP extension orthosis for day use: <ul style="list-style-type: none"> ○ wrist 0° to 10° extension with slight ulnar deviation, ○ MCP at 0° extension and slight radial deviation, ○ PIP/DIPs and thumb are free. ○ If MCPs tend to hyperextend, decrease sling tension, or add MCP hyperextension blocks to orthosis. • Instruct in gentle pain-free ROM within the day orthosis once every hour including: <ul style="list-style-type: none"> ○ MCP Flexion to 45° according to doctor's instruction, ○ Radial finger walking, ○ Opposition to each fingertip, ○ Full PIP/DIP flexion and extension. | <ul style="list-style-type: none"> • Protection • Edema control • Incision healing • Pain management • Limit ROM |
| Phase II Day 10-14 | <ul style="list-style-type: none"> • Instruct in scar management techniques (to begin once incision is healed). • Issue scar pad (to be worn once incision is healed). | <ul style="list-style-type: none"> • Scar management |
| Phase III 3 Weeks | <ul style="list-style-type: none"> • May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) <ul style="list-style-type: none"> ○ 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. | <ul style="list-style-type: none"> • Continued edema control, pain and scar management, and ROM |
| Phase IV 4 Weeks | <ul style="list-style-type: none"> • Continue with orthosis wearing and exercises. • Resume light functional activities within the orthosis. | <ul style="list-style-type: none"> • Functional ROM with protection of orthosis |

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| Phase V 6 Weeks | <ul style="list-style-type: none"> • Continue with orthosis wearing and exercises. • Increase MCP flexion to 60° in dynamic orthosis. • Increase to light activity outside the dynamic orthosis, <u>ONLY</u> under supervision of therapist. • Resume light ADL only while wearing dynamic orthosis. | <ul style="list-style-type: none"> • Continue progression towards functional ROM |
| Phase VI 12 Weeks | <ul style="list-style-type: none"> • Increase ADL outside of the dynamic orthosis. • <u>DO NOT</u> flex MCPs beyond 60° until 1 year. • Static night orthosis should be worn for a minimum of 1 year or indefinitely to maintain the digits in full extension and neutral deviation. | <ul style="list-style-type: none"> • Return to function |