

PIP Pyrocarbon Total Joint

Dr. Staiger

*Schedule OT 2-5 days post-op.

Time Frame	Treatment	Goals
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 forearm base static resting orthosis: <ul style="list-style-type: none"> ○ wrist in neutral, radial-ulnar deviation and 10°-15° of extension. • Fabricate a forearm based, low profile PIP dynamic orthosis: <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ PIP dynamic assisted extension to neutral and PIP flexion to 0° to 30°. 	<ul style="list-style-type: none"> • Protection • Edema control • Incision healing • Pain management • Limit ROM
Phase II Day 7-8	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Progress ROM but still limit
Phase III 2-4 Weeks	<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). • 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) <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"> • Scar management • ROM • Continued edema control and pain management

<p>Phase III Cont. 2-4 Weeks</p>	<ul style="list-style-type: none"> • If PIP maintains full extension, full time use of the dynamic orthosis may be discontinued as early as 2 weeks post-op. 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. <ul style="list-style-type: none"> ○ 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. 	
<p>Phase IV 6 Weeks</p>	<ul style="list-style-type: none"> • Initiate gentle stretch. • Increase light functional activities outside of orthosis. • 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. 	<ul style="list-style-type: none"> • Functional ROM
<p>Phase V 12+ Weeks</p>	<ul style="list-style-type: none"> • Continue activities as tolerated without orthosis. • If limited motion or any deformity is present, continue splinting as necessary. 	<ul style="list-style-type: none"> • Return to function