



Ulnar Shortening Osteotomy

Dr. Staiger

*If needed schedule OT same day as doctor.

** Remember the procedure was completed to eliminate pain on the ulnar side of the wrist, so the client should complete the exercises in a comfortable range.

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat.	 Edema control
Post-Op Day 10-14	 Fabricate a forearm based zipper wrist cock-up orthosis to be worn between exercises and during the night. Fit with a DRUJ Wrap such as a Carpal Guard or Squeeze Ulnar Compression Wrap. This is to be worn when doing exercises. Instruct in edema management. Instruct in active wrist and forearm exercises. Instruct in tendon gliding exercises and gentle PROM of the fingers if needed. Instruct in scar management techniques (to begin once incision is healed). 	 Scar management Pain management ROM
Phase II 3 Weeks	 Issue scar pad (to be worn once incision is healed). 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 plate area. * Client will be seen later than this if TFCC was repaired. 	Continued edema, scar, and pain management
Phase III 6 Weeks	 Depending on doctor's visit, wear time of the wrist cockup orthosis is decreased. Gentle dynamic splinting may be initiated as determined by physician. Begin gentle PROM for the wrist. 	Functional ROM
Phase IV 8 Weeks	Initiate progressive strengthening of the fingers.	Hand PREs
Phase V 12 Weeks	Begin wrist and forearm strengthening.	Wrist and forearm PREs