



Finger Joint Fusion Therapy Instructions Laith Al-Shihabi, MD

2-6 weeks

Therapy is started to focus on recovery of motion to the finger joints adjacent to the arthrodesed joint. In addition, a removable splint is fashioned for the affected joint. Perform pin site care instruction if there are K-wires outside of the skin.

Splint:

- For a DIP fusion: Fashion a DIP joint gutter splint spanning P2 and P3, but leaving the PIP joint free.
- For a PIP fusion: Fashion a hand-based volar finger splint that spans the PIP and MCP joints, but leaves the DIP joint free. At 4 weeks this can be cut down to a finger-based splint that spans the PIP joint only.
- For an MCP fusion: Fashion a hand-based volar finger splint that spans the MCP joints, but leaves the PIP and DIP joints free. For the thumb, fashion a hand-based thumb spica splint holding the CMC joint in palmar abduction and opposition with the IP joint free.

Motion:

- AROM/AAROM/PROM of the fingers and finger joints adjacent to the fusion.
- Flexor and extensor tendon gliding exercises.
- Wrist/forearm motion unrestricted.
- 2 lbs lifting restriction.

Edema Control:

Coban, digit sleeves, ACE wrap, edema modalities per therapist.

6 -10 weeks

Continue to focus on finger ROM and begin to include strengthening. Transition to home exercise program by 8-10 weeks as symptoms allow.

Splint:

- Fashion removable short-arm volar wrist splint if this has not already been done.
- Ok to remove splint with therapy and during home exercises.

Motion:

- Begin gentle finger strengthening using putty or other modalities per therapist.
- 5 lbs lifting restriction starting at 8 weeks.
- 10lbs lifting restriction at 10 weeks.

Edema Control:

Per therapist.

10-12+ weeks

Continue therapy past 10 weeks only if additional work conditioning is required.

Splint:

- Wean from the splint, with goal to discontinue use by 10-12 weeks.

Motion:

- No restrictions at 12 weeks.