

## MCP Pyrocarbon Total Joint (Rheumatoid Arthritis)

Dr. Widstrom

❖ **Schedule OT same day as doctor.**

Time Frame	Treatment	Goals
Post-Op  Same day as MD	<ul style="list-style-type: none"> <li>• Evaluate and Treat.</li> <li>• Dressing change and check for signs/symptoms of infection.</li> <li>• Instruct in edema management techniques.</li> <li>• Fabricate a static resting orthosis for night:               <ul style="list-style-type: none"> <li>○ wrist at 0° to 10° of extension with ulnar deviation,</li> <li>○ MCPs at 0° with finger dividers to promote radial deviation,</li> <li>○ PIP/DIPs and thumb free.</li> </ul> </li> <li>• Fabricate a dynamic MCP extension orthosis for day use:               <ul style="list-style-type: none"> <li>○ wrist 0° to 10° extension with slight ulnar deviation,</li> <li>○ MCP at 0° extension and slight radial deviation,</li> <li>○ PIP/DIPs and thumb are free.</li> <li>○ If MCPs tend to hyperextend, decrease sling tension, or add MCP hyperextension blocks to orthosis.</li> </ul> </li> <li>• Instruct in gentle pain-free ROM within the day orthosis once every hour including:               <ul style="list-style-type: none"> <li>○ MCP Flexion to 45° according to doctor's instruction,</li> <li>○ Radial finger walking,</li> <li>○ Opposition to each fingertip,</li> <li>○ Full PIP/DIP flexion and extension.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Protection</li> <li>• Edema control</li> <li>• Incision healing</li> <li>• Pain management</li> <li>• Limit ROM</li> </ul>
Phase I Day 10-14	<ul style="list-style-type: none"> <li>• Instruct in scar management techniques (to begin once incision is healed).</li> <li>• Issue scar pad (to be worn once incision is healed).</li> </ul>	<ul style="list-style-type: none"> <li>• Scar management</li> </ul>

Phase II 3 Weeks	<ul style="list-style-type: none"> <li>• May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) <ul style="list-style-type: none"> <li>○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks.</li> </ul> </li> <li>• If used, ultrasound is usually completed at a low intensity (i.e. 0.5 w/cm<sup>2</sup>, 3 MHz) and pulsed (i.e. 20%) setting when over the implant area.</li> </ul>	<ul style="list-style-type: none"> <li>• Continued edema control, pain and scar management, and ROM</li> </ul>
Phase III 4 Weeks	<ul style="list-style-type: none"> <li>• Continue with orthosis wearing and exercises.</li> <li>• Resume light functional activities within the orthosis.</li> </ul>	<ul style="list-style-type: none"> <li>• Functional ROM with protection of orthosis</li> </ul>
Phase IV 6 Weeks	<ul style="list-style-type: none"> <li>• Continue with orthosis wearing and exercises.</li> <li>• Increase MCP flexion to 60° in dynamic orthosis.</li> <li>• Increase to light activity outside the dynamic orthosis, <u>ONLY</u> under supervision of therapist.</li> <li>• Resume light ADL only while wearing dynamic orthosis.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue progression towards functional ROM</li> </ul>
Phase V 12 Weeks	<ul style="list-style-type: none"> <li>• Increase ADL outside of the dynamic orthosis.</li> <li>• <u>DO NOT</u> flex MCPs beyond 60° until 1 year.</li> <li>• Static night orthosis should be worn for a minimum of 1 year or indefinitely to maintain the digits in full extension and neutral deviation.</li> </ul>	<ul style="list-style-type: none"> <li>• Return to function</li> </ul>