



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	 Scar management
	be worn between exercises and during the night.	 Pain management
	Fit with a DRUJ Wrap such as a Carpal Guard or Squeeze	• ROM
	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).	
	Issue scar pad (to be worn once incision is healed).	
Phase II	May use modalities as indicated (ultrasound typically not	 Continued edema,
3 Weeks	done until 4 weeks post-op)	scar, and pain
	Modalities may include Ketoprofen,	management
	Dexamethasone, or Potassium Iodide as indicated	
	at 4 weeks.	
	o 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.	
Phase III	Depending on doctor's visit, wear time of the wrist cock-	Functional ROM
6 Weeks	up orthosis is decreased.	Tunctional Roll
	Gentle dynamic splinting may be initiated as determined	
	by physician.	
	Begin gentle PROM for the wrist.	
Phase IV	 Initiate progressive strengthening of the fingers. 	Hand PREs
8 Weeks	• Initiate progressive strengthening of the inigers.	• Hallu PNES
Phase V	Begin wrist and forearm strengthening.	Wrist and forearm
12 Weeks		PREs