



Frisbie Memorial Hospital

Marsh Brook Rehabilitation Services

Wentworth-Douglass Hospital

CLINICAL PROTOCOL FOR SLAC WRIST STATUS-POST SCAPHOID EXCISION & 4 CORNER FUSION

FREQUENCY: Two to three times per week post-cast removal (at 8-10 weeks post-op).

DURATION: Average estimate of formal treatment 1-3 times per week up to 2-12 visits based on Occupational Therapy evaluation findings.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within two weeks of discharge.

--TREATMENT GUIDELINES--

VISIT ONE (6-8 WEEKS POST-OP):

GOALS:

1. Brief initial evaluation.
 - Measurement of active range of motion (wrist/digits)
 - Assess scar mobility
 - Assess edema
2. Splint fabrication – long thumb spica splint clamshell with IP free.
3. Patient education regarding precautions and splint wear.
4. Instruct in a home exercise program.

If patient presents with the following Self-Management Criteria:

- Minimal edema
- Non-adherent scar
- Wrist range of motion: Palmar flexion 30-40°/Dorsiflexion 30-40°.
- 70-80% of grip strength as compared to contralateral extremity
- Minimal to no pain at rest
- Apparent adherence to precautions

then patient can be placed on a home exercise program with a follow-up prior to physician visit at 12 weeks.

DISCHARGE CRITERIA:

- Meets above goals.
- Failure to comply.

VISIT TWO (8-10 WEEKS POST-OP):

- Review home exercise program -- Scar management, edema control, active range of motion, inline grip and wrist strengthening. Instruct in light weighted stretches.
- Joint mobilization confined to radial carpal joint only (mid-carpal joint is fused) per physician orders.

WEEK 12:

- Grip/Pinch strength assessed.
- Final evaluation.
- More aggressive functional tasks.

REFERENCES:

Kozin, Scott and Michlovitz, Susan. (April-June 2000, pg. 124-135). *Traumatic Arthritis and Osteoarthritis of the Wrist*. Journal of Hand Therapy.

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