

OCCUPATIONAL THERAPY – HAND THERAPY

PIP JOINT REPLACEMENT – Professor M Imam



Pre-op



Post-op

Op – Patient is placed in POP for 2/52 & then reviewed by consultant.

2/52 post op

- ROS and bulky dressings in clinic. Small dressing in situ.
- Fabricate dorsal based finger extension block splint to a position of comfort to be worn at all times for 6/52, allowing active flexion and extension up to the limit of the splint.
 - Advise PIP joint flexion exercises within splint
 - Advise graded active exercises of unaffected fingers within tolerance
- Assess AROM out of splint
- Advised to keep hand elevated to control oedema and to not use hand functionally yet.
- Monitor scar healing, soak and clean as appropriate.

3/52 – 5/52 post op

- Monitor scar – massage as appropriate
- Monitor AROM
- Adjust / replace splint re. swelling as needed
- Check home exercises
- Control swelling with retrograde massage

6/52 post op

- Advise splint to be worn *at night only* for 1/52 more
- Begin gradual grip strengthening with light resistance
- Monitor & control swelling with compression gloves & retrograde massage
- Ongoing scar massage & management – consider cica-care gel
- Awareness of quadregia effect causing pain / stiffness in other fingers.

Ongoing treatment

- Scar management, grip strengthening, active and passive stretches.