



East Cheshire **NHS**
NHS Trust

ORTHOPAEDIC PHYSIOTHERAPY DEPARTMENT

MCP JOINT REPLACEMENTS

Metacarpal Phalangeal Joint Replacements (MCP) are performed to relieve pain, improve function and improve the cosmesis of the hand.

During the surgery the extensors are relocated and the soft tissue tightened on the radial aspect of the joints. Occasionally intrinsic transfers are done. To maintain alignment and soft tissue correction the patients are mobilised in an outrigger or Lunn splint.

The emphasis of post-op therapy will depend on the individual's requirements and pre-op problems.

5 Days

POP slab and bulky dressings removed - light dressing applied

Splintage - Outrigger or Lunn splint applied – day
 - Static splint applied – night (with MCP flex)

Physiotherapy

- Active ROM exercises DIP/PIP/MCP joints hourly (Use IP flexion blocks if patient struggling with MCP flex)
- Gentle passive flex/ext of all joints taking care to avoid stress towards the ulna on the MCP joints
- Intrinsic exercises particularly radial deviation and opposition
- Active-assisted extension exercises
- Electrotherapy/ice/elevation to reduce oedema as necessary
- Gentle wrist flex/ext when exchanging splints, taking care to support the ulna border of the hand
- Monitor ulna drift carefully

3 Weeks

Assess with OT re. dynamic splint if MCP flex poor

Maintain splintage day and night

Physiotherapy

- Continue exercises/remove outrigger for supervised exercise only
- Sponge squeezing
- Scar tissue management

OT – not unless very stiff

6 Weeks

If good position, i.e. no significant ulna drift, allow intermittent removal of splint for light functional use

Monitor ulna drift

If significant ulna drift and patient not stiff, continue in outrigger until 10-12 weeks

If ulna drift but stiff MCP/IP joints then intermittent removal of outrigger splint and replace with metacarpal ulna drift splint (MUD) until 12 weeks

Continue with physiotherapy, active and passive mobilisations

Maintain night splintage

Start OT with joint protection

8-12 Weeks

Wean from day splintage unless significant ulna drift

- Maintain night splint until 6 months
- Maintain MUD splint if necessary

Full functional use with joint protection

6 Months

Discard all splintage

Expected Outcome

Pain-free, stable joints that allow opposition to the thumb and have adequate ROM in flexion to grip smallish objects and enough extension to hold something large.

ROM MCP	Extension	0-30 degrees
Flexion		50-80 degrees