

## PIP JOINT ARTHROPLASTY

**Aim** To improve joint function and alignment and decrease pain

**Treatment** Before starting any therapy, clarify with the surgeon whether the routine protocol is followed.

If extensor mechanism involved amend rehabilitation as appropriate

### 24-28 hours post-op

#### Occupational Therapy

Reduce the dressing and change volar slab to POSI or gutter splint to wear all the time except when doing the exercises

#### Physiotherapy

Start active hourly exercises

- Active stabilised joint exercises into flexion and extension MCP and IP joints
- Active intrinsic stretches
- Differential gliding exercise

Oedema Control – vital in early stages

- Apply coban – not to be used overnight
- Regular massage to the affected areas from Day 1. Apply cream when wound is healed
- Elevation
- When stitches are removed, assess if lycra finger stall is needed

No active use until review by surgeon – 3 weeks

### 2-6 weeks post-op

Review the splintage. POSI splint is normally discarded and night extension splint is provided. If there is an extension lag present, a capner splint is provided to wear at daytime when not exercising

Physiotherapy – monitor extension lag and treat accordingly

- Continue with exercises
- Add passive exercises to flexion and extension if necessary
- Continue with scar care
- Start light duties

### 6 weeks post-op

Discard all splintage

Start resisted exercises

If flexion is poor, try dynamic flexion splint

If needed, refer to OT for active functional exercises



Work hardening is not normally appropriate

**Expected Outcome**

Pain-free PIPJ, flexion 70-75 degrees, extension 10-0 degrees