

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