
Capsulodesis Guidelines

This procedure uses the dorsal wrist capsule to protect the scaphoid from extending out of position. **Because of this we limited wrist flexion to 25 degrees.** The patient will end up with 30-45 degrees just from natural use since the tissue will naturally stretch on its own.

Week 0-6 post surgery

1. Short arm thumb spica cast is applied allowing full MCP flexion.
2. Patient instructed in edema reduction positioning, ROM exercises to shoulder, elbow and fingers.

Week 6-8 post surgery

1. Referral to therapy
2. Short arm thumb spica cast removed
3. Pins removed
4. Removeable wrist support splint provided by either MD or therapist. This is to be worn at all times except for bathing and exercise program

Week 1 of Therapy

1. Evaluation-do not do any grip or pinch testing at this time. Also when assessing ROM for Wrist flexion do not do any passive motion.
2. Provide edema control, including continued edema reduction positioning, retrograde massage and compression garment assessment.
3. As tissue allows, begin scar massage.
4. Initiate Active Range of Motion to forearm, wrist and hand. If patient has 25 degrees of active wrist flexion then do not work on this motion any more.
5. Instruct patient in home ROM, edema control and splinting needs.

Week 2 of Therapy

1. Decrease splint wearing during the day. Continue to use the splint while sleeping, driving and out of home activities. This is progressed as patient tolerates.
2. Continue AROM of the forearm, wrist and hand.
3. Begin gentle PROM with the exception of wrist flexion. Add the PROM exercises to home program

Week 4 of Therapy

Continue with PROM. You can now include wrist flexion unless he is already actively at 25 degrees of flexion.

Week 5 of Therapy

1. Can initiate gentle grip and wrist strengthening as long as motion is in functional ranges (wrist flex-25deg, wrist ext 55 deg, Supination/Pronation-45 deg).

Week 6 of Therapy

1. Discontinue use of splint if patient tolerates
2. Continue with AROM, PROM and strengthening as patient tolerates
3. Discharge to home exercise program if good functional motion is attained.
4. Patient can have unlimited use of the injured arm as long as they have no pain issues