Carpal Instability Procedures

Surgeries listed below address different levels of scapholunate ligament tears and carpal instabilities, ranging from isolated tears to advanced carpal collapse as seen in SLAC wrists. Rehabilitation progression is limited by bone/ligament healing and carpal kinematics. The goal of all surgical procedures is to provide a stable, pain-free joint – therefore full range of motion of the wrist is not the therapy goal. Patient education pre-operatively is critical to prepare the patient for decreased wrist mobility and loss of grip strength. Specific education regarding the concept of axial loading across the carpals with resistive gripping is critical to maintaining the stability of the ligament repair.


Weeks 0-3 (Phase I)
- Fabricate volar wrist splint at 20-25 degrees of extension
- Fabricate finger ‘yoke’ to affected digit(s), in 15-20 degrees of MP hyperextension relative to the uninjured digit MP joints
- Both components are worn continuously
- Full active digit range of motion within limits of splint

Weeks 3-5 (Phase II)
- Continue yoke at all times
- Use both components for risky activities
- Begin ‘tenodesis’ exercises with wrist flexion and extension, allowing digits to relax with yoke on
  - If no extension lag occurs, advance exercises to include composite wrist and digit flexion, always using yoke splint
  - When wrist motion is good, wrist splint should be discontinued for light-duty use

Weeks 5-7 (Phase III)
- Wrist splint is discontinued
- Continue finger yoke during activities
- To prepare for “yoke-off” activity: yoke is removed for AROM only
- Wean from yoke when full range of motion is achieved