

Scapholunate Ligament Repair / Brunelli Tenodesis

Note: Full range of wrist motion is not expected. Once therapy is complete the patient should have a stable, painless wrist with functional ROM for his/her sport or vocation (typically 45-60 degrees of both flexion and extension). Brunelli will tend to limit flexion more than extension.

0-10 weeks -	In a cast with pins across the scapholunate interval. Assure full digital ROM and emphasize the importance of activity modification (no gripping, lifting, pushing or pulling).
10-13 weeks -	Pins removed. Provide a full time forearm based thumb-spica splint with IP free. Scar management. Active, progressing to active assisted, and eventually <u>gentle</u> passive " dart throwers " ROM exercises No isolated radial or ulnar deviation and no sports activities or strengthening
13-16 weeks -	Wean from the splint in safe environments and consider providing a removable wrist support that is less restrictive. Continue A/A/PROM exercises with the goal of functional range by 16 weeks. Include flexion and extension rather than just dart throwers Add gentle active radial and ulnar deviation (especially that needed for sport etc). Begin early and controlled return to sport activity (ie. dribbling and shooting for a basketball player, catching a smaller and lighter football for a receiver). Begin early light grip strengthening (putty) toward the end of this timeframe.
16-20 weeks -	Progressive return to sport activity with protection as needed and dictated by the sport (ie. dorsal wrist block for a receiver when blocking etc). Progress strengthening with controlled weights or bands with wrist support in place
20 weeks+ -	Full return to activity but with support during sports participation as possible for 2-4 months (ie. tape etc.)