**RASL Procedure (Reduction Association Scapho-Lunate)**

**Post Operative Rehabilitation Protocol**

**Following Surgery:**
- Expect wrist to be immobilized in a thumb spica splint for about 4 weeks.
- Elevate and ice for at least 3 days.
- Continue to elevate as often as possible until your next clinic visit. (Elevate above your heart.)
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medication as needed and as prescribed. Call if any problems or questions arise.

**Precautions:**
- Avoid loading, power grip, weight bearing, and lifting for 4-6 months after surgery.

**10-14 Days Post Op (at therapy):**
- Sutures will be removed; expect to be fitted with a new splint to wear until 4 weeks post op.

**2-4 Weeks Post Op:**
- Follow up appointment in clinic with P.A. or M.D.
- Discontinue immobilization thumb spica splint.
- Therapist will fit patient with removable thumb spica splint to be worn for activity and functional use.
- Home Exercise Program (3-4 times/day, 10 repetitions as long as pain does not increase):
  - Finger and thumb Range of Motion (ROM).
  - Wrist flexion/extension. (Use “dart throwers” ROM to minimize stress on the healing ligaments.)
  - Gel sheet wear and retrograde scar massage.
- Therapist will assist with edema control, possibly with electrical stimulation, ultrasound, moist heat or ice pack.

**12 Weeks Post Op:**
- Follow up appointment in clinic with P.A. or M.D.
- Discontinue removable thumb spica splint.
- Initiate strengthening exercises beginning with isometrics.

**Considerations:**
- Expect ~50% loss of wrist flexion and/or extension. This is a salvage operation that often reduces pain secondary to Scapho-lunate instability.
- Screw may be removed after 1 year, or may never require removal.
- After 1 year post op, patient will return for yearly follow up appointments to watch for excessive screw motion and to determine whether screw removal is necessary.

*Please visit our website at www.akhanddoc.com for illustrations.*

Note: These instructions are to serve as guidelines and are subject to Physician discretion. Actual progress may be faster or slower depending on the individual.