How I Healed My Subluxating Extensor Carpi Ulnaris Tendon—and Homemade Splint Instructions

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Who I am

My name is Ryan Harrington and I am a Physical Therapist. I have been working in general outpatient orthopedics for 5 years. I am a very physically active person and have had my fair share of injuries. Most recently I have been dealing with extensor carpi ulnaris (ECU) instability/subluxation from the combination of CrossFit and hockey. After a lot of research and a long rehab process I can happily say that I am no longer having any pain or instability--without surgery! Due to mixed information on conservative management of this common wrist injury and my experience as a physical therapist I have decided to share my process with anyone who is struggling with this injury and is trying to avoid surgery. Please feel free to email me if you have any questions. Hope this helps!

Background

Dislocation or subluxation of the ECU tendon is one of many causes of ulnar-sided wrist pain. The ECU tendon is stabilized in the ulnar groove by a subsheath located deep to the extensor retinaculum as it passes the distal end of the ulna. The subsheath can be injured with forceful wrist supination, ulnar deviation and/or flexion. This injury is common in tennis players, golfers and weight lifters as well as in any sport that involves a lot of wrist motion. It can also occur from trauma such as a fall, bike crash or car accident. There are several treatment options available but controversy remains on how best to treat this condition. Most of my research pointed towards immobilization in wrist extension, pronation and radial deviation for 4-8 weeks or surgical intervention. Although the case study I provided below for conservative management of ECU subluxation reported successful stabilization after 8 weeks of immobilization, several of the other case studies I found revealed continued subluxation/instability once the athlete returned to sport and surgical intervention was usually the only way to resolve continued instability. Mixed information on treatment options and inconsistent results of conservative management is what motivated me to share my experience and hopefully help someone who has a similar presentation.

The Injury

I have been an active person all my life. I started playing team sports in high school then transitioned to individual sports in college. Over the years I have got into mountain biking, snowboarding, XC skiing, disc golf, kayaking, rock climbing, weight lifting, running, and most recently, hockey. I also started doing Crossfit in the summer of 2019 and was really enjoying the high intensity and diversity of the workouts. I was in great shape and feeling stronger than ever. During this time I was also playing recreational hockey in a city league. It was this combination of activities that resulted in an acute onset of wrist pain. I developed some pain just proximal to the ulnar styloid process the day after a Crossfit workout that involved over a hundred reps of snatches and deadlifts at moderate weight. The pain was not severe but was accompanied by some visible inflammation and tenderness. I assumed I had developed an acute onset of tendinitis and decided to attend Friday night pickup hockey despite the discomfort. From my experience with these types of “injuries” I have always been able to work through them and general exercise almost always cured my ailments. I got through the hockey game without pain but started to notice some issues the next day. I was hanging drywall in my workshop with my
brother when I started to notice a very disconcerting “popping” and “catching” sensation in my wrist when I got my wrist into certain positions. I started to pay attention to this sensation and realized that it happened every time I supinated (palm up), extended and went into ulnar deviation (towards the pinky side of the hand). The sensation was very unpleasant and often resulted in my wrist locking into this position until I forced it back into a more neutral position. I continued to work the rest of that day but when I finally sat down to eat dinner and relax for the evening I realized that the ulnar side of my wrist at the ulnar styloid process was very swollen and tender to palpation. I tested the provoking positions and was able to recreate the “snapping” sensation with the same combination of movements I described above (supination, extension, and ulnar deviation). Based on the sensation and presentation I thought to myself “it feels like my extensor carpi ulnaris (ECU) tendon is subluxing or dislocating from its tunnel at the styloid process”. This is how a normal person’s brain thinks, right? I had never learned about this pathology in school but was pretty confident in what I was feeling. I did some quick research online and learned that ECU instability is a relatively common wrist injury and often occurs in high level tennis players. I also learned that immobilization is the primary treatment method. Oh yay, some more time in a brace/splint (I had spent 10 months in a wrist brace while I healed from a bone graft surgery to encourage bony bridging of my scaphoid that had died due to avascular necrosis. This occurred 8 years ago and was on the opposite wrist). I woke up the next morning hoping that it was all a dream but when I ulnar deviated the tendon popped right out of its groove and my wrist “locked”. My heart dropped with the thought of dealing with yet another immobilizing injury.

Note: I am a licensed physical therapist trained to evaluate, diagnose, and treat orthopedic and musculoskeletal injuries. If you do not have a formal diagnosis from a healthcare provider for your pain or injury make sure you see an orthopedic physician or PT to help you get an accurate diagnosis. There are a lot of things that could cause ulnar sided wrist pain and you don’t want to treat the wrong pathology. If you have questions please send me an email and I can help guide you in the right direction.

The Immobilization Process

After doing some research on managing ECU subluxation and subsheath tears I learned that the most common conservative management is immobilization in wrist extension and radial deviation. The goal of this position is to limit stress on the ECU subsheath and promote healing of the damaged structures. Being the resourceful person I am, I opted for the most practical immobilization tool I could think of-- a spatula, obviously. This common household item allowed me to get my wrist in an extended position while I looked for a more permanent and professional looking solution. You could imagine the looks of skepticism I got when I showed up to work the next day with a spatula strapped to my wrist with an Ace Bandage. But the pain relief and wrist support I got was well worth the judgement and eye rolls from co-workers and patients. After a few days of spatula-assisted immobilization and some talks with colleagues and my wife I was somewhat convinced that perhaps my injury was not as morbid as I had initially thought. I removed the brace and tested the stability of my wrist. Unfortunately, the instability remained. The sensation of an unstable wrist was new to me. It is hard to describe the sensation accurately but I could feel the instability all the way up into my ear and it was very disconcerting. Any time I activated the ECU muscle (i.e. trying to extend and ulnar deviate) I had a strong apprehensive feeling in my wrist that extended into my ear and head. This sensation was accompanied by pain just proximal to my ulnar styloid process along the tendon of the ECU just before it entered the sheath. This was also the location of swelling that made my ulnar styloid process look bulbous, rounded and not clearly defined compared to the contralateral side. This appearance remained for several months but has since returned to normal. The appearance of the ulnar styloid process was one of the ways I determined how close I was to a fully healed subsheath. Unfortunately, it took several months before the area started to look and feel like the other side. At seven months out now I can say that there is no apparent difference between the bony appearance of my wrist.
After a few days in the high-tech spatula-brace with no change in stability I decided it was time to find a more permanent solution. I knew that I needed something that I could mold into a custom position that was not too cumbersome. I knew that I needed a splint that prevented me from moving my wrist into ulnar deviation and kept me in a slight degree of extension and radial deviation. There are no manufactured braces or splints that do this so I knew that I would have to make my own. I purchased a Rolyan Splinting Sheet on Amazon that I could heat and mold to the desired position. I used a ¼” thick, 1% perforated, 6”x9” sheet to mold the perfect splint for my needs. The 1% perforation allows the splint to be strong enough to provide real support while remaining lightweight and mildly breathable.

**How to make an “ulnar block” splint for ECU instability**

Let me start out by saying that the best thing about this brace is that it allowed me to continue to use my injured hand for work and normal daily activities. I could still cut food, hold a plate, do yard work, and other things requiring both hands. This made the immobilization process much more bearable and practical. I could strap the ACE bandage down tighter depending on the activity I was doing then remove it to let the wrist breathe.

**The Steps**

First, I marked the Rolyan sheet with a sharpie to cut down to size. To do this I placed my hand palm down on the left side of the sheet. I put my wrist in slight radial deviation and left about 1 inch of overhang on the left side of the hand/wrist that would be folded upward to work as the “ulnar block”. I placed the top of the sheet right at the MCP of the pinky (this is the first joint that transitions the palm to the pinky finger). I then used a sharpie to mark a line about 1-2 inches away from the R side of the forearm and wrist. I continued this line straight up through the thumb rather than curving around the thumb since I do not need any support on the thumb side of the wrist. *Allow for excess material since you will end up trimming this down once the splint is formed. Better to have too much material initially rather than cut it too small.* Cut off the excess material on the right side of the sheet.
Next, it is time to dunk the splint material in a pot of hot water to mold to the wrist in the desired position. This is the most important step because if you get the material too hot you will distort it too much while molding the material to your wrist and it will look like a Picasso painting. It will also get too thin in places and weaken the material. Better to do less time in the water initially because you can always take more dunks back in the water until you get the desired shape.

Here is how to do it: Boil a large pot of water that will allow the entire cut out material to be submerged (without touching the bottom of the pot, ideally). Once the water is boiling, turn off the burner and allow the boiling to stop and the water cool slightly (about 3 mins--I suggest setting a timer). Hold the material in the bottom right corner and dunk in the water completely, minus the small corner you are holding. You should only let it sit in the water for about 3-5 seconds initially since it does not take long for the material to become soft and malleable. Remove from water and dangle for a second to allow hot water to drip off and avoid burning your skin. Place the splint on your wrist, making sure your wrist is in about 30 degrees of extension and about 15-20 deg of radial deviation. Use your uninjured hand to wrap the material around the palm using your fingers to wrap snugly around the pinky side of the hand. The material should extend upwards slightly past the backside of your hand. Next, move to the wrist using your uninjured hand to conform the splint around the wrist and forearm. You may need to dunk the brace in the water a few times since the material hardens as it cools. Try to only dunk the area that needs to be molded so you don't lose the mold of the area you have already completed. I dunked the brace several times to achieve the desired fit and this did not compromise the integrity of the material at all. Error on the side of less time in the hot water to avoid distorting the material too much.

Now that you have a decent fit on the wrist/hand you can take some scissors and trim the brace to the desired shape. Round out the corners, shorten the forearm section for comfort, etc. The brace only needs to extend up the forearm about 5-6 inches from the crease of your wrist.

The next step is optional but I feel that it made the brace much more comfortable and sturdy. Cut a small V-slit in the corner of the top of the brace where it curves around to the pinky to allow for the top edge to fold down without stretching the material and distorting the corner. Then I dipped the tip of the brace (about ¼ to ½ inch) into the hot water and folded the top edge of the brace down and mashed it into the underside of the brace. This allowed for a more structurally sound top edge, better rigidity of the ulnar block and a more ergonomic and comfortable top edge for my fingers to curl over.
I realize this brace is not the most aesthetically pleasing but, come on, I had no instructions and I wore it for 4 months straight! Give me a break! And it was surprisingly comfortable.

You may now be wondering how the heck to attach this ugly contraption to your wrist? Easy, an Ace Bandage. This allows for easy donning and doffing (fancy terms for putting the brace on and taking it off) to shower and let the wrist breathe after exercise or a sweaty day. I did try velcro attachments that wrapped around my wrist but this did not feel secure enough and I ended up removing the velcro attachments after a week or two.

This material is exceptionally sticky when in direct contact with the skin so I used a sock to slip over the brace that I could change out when it started to get gross. You could use other bandaging material like gauze but to me the sock was much more convenient and comfortable. You could even accessorize the sock to match your outfit if you want!
I wore this brace 24/7 except to shower or take it off in the evening while watching a movie or show and I could prop it up with pillows to maintain the proper position of my wrist. After 3 months I started to do some passive ROM (stretching) but I will address this in another section of this blog. I found it to be very important that I wore it at night since there was much more likelihood that I would involuntarily move my wrist into a provocative or unstable position which could compromise my healing.

Rehab Timeline

Ok, it's time to talk timeline. Unfortunately, there is a lot of mixed information as well as a lack of information out there in the research regarding conservative management of ECU instability and subsheath injury. Some say 4-8 weeks of immobilization, others say 4 months. Some say surgery is the only way to make the subsheath stable again. I was eager to get back to my normal recreational activities so I wanted to shoot for the six week timeline. During those 6 weeks I had very minimal pain but still had some obvious inflammation and my ulnar styloid process was not clearly defined. The main discomfort I had was simply from being immobilized and the resultant soft tissue tightness and joint stiffness. Every once in a while I would reflexively try to move my wrist into ulnar deviation which would result in some sharp pains at the ulnar side of the wrist just proximal to the styloid process but would go away quickly. This was also a different sensation than the instability sensation and apprehension that I would have prior to wearing the splint. After six weeks I removed the brace and started to try and do some rehabilitative therapy. However, it was very obvious to me right away that the subsheath was still compromised and it was not ready to begin the rehabilitation phase since any healing that had occurred would be compromised by putting stress on the healing structure. I talked with a colleague who had completed a sports residency and he advised me that there was a lot of new research that suggested four months of immobilization was more ideal for any ligamentous tear (compared to the popular 6-8 week philosophy). Since there were no specific recommendations for subsheath injury I went with this philosophy and strapped the splint back on and committed to the four month time frame.

Treatment during Immobilization

During the immobilization phase my goal was to promote tissue healing and scarring of the ECU subsheath to improve stability of the ECU tendon as it moves through the ulnar groove. The ECU subsheath is a component of the extensor retinaculum that maintains the ECU tendon in the ulnar groove. This subsheath can tear with trauma and/or repetitive use injuries. Injuries to the subsheath are common in sports with forceful pronation and supination such as golf, tennis, or hockey. Once this subsheath is torn, whether complete or partial, the goal is to reduce stress on this sheath to allow for healing to occur. If the injured person were to continue to use the wrist normally then the subsheath will continue to be traumatized which will prevent healing from occurring. Furthermore, if the individual does not immobilize for long enough then the subsheath is vulnerable to reinjury and recurrent instability when stress is placed on the subsheath again. My goal with immobilization was to allow for complete healing and scarring of the subsheath prior to placing the subsheath under any mechanical forces (i.e. ulnar deviation, supination, extension). To aid in the healing process while immobilized I performed several interventions. I utilized ice cupping, ice packs, dry needling, instrument assisted soft tissue mobilization (IASTM), massage, ultrasound and some general upper extremity strengthening that did not put stress on the ECU subsheath. Ice cupping: Ice (cryotherapy) is a great way to help manage swelling and pain. Ice cupping is a convenient way to reduce swelling that can be done quickly while only applying ice to the target area. To ice cup simply fill a small dixie cup full of water, freeze it, rip off the top inch of the cup. Now you can massage the inflamed area with the ice without freezing your fingers off. First it will feel cold, then more of a burning or pain sensation, then it will go numb. When the area you are icing goes numb you are done. Do not keep icing since this can
result in tissue damage or frost bite. Keep the ice cup moving throughout the treatment and cover an area that is slightly greater than 2x the size of the ice surface. Just toss the ice cup back in the freezer to use again.

**Ice pack:** pretty self explanatory. Ice for about 20 mins at a time with a nice ice pack that will conform to the inflamed area. Stop if the area goes completely numb. Ice as often as you want.

**Dry Needling:** Since I am a licensed physical therapist trained in [Trigger Point Dry Needling (TPDN)](https://www.therapistassistant.com/services/dry-needling) I was able to utilize this intervention to aid in the healing process. TPDN uses solid monofilament needles (the same style of needles an Acupuncturist uses) inserted through the skin into deep muscle and fascia to release painful myofascial trigger points or tight bands of soft tissue. Since the healing of this injury involves a period of immobilization there will obviously be some tightening of muscles of the forearm and wrist. This limited mobility can result in trigger points (tight bands of tissue that develop within a muscle belly). Trigger points can be painful but they can also increase tension/stress placed on muscle attachments and other supporting structures, such as ECU subsheath, which can increase tissue irritability (inflammation) and slow or limit the healing process. To aid in the healing of my ECU injury I performed TPDN to extensor muscles of the forearm, muscles around the shoulder joint, scapular region, as well as my cervical paraspinals muscles to reduce compression on the nerve root (I obviously had someone else perform the needling in the shoulder and neck area). However, what I feel helped the most was needling the subsheath and peristeum. This resulted in a micro-inflammatory response which helps the body lay down collagen and scar tissue in the injured area. The general idea works similar to a microfracture---an *articular cartilage repair surgical technique* that works by creating tiny fractures in the underlying bone. This causes new cartilage to develop from a so-called super-clot. Obviously dry needling is not a surgical technique but the physiological principles indicate that this may be beneficial for tissue healing. I had really good results and I had no adverse effects. I believe that this treatment was an integral part of my healing process and improving the strength and stability of the subsheath and extensor retinaculum. There is a lot of good research out there on the benefit of TPDN for tissue healing, pain reduction, etc but that is not the point of this post. My goal is to provide anyone with a similar injury a guide to my rehab process that allowed me to heal a potentially chronic issue without surgery. If you have specific questions on research and evidence feel free to email me and I can provide you with some articles to read.

**Dry needling, as with any invasive procedure, has associated risks. This technique should be done by a trained healthcare provider. Feel free to contact me if you have any questions regarding this treatment or how to find a provider who is trained in dry needling. And if you live in the Boise area and want to come in for some Dry Needling then don't hesitate to send me an email! There are a lot of benefits and it has been a very effective treatment for many orthopedic issues.**

**Instrument Assisted Soft Tissue Mobilization (IASTM):** Contrary to TPDN this is a treatment that requires no training or special equipment to perform on yourself. The physiological principles are similar to that of TPDN but without penetrating the skin. There are tons of special tools available for purchase that range from 10$ to 500$. Techniques include [Graston, ASTYM](https://www.therapistassistant.com/services/iastm), and I am sure several others. You can purchase specific tools from these companies or you can do what I did and purchase [Gua Sha](https://www.therapistassistant.com/services/gua-sha) massage tools on Amazon for 15-30$. In college for a separate injury I even used the smooth edge of a soup ladle which worked just fine. Made for an interesting conversation when my roommates returned from class to find me sitting on the couch with a jar of vaseline, a soup ladle, and a heavily lubed up arm. IASTM helps to improve blood flow, improve soft tissue mobility, reduce pain, and promote tissue healing by causing a micro inflammatory response to allow for the removal of necrotic tissue and laying down of new collagen for connective tissue healing. I performed this treatment on the muscles of my forearm, along the ECU muscle and tendon, across the subsheath and anywhere else I was feeling tightness. I feel that this treatment was very helpful and would highly recommend it. Please reach out if you have questions.

**The General Treatment guidelines for IASTM:**

1. Hold the tool at about a 45-60 deg angle from the surface of the skin. Push towards the obtuse angle with light pressure (shout out to 8th grade geometry class!). Strokes should be 1-4 inches long depending on
the treatment area.

2. Repeat strokes until the treatment area becomes slightly red and splotchy, known as erythema. Should only take a minute or two per region. Make sure to not press too hard as to result in excessive redness or pain.

3. Follow up with some gentle massage with some lotion

4. Can ice following if you want. Not necessary and may inhibit the localized inflammatory response we are trying to achieve.

5. Perform this treatment 3-4 days per week as to not place extra stress on the tissue.

6. Continue to perform IASTM once you are out of the brace and returning to normal exercise or sport. I have been out of the brace and exercising pretty normally for a couple months now but I still perform this treatment a couple times a week.

I didn't start performing IASTM directly over the subsheath until about 6 weeks into the healing process. Mainly because the swelling was very visible and I didn't want to irritate the tissue more than it already was. Also, it hurt to do it!

**Massage**: Massage the arm. Better yet, convince someone else to massage it for you. That is all I will say about this. Pretty straight forward. Massage feels good, feel good means less pain, less pain means better healing and better sleep. Done. (I will also say that my pain was never really that significant since I diagnosed myself quickly and immobilized pretty quick as well)

**Ultrasound**: I included this one on the list since I did use ultrasound during the process, albeit only twice. There is some evidence in support of ultrasound therapy for aiding in tissue healing but I didn't dig any of those articles out of my old grad school textbooks. And since most people don't have access to an Ultrasound unit then this section is useless. If you are seeing a PT mention it to them and they will make the decision to use it or not. I did not use it more than twice.

**General Strengthening**: I am a very active person and love to exercise. Throughout the rehab process I continued to exercise but avoided activities that would place excessive stress on my wrist or force my wrist into ulnar deviation (towards the pinky, but you know that term by now I am sure). I continued to run, hike, squat, lunge, bridge, etc. I even did some upper extremity strengthening by attaching a loop around my elbow to strengthen the shoulder without having to grip a handle or dumbbell. Feel free to reach out if you need some advice on exercising during or after the immobilization phase. I ran with the brace on, obviously, but removed the sock since this got really hot and nasty. The brace was easy to clean afterwards. Whether I actually cleaned it everytime or not is a secret I will never tell.

_Treatment after immobilization phase (~16 weeks)_
So, you have been stuck in this smelly, disgusting homemade brace for the last 4 months… now what?! Time to start the actual rehab process! Yay, exercise! The first thing I will say here is, start SLOW! If you have been good with the immobilization part of the process then your wrist will be pretty stiff and weak. Be gentle and work toward improving your strength and mobility slowly while letting pain and body awareness be your guide. Trust your instincts. If a movement feels unstable or “wrong” don’t do it. As you start strengthening your wrist again there is one thing that you MUST buy. It’s called **Wrist Widget** and it is an amazing wrist “brace” that will really help support your healing wrist while you introduce your wrist back into the exercise and strengthening realm. This brace really helped me feel more confident to start lifting again by giving me a sense of support and stability. I have been exercising without limitations for the last 2 months and I still use the Wrist Widget when doing upper body exercises and especially with free weights and weight bearing exercises such as pushups and burpees. I can't recommend this brace enough. In fact, if your ECU injury is not very severe and the long immobilization process is not necessary then the Wrist Widget may allow you to continue to exercise or play your sport with less pain and less risk for worsening your injury. The Wrist Widget works to stabilize the ECU tendon by using two velcro straps that wrap above and below the ulnar styloid process. This brace also helps stabilize the distal radio-ulnar joint by adding a compressive force. The brace does not hinder movement at all and is very comfortable. It is normally 30$ but is on sale for 22$ right now. This might seem expensive for such a small amount of material but I promise it is worth every penny.

**My Treatment Protocol:**

Below is a guideline to the immobilization and rehabilitation process I used. This is a guide and may be modified based on the severity of your injury. As I said previously, please make sure you have an accurate diagnosis from a trained healthcare provider to ensure that you are treating your injury correctly.

**Early immobilization phase (0-6 weeks)**

- **Goals**
  - Reduce inflammation
  - Protect the damaged tissue and prevent movement into provocative/unstable position (Avoid ulnar deviation & supination)
  - Make an “Ulnar Block” brace

- **Therapy/Interventions**
  - Ice/rest (ice cupping)
  - IASTM and massage to forearm muscles while avoiding the subsheath area
  - Any exercises which do no place stress on healing tissue
    - Run, hike, stationary bike, squats, lunges, balance, etc
  - Start to perform IASTM (and Dry Needling if you have a trained healthcare provider) to subsheath area around **week 4** or when pain and inflammation has subsided.

**Immobilization phase II (6-16 weeks)**

- **Goals**
  - Promote tissue healing
  - Protect the damaged tissue and prevent movement into provocative/unstable position (Avoid ulnar deviation & supination)
Therapy/Interventions

- Continue with ice cupping, IASTM, TPDN, massage, etc.
- Can start to implement upper body exercises with modifications to avoid putting wrist into ulnar deviation and exercises that involve holding a handle or dumbbell. You will have to get creative here but body weight exercises are great
  - Arm circles, shoulder presses without weight, shrugs, forearm planks, core work,

Late immobilization phase (16-present)

Goals

- Begin general strengthening and stabilization exercises of the upper extremity with wrist in a neutral position
- Continue to wear the brace at night
- Continue to avoid excessive movement into ulnar deviation
- Improve overall wrist mobility into flexion, extension, pronation and supination while being cautious with progressing ulnar deviation
- Continue to promote healing and scarring of subsheath
- GET A WRIST WIDGET!

Therapy

- Continue with ice cupping, IASTM, TPDN, massage, etc.
- Use the Wrist Widget when performing upper body exercises to protect and stabilize the ECU tendon
- I have continued to wear the brace at night. I feel that it helps continue the healing process after stressing the tendon and subsheet with daily activities and exercise. It also helps to create some joint stiffness and limitations into
- Passive stretches into wrist flexion, extension, pronation, supination without applying excessive force which may cause pain or inflammation
  - Start slow- this is a marathon not a sprint. You have been immobilized for a long time and muscles need time to adapt to these stretches.
  - Long duration, low force stretching. Apply gentle overpressure that allows you to feel a light stretch but that you can maintain for 30-45 seconds. If you can't hold the stretch for that long because it's too uncomfortable then you are pushing too hard. 2-4x/day should suffice.
- General upper extremity strengthening that allows you to maintain your wrist in a neutral position
  - Rows, lat pulldown, bicep curls, shoulder press with dumbbells, table push-ups, etc (if you need exercise ideas feel free to send me an email)
  - Tricep presses should be done with really light weight to start (try a TheraBand or super light dumbbell since this motion applies more stress to the ulnar side of the wrist).
  - I did not do any wrist specific exercises such as wrist curls or wrist roll-ups. One, they did not feel good and caused some discomfort. Two, I felt that general upper body strengthening improved my sense of wrist stability without placing unnecessary, isolated stress to the ECU tendon and subsheath. They also did not feel like a functional exercise to me.
- Introduce weight bearing (push up position, bike riding, etc) slowly. This is a very important position for your wrist to improve wrist stability, however, your wrist has been immobilized a long time and the carpal bones in the wrist have shifted positions slightly. Be nice to them and start slow by doing
an elevated pushup (to a table or back of a chair) or dumbbell or machine chest press with light weight. Lots of options here. Email if you have questions or talk with your local trainer or PT.

- Cardio is good. Bike, run, row machine, etc
- Progress slowly and let pain and inflammation be your guide
- Use the Wrist Widget when doing upper body exercises to help support your wrist and stabilize the ECU tendon.

References


Rolyan Splinting Material:
https://www.amazon.com/gp/product/B0793FPLFY/ref=ppx_yo_dt_b_asin_title_o04_s00?ie=UTF8&psc=1

Wrist Widget:
https://www.amazon.com/gp/product/B0056PQV2K/ref=ppx_yo_dt_b_asin_title_o05_s00?ie=UTF8&psc=1

Other articles that may be useful
https://www.jhandsurg.org/article/S0363-5023(14)00469-9/pdf
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3418964/
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3582875/