

Dr. Robert Wysocki

Thumb CMC Arthroplasty

At any time: appropriate modalities for superficial radial nerve sensitivity

3-5 Days:

Splint: The dressing is removed by therapist, and a wrist and forearm-based thumb spica removable splint fabricated with the wrist at 10 degrees extension, thumb at neutral abduction and opposition with the MCP joint flexed 30 degrees and the IP joint free.

Motion: The patient is instructed in thumb IP and finger Active Range of Motion and Passive Range of Motion

4 weeks:

Splint: The splint is weaned over 2 weeks, but should be continued for strong forceful activities.

Motion: Progressive and unrestricted active and self-passive ROM of the wrist and thumb is permitted and encouraged (15 minutes per hour) with a goal of touching the thumb tip to the volar MCP flexion crease of the small finger. Motions encouraged are palmar/radial abduction, circumduction, thumb flex/ext, and wrist flex/ext/RD/UD.

6 weeks:

Splint: Splint is now fully discontinued, taping and/or Dynamic flexion splinting may be initiated as needed to increase Passive Range of Motion. Night splinting for web adduction contracture if needed. Consider short opponens splint for repetitive/heavy activity.

Motion: Now add unrestricted passive range of motion. Graded thenar strength building is started, gradual return to full use.

10 - 12 weeks:

Normal use may be resumed without restrictions.