

Dr. Robert Wysocki

Thumb CMC ligament reconstruction

At any time: appropriate modalities for superficial radial nerve sensitivity

PATIENT CASTED X 6 WKS

6 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.

8 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.

12 weeks:

Normal use may be resumed without restrictions.