

Thumb CMC LRTI Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoid fear-avoidance behaviors.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint: thumb spica A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise <ul style="list-style-type: none"> • Finger flexion and extension AROM and AAROM for tendon glides • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • Active elbow flexion and extension • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax • Gentle, pain-free cervical AROM to relieve tension • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake

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Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.

Grip and pinch with minimal to no resistance for strengthening.

Orthosis protection when using the surgical hand for functional activities.

Phase 2	Emphasis on	Orthosis	Exercise
2-10 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protect repair</p> <p>Restore wrist and thumb IP and MCP (if not fused) range of motion</p> <p>Address thumb webspace contracture, if present</p> <p>Initiate neuromuscular retraining for thumb balanced pinch positions, correcting compensatory patterns</p> <p>Restore dexterity</p> <p>Joint conservation</p> <p>Scar management</p>	<p>Depending on physician preference: cast for 2-3 weeks vs. custom fabricated orthosis protecting the thumb CMC joint (HFO short opponens or WHFO thumb spica)</p> <p>Orthosis wear full time removing for hygiene and therapeutic exercises</p> <p>At week 8, may begin to remove orthosis for light self-care, continuing for sleep and other use of the surgical hand.</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • AROM wrist 4-way and forearm rotation • Add gentle AAROM for wrist and forearm ROM as tolerated • Tendon glides for AROM fingers • Neuromuscular retraining for thumb CMC/MCP balanced positions (C's and O's) • Neuromuscular retraining for first DI • Joint blocking for active thumb MCP and IP flexion/extension • dexterity/hand manipulation tasks • manual thumb adductor release • AROM for the elbow and shoulder • Radial nerve glides and soft tissue mobilization if symptoms of SSRN hypersensitivity are present <p>Scar management activities</p> <p>Education: joint conservation practices, use of ADL assistive devices</p>

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Phase 3 Precautions: Gradual weaning from orthosis.

Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand.

Phase 3	Emphasis on	Orthosis	Exercise
10-12 weeks	<p>Gradual weaning from orthosis</p> <p>Continued education on joint conservation</p> <p>Begin gradual strengthening for functional activities</p> <p>Encourage light functional use of the surgical hand</p> <p>Restoring dexterity</p>	<p>HFO (short opponens) or WHFO (thumb spica) as needed for more vigorous activities</p> <p>Wean as tolerated</p> <p>May transition to a soft support such as a Comfort Cool Thumb CMC orthosis</p> <p>Recommend long term use intermittently PRN for soft tissue rest</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • AAROM and PROM to restore wrist range of motion • Progressive resisted wrist strengthening • Dexterity activities for functional skills • Continued neuromuscular reeducation for balanced pinch and grip positions, adding functional activities and tolerated progressive resistance <p>Education: continued emphasis on joint conservation practices, use of ADL assistive devices</p>

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. Return to work and sport/recreation per surgeon discretion.

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