

## Thumb MCP RCL/UCL Repair Rehabilitation Guidelines

<b>Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery.</b> <b>Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.</b> <b>Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.</b>			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	<b>Protection</b>  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	<b>Postoperative splint: thumb spica</b>  A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	<b>Elevation</b>  NWB of the surgical upper extremity  Movement of unaffected joints throughout the day  <b>Suggested Therapeutic Exercise</b> <ul style="list-style-type: none"> <li>• Finger flexion and extension AROM and AAROM for tendon glides</li> <li>• Active finger ABD/ADD, assisted by lacing fingers with contralateral hand</li> <li>• AROM Thumb IP (if available in postoperative splint)</li> <li>• AROM elbow through full available motion</li> <li>• 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</li> <li>• Scapular retraction and forward and backward shoulder circles</li> <li>• Abdominal breaths/deep breathing</li> </ul> Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



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**Phase 2 Precautions: Avoid 2-point (tip) and 3-point (chuck/tripod) pinch strengthening until 8 weeks post op. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.**

Phase 2	Emphasis on	Orthosis	Exercise
2-8 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>Continued protection of the repair</p> <p>Scar management</p>	<p>Weeks 2-4: Thumb spica cast</p> <p>Weeks 4-8: Transition to a custom-fabricated hand-based thumb spica orthosis</p>	<p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>Continue above activities as applicable</li> <li>Active thumb IP flexion/extension with orthosis or cast in place</li> <li>Week 4-6, depending on surgeon preference: <ul style="list-style-type: none"> <li>AROM for MCP flexion/extension using joint blocking of the CMC joint</li> <li>AROM thumb for balanced pinch and grasp position without resistance (forming a C shape and lightly touching the thumb to the tip of each finger)</li> <li>Light dexterity activities following precautions for no strengthening in 2-point and 3-point pinch positions</li> </ul> </li> <li>Week 6 <ul style="list-style-type: none"> <li>Gentle passive MCP flexion may be added</li> </ul> </li> </ul> <p><b>Scar management activities</b></p>

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**Phase 3 Precautions: Avoid progressing strengthening if poor soft tissue response is noted.  
Gradual weaning from orthosis. Residual MCP stiffness is expected.**

Phase 3	Emphasis on	Orthosis	Exercise
8-12 weeks	<p>Begin gradual strengthening for functional activities</p> <p>Restoration of thumb MCP motion with expectations of residual stiffness long term</p> <p>Continue to address dexterity deficits</p> <p>Scar management</p> <p>Encourage light functional use of the surgical hand for self care ADL's</p>	<p>Custom-fabricated hand-based thumb spica orthosis:</p> <p>May begin removing orthosis for light, sedentary ADL's (keyboarding, meals) gradually weaning as tolerated</p> <p>Consider continuing orthosis at night for soft tissue rest</p> <p>May transition to a neoprene thumb support if needed</p>	<p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>• Progressive grip and pinch strengthening as tolerated</li> <li>• Continue to address dexterity deficits</li> <li>• Prolonged, low-load ROM MCP flexion ROM</li> </ul> <p>Progress light ADL's as tolerated following orthosis recommendations</p> <p>Scar management activities</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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