

Thumb MCP RCL/UCL Repair 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, avoiding fear-avoidance behaviors.			
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
1-2 weeks	<p>Protection</p> <p>Keep the postoperative splint clean and dry</p> <p>Minimize swelling</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p> <p>Avoid upper quadrant pain from holding arm in a guarded position</p>	<p>Postoperative splint: thumb spica</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p>	<p>Elevation</p> <p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <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 ● AROM Thumb IP (if available in postoperative splint) ● AROM elbow through full available motion ● 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 ● Scapular retraction and forward and backward shoulder circles ● Abdominal breaths/deep breathing <p>Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake</p>

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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>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Continue above activities as applicable ● Active thumb IP flexion/extension with orthosis or cast in place ● Week 4-6, depending on surgeon preference: <ul style="list-style-type: none"> ○ AROM for MCP flexion/extension using joint blocking of the CMC joint ○ 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) ○ Light dexterity activities following precautions for no strengthening in 2-point and 3-point pinch positions ● Week 6 <ul style="list-style-type: none"> ○ Gentle passive MCP flexion may be added <p>Scar management activities</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>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> ● Progressive grip and pinch strengthening as tolerated ● Continue to address dexterity deficits ● Prolonged, low-load ROM MCP flexion ROM <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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