



Thumb CMC Arthroplasty Therapy Instructions Laith Al-Shihabi, MD

2 weeks

Splint:

-Fashion a removable short-arm thumb spica splint holding the wrist in 10 degrees of extension, thumb CMC joint in the “beer can” position of palmar and radial abduction, MCP joint in 30 degrees of flexion, and IP joint free.

Motion:

-A home program of finger and thumb IP joint motion is used until 4 weeks postoperative.
-2 lbs lifting restriction.

Edema Control:

Edema modalities per therapist.

4-6 weeks

Formal therapy will begin for all patients at 4 weeks.

Splint:

-Ok to remove the splint during therapy or with home exercises.
-Otherwise continue use of the splint until 6 weeks postoperative.

Motion:

-Begin AROM/AAROM to thumb CMC and wrist joints.
-Emphasize thumb opposition, radial abduction, and palmar abduction.
-5 lbs lifting restriction starting at 6 weeks.

Edema Control:

Per therapist

6-10 weeks

Continue to focus on motion, begin strengthening. Goal is to complete formal therapy by 10 weeks unless additional work conditioning is required.

Splint:

-Wean from the splint, with goal to discontinue daytime use by 8 weeks.
-Continue night-time use for 12 weeks if a thumb web space contracture is present.

Motion:

-Begin PROM exercises in addition to AROM/AAROM to thumb and wrist.
-Begin strengthening with putty at 6 weeks with gradual advancement.
-15 lbs lifting restriction at 8 weeks.
-No restrictions after 10 weeks.
-Transition to home exercise program vs. work conditioning program PRN at 10 weeks.