



# Finger MCP Ligament Repair/Reconstruction

## Therapy Instructions

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#### **2 weeks**

##### Splint:

-Fashion a removable short-arm volar finger gutter splint holding the wrist in 10 degrees of extension and MP joint in 10 degrees of flexion. The splint should block P1 but leave the IP joints free. Place a blocking flare on the side of the phalanx opposite the repair (e.g. an ulnar post/flare for a radial collateral ligament injury).

##### Motion:

-A home program of finger IP joint motion is used until 3 weeks postoperative.  
-2 lbs lifting restriction.  
-No pinching/gripping.

##### Edema Control:

Edema modalities per therapist.

#### **3-6 weeks**

Formal therapy will begin for all patients at 3 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 the finger MP joints through flexion and extension only.  
-AROM/AAROM/PROM to the wrist and IP joints through flexion and extension only.  
-No radial/ulnar deviation.  
-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.  
-Ok to use buddy-taping to the adjacent finger on the side of the collateral ligament repair.

##### Motion:

-Begin PROM exercises in addition to AROM/AAROM to fingers and wrist.  
-Begin strengthening with putty at 6 weeks with gradual advancement.  
-If the index finger is the injured finger, begin gentle progressive pinch strengthening at 8 weeks.  
-15 lbs lifting restriction at 8 weeks.  
-Transition to home exercise program vs. work conditioning program PRN at 10 weeks.  
-No restrictions after 12 weeks.