Metacarpal Fracture Reduction and Pinning
Therapy Instructions
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0-2 weeks
Patients are treated with a home motion program for the first 2 weeks while a splint/cast is in place.  
Splint:
- A short-arm splint will be in place for the first 2 weeks after the surgery.

2-6 weeks
Therapy will begin at 2-4 weeks depending on fracture stability and finger stiffness.  
Splint:
- Transition to a removable short-arm wrist splint if a cast is not in place. For thumb metacarpal fractures, fashion a thumb-spica splint with the IP joint free. Splints for metacarpal neck or head fractures should be extended to include the MCP joint in an intrinsic-plus position.  
- The splint may be cut down to hand-based only at 4 weeks.

Motion:
- Begin AROM/AAROM to finger and wrist joints.  
- 5 lbs lifting restriction starting at 6 weeks.

Edema Control:
Per therapist

6-10 weeks
Splint:
- Wean from splint starting at 6 weeks, and discontinue by 8 weeks.

Motion:
- Begin PROM and continue AROM/AAROM to finger and wrist joints.  
- Begin strengthening with putty and gradually advance.  
- 5 lbs lifting restriction starting at 6 weeks.  
- 10-15 lbs lifting restriction at 8 weeks.  
- Transition to home exercise program by 8 weeks.

Edema Control:
Per therapist.

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:
- No longer necessary unless with heavy activities.

Motion:
- No restrictions after 12 weeks.  
- Selected patients may perform a work conditioning program.