



Metacarpal Fracture Reduction and Pinning Therapy Instructions Laith Al-Shihabi, MD

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.