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Thumb CMC Arthroplasty Postop Protocol

ORTHOPEDIC HEALTH
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10-14 Days Postop

- Postoperative splint is removed.
- The patient is fitted with a removable wrist and thumb static splint with the IP joint free. The thumb is positioned midway between palmar and radial abduction. A light compressive dressing is applied to the hand and forearm prior to fabricating the splint.

2-6 Weeks Postop

- Active and self passive ROM exercises are Initiated to the thumb and wrist 6 - 8 times a day for 10 minute sessions. Exercises should emphasize:
    - palmar & radial abduction
    - thumb circumduction
    - flexion/ extension
    - wrist flexion/extension
    - wrist radial/ulnar deviation
- The CMC joint should be supported during self passive exercises.
- The wrist and thumb static splint is worn between exercise sessions and at night for protection of the surgery and for comfort.
- Scar management is initiated at 3 weeks. It is critical to emphasize scar mobilization as dense adhesions are common. Scar massage with lotion.
- Initiate manual desensitization techniques as the area is often hypersensitive along the surgical site, as well as due to superficial sensory branch of radial nerve neuritis.

6-10 Weeks Postop

- Unrestricted PROM exercises may be Initiated. Continue to support the CMC joint
- On rare occasion, it becomes necessary to add dynamic flexion splinting for the MP and IP Joint of the thumb. Any dynamic splint must be form fitting and provide maximal support of the CMC joint.
- The wrist and thumb static splint may be discontinued. Patients who require use of their hand in repetitious, heavy lifting or pinching activities may be more comfortable in a short opponens splint. The splint will provide external support. Depending on the level of need, either a thermoplastic or neoprene splint can be used.
- Gentle strengthening may be initiated between 6 and 8 weeks postop. If edema and/or pain are persisting, delay strengthening until 8 weeks.

10-12 Weeks Postop:

- The patient may resume normal use of their hand in daily activity. Patient education is Important. The basic guidelines outlined in conservative management of CMC arthritis should be reviewed once again. Simple suggestions such as using non-skid pads to remove jar lids, etc. should be reinforced.

Considerations:

- The Inability to flatten the palm after the procedure is typical. Often this is a concern to the patient. Activities such as cleaning the windows, wiping down a countertop, etc. can be frustrating. Patients need to understand this is to be expected to a degree because this positioning Is maintaining stability at the CMC joint.
- The patient should be encouraged to practice functional activities and prehension of small, lightweight objects to regain dexterity and minimize frustration. To begin this when the patient begins AROM exercises is encouraged.
- Patients will typically indicate their thumb and hand have restored functional use within 6 months.