ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

# DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
# THUMB MP UCL/RCL REPAIR POST-OP THERAPY PROTOCOL

## Phase 1 – Early Protective Phase (0-4 weeks)

| Goals for Phase 1 | Precautions for Phase 1 |
|---|---|
| • Protect and immobilize repair<br>• Edema and pain control<br>• Educate patient in home program and importance of wearing splint at all times except hand hygiene | • As swelling resolves, educate patient in returning to clinic as needed for splint adjustments to ensure fit is not too loose around repair |

**Orthosis**
- A hand-based thumb spica orthosis with IP joint free is fabricated to be worn at all times
- The orthosis must be well molded around MP joint to adequately protect repair

**Wound Care**
- Keep incision clean and dry
- Educate patient in sterile dressing changes as needed

**Edema Management**
- Light compression with Coban or compression sleeves to digits, hand and forearm as needed
- Elevation
- Manual Edema Mobilization (MEM)

**Scar Management**
- Begin scar massage no sooner than 2 days after suture removal after scar is fully closed with no scabbing present. Begin with light massage using lotion.
- Educate patient in scar management
- Apply scar remodeling products as needed

**ROM**
- A/PROM to digits, forearm, elbow, and shoulder with splint on as needed to prevent stiffness

**Modalities**
- Ice to reduce pain and inflammation as needed


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## Phase 2 – Initiate Range of Motion (4-8 weeks)

| Goals for Phase 2 | Precautions for Phase 2 |
|---|---|
| • Initiate ROM while protecting repair<br>• Scar and edema management | • While initiating MP joint ROM, and while applying manual therapy techniques for scar and edema management, it is important to avoid any lateral stress to the joint<br>• If MP extension is limited, emphasize extension ROM more than flexion ROM initially until resolved |

**Orthosis**
- **6 weeks**: begin to wean from thumb spica orthosis
- **7 weeks**: the patient should be completely weaned from thumb spica orthosis except for heavy lifting or activities that require sustained or repetitive pinching

**ROM**
- **4 weeks**: initiate A/AAROM to thumb and wrist in all planes of motion 6-8x/day
- **7 weeks**: PROM to the thumb may be initiated to restore functional motion

**Manual Therapy**
- Scar mobilization as needed
- Manual Edema Management (MEM) for residual swelling

**Modalities**
- Heat modalities may be used to assist in increasing ROM and to decrease pain
- Ultrasound and iontophoresis may be used as needed to assist in scar and pain management


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## Phase 3 – Progressive Strengthening and Return to Function (8-12 weeks)

| Goals for Phase 3 | Precautions for Phase 3 |
|---|---|
| • Maximize ROM<br>• Restore strength<br>• Return to functional activities without placing stress on repair | • If a web space contracture develops, it may be necessary to fabricate a thumb web spacer for night wear. Be sure this splint does not place lateral stress on MP joint especially for UCL repairs.<br>• While initiating functional pinching, it is important to teach the patient to pinch with the tip of the thumb versus opposing to the lateral side of the thumb, which would place stress on the UCL.<br>• Grasping wide diameter objects with the thumb in maximum palmar abduction may also place stress on the UCL and should be avoided for 14-16 weeks. |

**Orthosis**
- May continue with hand-based thumb spica orthosis during heavy lifting or activities that require sustained or repetitive pinching

**A/AA/PROM**
- Continue ROM in all planes of wrist and thumb

**Manual Therapy**
- Scar mobilization
- Manual Edema Mobilization (MEM)

**Strengthening**
- Initiate progressive strengthening emphasizing grip strength and wrist strength
    - Avoid sustained pinching activities until 14 to 16 weeks

**Modalities**
- Continue modalities as needed for pain and scar management and to restore ROM

**Work Conditioning**
- After 10 weeks, a comprehensive work conditioning program for patients with work duties that require repetitive gripping, pinching or heavy manual labor may be appropriate


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