



Thumb CMC Joint Arthroplasty Therapist Protocol DAVID GESENSWAY, MD

WEEK 1:

- Patient should elevate the arm above the level of the heart as much as possible, and do digit flexion and extension exercises and FDS glides hourly, to help reduce swelling (see Phase 1 exercises). Patients are commonly off work for 1 week, and then on light duty for 2-3 months. Light duty restrictions: No pinching, light use only of the fingers, no lifting more than 1 pound, wearing a cast or splint for 2-3 months.

WEEK 2:

- Patient to see MD and have a forearm based thumb spica cast made. Patient to continue finger exercises and elevation as needed.

WEEKS 3 - 4:

- Patient to see MD for cast removal, and their first therapy visit right afterwards.
- A custom circumferential Orfit forearm based thumb spica splint is fabricated, with the thumb in a palmarly abducted position, with the MP joint supported in mild flexion, IP joint free.
- Patient to start wrist and thumb AROM 4x/day, out of splint (see Phase 2 exercises), using modalities prn.
- Scar management with massage and scar pad use prn.

WEEKS 6:

- Add wrist PROM if stiffness persists.

WEEKS 8:

- Patient to start therapy cone strengthening exercises once per day (see Phase 3 exercises).
- Patient to continue to wear the splint for at-risk activities involving forceful pinching/gripping, but can remove at night or with light ADL's.