(UCL) Thumb Ulnar Collateral Ligament – (RCL) Radial Collateral Ligament Repair
Dr. Bakker’s Post-op Protocol

IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please DO NOT remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.

REFERRAL TO HAND THERAPY:

- You will be instructed to make an appointment with hand therapy (OT) after removal of your cast, at approximately six weeks post-operatively. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870, to schedule.

WEEKS 0-2:

- Remain in the post-operative thumb spica splint.
- Perform gentle range of motion of the uninvolved fingers.
- Ice 20-30 minutes three times daily.
- Transition to Tylenol.
- Avoid use of your injured hand in activities.
- Return to the clinic for re-evaluation, suture removal, and thumb spica cast application at 10-14 days post-operatively.

WEEKS 1-2:

- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.
- Conduct range of motion to your uninvolved fingers, forearm rotation and practice swelling management.
• Return to the clinic at the end of week two for evaluation, suture removal and application of a thumb spica cast.

**WEEKS 2-6:**

• Continue wearing the cast, keeping it clean and dry at all times.
• Perform range of motion exercises of the fingers, using the hand for light activities. Refrain from heavy lifting.

**WEEKS 6-8:**

• Return to clinic at six weeks post-operatively for reevaluation and cast removal.
• Transition to a removable brace. This will be provided or custom made in hand therapy.
• Begin hand therapy (OT) with the goals of increasing range of motion. Treatment will consist of range of motion, use of modalities, scar management and instruction in a home program.

**WEEKS 6-8:**

• Follow up at week twelve for re-evaluation or as needed if there are no concerns.
• Therapy will advance in range of motion and provide- strengthening guidelines. Discharge from hand therapy is expected during this time frame.
• Begin weaning from the removable wrist brace at week eight. You may wear the brace with challenging activities or if there is soreness.
• Perform all activities as tolerated.