

## Thumb Ulnar Collateral Ligament Repair

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### Goals of therapy

- Protect surgical repair of ligament
- Maximize range of motion of thumb MP joint
- Minimize post-operative edema
- Increase grip and pinch strength of affected hand

### Weeks 0-2 (First follow-up with PA)

- Post-op dressings are left intact until first follow-up visit
- Sutures are removed at this visit
- Begin gentle scar massage
- Fabricate forearm-based opponens splint
- Begin wrist and thumb IP joint active range of motion
- Begin edema reduction techniques

### Weeks 2-4

- Continue forearm-based splint
- Continue wrist and thumb IP active motion

### Week 4

- Convert forearm-based splint to hand-based splint
- Begin gentle thumb MP joint range of motion
- Patient education regarding UCL anatomy and need to avoid lateral stress to joint with ADL's
- If thumb MP joint motion is less than 30 degrees and joint has hard end-feel, begin formal therapy sessions with heat modalities

### Week 6

- Wean from splint – to be worn at night or with any risky activities
- Advance exercise program to include passive range of motion
- Static-progressive flexion splinting for composite thumb flexion, if necessary
- Begin gentle strengthening with therapy
- Protect thumb from lateral stress

### Week 8

- Discontinue use of splints and advance strengthening program
- Advance to normal activities to patient tolerance