NORTHWOODS
THERAPY ASSOCIATES
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THUMB CMC SOFT TISSUE RECONSTRUCTION
Dr. Brent Carlson

POSTOPERATIVE REHABILITATION

The course of postoperative rehabilitation must be carefully managed. Establishing the optimal therapy program must consider the following:

Extent of the disease	Extent of the surgical procedure
Joint stability postop	Complications

10-14 days Postop

The bulky compressive dressing is removed. Following suture removal, the patient is fitted with a wrist and thumb static splint with the IP joint free. The thumb is positioned midway between the palmar and radial abduction(pop can position). A light compressive dressing is applied to the hand and forearm prior to fabricating the splint. Note: The thumb must *not* be positioned in radial abduction. This would risk stretching out the reconstruction.

2 weeks Postop

AROM of IP and stabilization of MCP(HEP)

Scar management is initiated. It is critical to emphasize scar mobilization as dense adhesions are common. Scar massage, scar retraction using a piece of dycem, and use of a scar remodeling product such as Roylan 50/50™, OtoformK™, or Elastomer™ are recommended.

Manual desensitization techniques should be initiated as the area is often hypersensitive along the surgical site.

Gentle webspace relaxation and soft tissue management

4 weeks postop

Active ROM MCP is added.

6 weeks postop

Active and self passive ROM exercises are initiated to the thumb and wrist and 6-8 times a day for 10 minute sessions. Exercises should emphasize:

Palmar & radial abduction	thumb circumduction, flexion and extension
Wrist flexion, extension	wrist radial, ulnar deviation

Reduce forearm splint can be reduced to hand based if the patient's pain and progression with PT are appropriate.

Week 8
The CMC joint should be supported during self passive exercises.

Unrestricted PROM exercises may be initiated. Continue to support the CMC joint.

Persistent and dense scars may benefit from ultrasound. The ultrasound can enhance the vasoelasticity of the soft tissues, thus increasing mobility.

Wean from wearing wrist and thumb static splint to an as needed basis.

Gentle stretching may be initiated. If edema and/or pain are persisting, delay strengthening until 14 weeks.

Persistent hypersensitivity along the surgical site typically responds well to high rate, conventional TENS worn continuously until the pain dissipates. Fluidotherapy can be beneficial in reducing the hypersensitivity as well.

10-12 weeks postop
The wrist and thumb static 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 with provide external support. Depending on the level of need, either a thermoplastic or neoprene splint can be used.
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 again. Simple suggestions such as using non-skid pads to remove jar lids as well as other tasks should be reviewed.

CONSIDERATIONS
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 in encouraged.

Patients will typically indicate their thumb and hand have restored functional use within 6 months to 1 year.

Please call Northwoods Therapy Associates with questions: Altoona (715) 839-9266 or Chippewa Falls (715) 723-5060

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