



ORTHOPEDICS & SPORTS MEDICINE BAYCARE CLINIC®

Dr. Klika & Dr. Kirkpatrick Thumb MP UCL/RCL Repair

Phase 1- Early Protective Phase (0 to 4 weeks)

Goals for phase 1

- Protect and immobilize repair
- Edema and pain control
- Educate patient in home program and importance of wearing splint at all times except hand hygiene

Other Considerations

- 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 incisions 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



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

Goals for phase 2

- Initiate ROM while protecting repair
- Scar and edema management

Other Considerations:

- 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.
- 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 mobilization (MEM) for residual swelling

Modalities

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



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

Goals for phase 3

- Maximize ROM
- Restore strength
- Return to functional activities without placing stress on repair

Other Considerations

- 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.
- 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.
- 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

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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References

Cannon, Nancy M. et. al. Diagnosis and Treatment Manual for Physicians and Therapists, 5th Ed. The Hand Rehabilitation Center of Indiana. Indianapolis, Indiana. 2001.

This protocol was reviewed and updated by Brian Klika, MD, Lacey Jandrin, PA, Andrew Kirkpatrick, MD, Tiffany Terp, PA, and the Hand Therapy Committee 8/3/2022.