



Thumb MCP Ligament Repair/Reconstruction

Therapy Instructions

Laith Al-Shihabi, MD

2 weeks

Splint:

-Fashion a removable short-arm thumb spica splint holding the wrist in 10 degrees of extension, thumb CMC joint in the “beer can” position of palmar and radial abduction, MCP joint in 30 degrees of flexion, and IP joint free.

Motion:

- A home program of finger and thumb IP joint motion is used until 4 weeks postoperative.
- 2 lbs lifting restriction.
- No pinching/gripping.

Edema Control:

Edema modalities per therapist.

4-6 weeks

Formal therapy will begin for all patients at 4 weeks.

Splint:

- Ok to remove the splint during therapy or with home exercises.
- Otherwise continue use of the splint until 6 weeks postoperative.

Motion:

- Begin AROM/AAROM to thumb MP and wrist joints through flexion and extension only.
- No radial/ulnar deviation.
- 5 lbs lifting restriction starting at 6 weeks.

Edema Control:

Per therapist

6-10 weeks

Continue to focus on motion, begin strengthening. Goal is to complete formal therapy by 10 weeks unless additional work conditioning is required.

Splint:

- Wear from the splint, with goal to discontinue daytime use by 8 weeks.

Motion:

- Begin PROM exercises in addition to AROM/AAROM to thumb and wrist.
- Begin strengthening with putty at 6 weeks with gradual advancement.
- Begin gentle progressive pinch strengthening at 8 weeks.
- 15 lbs lifting restriction at 8 weeks.
- Transition to home exercise program vs. work conditioning program PRN at 10 weeks.
- No restrictions after 12 weeks.