Thumb CMC Arthroplasty (LRTI) – OT Protocol Chad Broering, MD **OT initiated 2-3 weeks post op** **Splint discontinued 8-12 weeks post op**

POST OP WEEK	OBJECTIVES
10-20 days after	Post Operative Visit #1
surgery	 Forearm based opponens thumb splint is made (preserve webspace,
	¹ / ₂ way between radial and palmar abduction, MP 30° flexion, IP free)
	 Splint to be worn at all times except when bathing
	 ROM fingers, thumb IP joint, wrist, elbow, & shoulder
	Strict non-weight bearing through thumb
Weeks 2 and 3	Hand therapy 2 times per week
(Passive Range of Motion)	 Gentle ROM exercises of wrist, MP and IP joints
	 Start scar massage/Edema control
	 Continue use of splint when not working ROM
	Strict non-weight bearing through thumb
Weeks 4 and 5	 Hand therapy 2 times per week
(Active Range of Motion)	 Active ROM all joints except thumb CMC; passive ROM to CMC – only
	abduction and extension, no flexion or adduction
	Adductor release technique
	Continue scar massage
Weeks 6 and 7 (Active ROM)	Post Operative Visit #2
	 Hand therapy 1-2 times per week
	 (active ROM all joints except thumb CMC; passive ROM to CMC – only
	abduction and extension, no flexion or adduction)
	Adductor release technique
	 Home exercises (OT to advance as tolerates)
	Continue scar massage
Week 8	 Hand therapy 1 time per week
(Progressive Strengthening)	 Splint transitioned to hand based opponens
	Progress exercise to include active thumb palmar abduction, opposition,
	and circumduction.
	 Perform isometric thenar strengthening in the direction of palmar
	abduction.
	 Continue use of splint when not strengthening
	 OK to begin use of thumb for ADLs in splint
	Continue home exercises
	Continue scar massage
Weeks 9-12	Post Operative Visit #3
(Out of Splint/Home	Progress exercise to include active thumb palmar abduction, opposition,
Program)	and circumduction.
	 Perform isometric thenar strengthening in the direction of palmar
	abduction.
	 Start to wean out of splint for light activities only
	Joint protection program
	 Increase daily activities and strengthening
Week 12-16	Discontinue splint
	Progress strengthening exercise to include nonisometric thenar abduction
	and lateral pinch.
	Remove orthosis for light activities only.
	Progress to full use as tolerated