



**ORLANDO HAND SURGERY ASSOCIATES**  
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### **Thumb CMC Arthroplasty**

- Therapy expected for 3 months postop
- At any time: appropriate modalities for superficial radial nerve sensitivity

#### **10-14 Days:**

Splint: The dressing and sutures are removed, and thumb spica cast with the IP free is made.

Motion: The patient is instructed in thumb IP and finger active range of motion and passive range of motion

#### **4 weeks:**

Splint: The cast is removed and a short arm thumb spica splint (IP free) is made with the wrist at 10 degrees extension, thumb at neutral abduction and opposition with the MCP joint flexed 30 degrees and the IP joint free

- Depending on degree of pre-op MCP hyperextension this splint will often need to be adjusted to extend the thumb metacarpal and promote MCP flexion

Motion: Start AROM and PROM of wrist and thumb 15 minutes every hour with a goal of touching the thumb tip to the volar MCP flexion crease of the small finger. Motions encouraged are palmar/radial abduction, circumduction, thumb flexion/extension, and wrist flexion/extension/radial deviation/ulnar deviation.

#### **8 weeks:**

Splint: Discontinue splint and taping and/or dynamic flexion splinting may be initiated as needed to increase PROM. Night splinting for web adduction contracture if needed. Consider short opponens splint for repetitive/heavy activity.

Motion: Continue motion as above and can begin gentle strengthening. Thenar strength building is started and patient can gradually be returned to full use.



**10 - 12 weeks:**

Normal use may be resumed without restrictions.

Please call with questions or concerns at the phone number above.