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Thumb CMC Ligament Reconstruction (Eaton-Littler)

At any time: appropriate modalities for superficial radial nerve sensitivity

PATIENT CASTED X 6 WKS

6 weeks:

Splint: A thumb spica splint is fabricated and weaned over 2 weeks, but should be continued for strong forceful activities.

Motion: Progressive and unrestricted active and self-passive ROM of the wrist and thumb is permitted and encouraged (15 minutes per 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: Splint is now fully discontinued and taping and/or dynamic flexion splinting may be initiated as needed to increase passive range of motion. Night splinting for web adduction contracture if needed. Consider short opponens splint for repetitive/heavy activity.

Motion: Now add unrestricted passive range of motion. Graded thenar strength building is started, and the patient is gradually returned to full use.

12 weeks:

Normal use may be resumed without restrictions.

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