

## CMC STABILIZATION PROTOCOL

### **WEEK 1**

- Remove post-op splint and dressing.
- Patient is fitted with edema glove and/or elastic stockinette for edema control as needed
- Fit with orthoplast static thumb spica splint – forearm based. IP joint is left free.
- Instruct patient in wrist ROM exercises to be performed 4-6 times per day. The elbow is flexed 90° and placed on a flat surface such as a tabletop. The splint is removed. The thumb is gently opposed to the index and long finger pulps and active wrist extension and flexion are performed 10-20 times.
- Patient is instructed in blocked IP ROM while wearing static splint

### **WEEK 2**

- Suture removal at 14 days post-op
- Scar management initiated including scar molds, scar massage, etc.

### **WEEK 6**

- Initiate active and active assist ROM exercises to the thumb to be performed 4-6 times per day for 15-minute sessions.
- Exercises should emphasize:
  - Palmar and radial abduction (abduction and extension)
  - Opposition
  - MP joint ROM
- Patient may begin to wean from the static splint
- May initiate ultrasound as needed for scar management

### **WEEK 9**

- Initiate strengthening and progress as tolerated to full strength by 12 weeks.

### **CONSIDERATION**

- Patient is normally seen 1/week for weeks 1-6. Patient may benefit from therapy 2/week from week 6 until discharge.
- Patient may benefit from a neoprene thumb spica splint as needed
- It is not unusual for patients to experience a moderate amount of hypersensitivity post-operatively.
- When this occurs you may institute the use of manual desensitization, fluidotherapy and if necessary a TENS unit.
- It is not unusual for patients to take 12 – 16 weeks to recapture a pain free arc of motion, or longer to recapture pain free motion that places stress across the CMC joint.