

Thumb CMC Arthroplasty Guidelines LRTI (Burton) Procedure

Patient is casted for about 6 weeks and then therapy services can begin. Patients with this surgery generally do not need to be seen on a regular basis. It is based on the different intervals that they are seen. I generally see them at 6 weeks post op, 7 weeks post op, 9 and then 12 weeks post op. One time each of these weeks. These often can coincide with the MD visits. If at 9 weeks post op they are having a lot of pain or really limited with motion then I increase the visits.

6 weeks post op

1. Cast and pin are removed at doctor's office
2. A short arm Thumb spica splint is provided. They may already have one from the MD office if not one needs to be provided. It should be custom fabricated. At this time the IP joint of the thumb can be free. You want to obtain as much radial abduction as possible without hyper-extending the MP joint. Patient is to wear the cast at all times except for bathing and exercise periods.
3. Patient can use the hand for daily activities as long as the splint is on. They are not allowed to use the hand with the cast off. For example, when showering they should not use the thumb to hold the facecloth or soap.
4. AROM initiated for the thumb. All motions. Emphasize radial abduction and extension (without hyperextending the MP joint). A/PROM can be initiated on the wrist if necessary.
5. Initiate scar massage
6. Edema control if needed.
7. Patient most likely only needs to be seen this one time. If they are able to come in next week to start passive motion of thumb then that is great. If not then give patient instructions on how to do passive motion but do not let the patient start the exercises until 7 weeks post op.

7 Weeks Post op

1. PROM initiated with special attention placed on radial abduction and MP flexion. When doing abduction, you must pull from the distal metacarpal not at the proximal phalanx.
2. Continue to wear thumb spica splint.

9-10 Weeks Post op

1. Can begin to decrease use of splint during the day but they need to wear it all night.
2. Patient should still not use the hand for any pinching activities with the splint off.
3. Continue as needed for A/PROM of all joints.

12 Weeks Post op

1. Splint can be discharged day and night. If they are still a little sore they may benefit from a neoprene thumb spica splint.

2. Hand can be used for any normal activities without restrictions. Pain is their guide.

3. Can begin strengthening with soft putty only. Can work on general grip strengthening. Pinching with thumb and index/middle fingers but only if they can pinch without hyper-extending the MP joint of the thumb. If they hyperextend then they should not do this strengthening exercise. I rarely give a formal strengthening program. Normal use of the hand will get the strength back for them. Overall it is best if the thumb motion is stiff (ie; can only oppose to the tip of 5th digit). The soft tissue does stretch out in time and we have found less discomfort if they are a little stiffer so the patient does not have to have full motion for opposition and flexion at the time of discharge. Primary focus should be on MP flexion and radial abduction.

Occasionally I have had to keep people in treatment beyond the 12 weeks for pain around the CMC joint if it is significant. A little is expected.