

## **CMC Arthroplasty Rehabilitation Protocol**

Thumb carpometacarpal joint arthritis can cause significant pain and instability. In general, it is a progressive instability or degenerative arthritis that occurs at the base of thumb, that over time fails conservative treatment, which includes bracing, therapy, anti-inflammatory medications and corticosteroid injections. After failure of conservative treatment, patients become a candidate for surgical intervention.

Soft tissue CMC joint reconstructions are performed using interpositional arthroplasty with portions of a tendon to serve as a space occupying cushion between the two offending arthritic bones. In general, the trapezium, the most arthritic joint component is excised, the flexor carpi radialis is divided proximally and inserted into the deficit where the trapezium was excised. The surgical intervention is an outpatient procedure that generally takes approximately 45 minutes to an hour to perform. The patient on the day of surgery is awakened from anesthesia in a postoperative splint.

The main focus of rehab is to maintain the reconstruction of the ligaments surrounding the thumb for proper thumb mechanics and stability. Generally, considerations of the amount of pathology and inflammation may prolong the overall recovery and may cause changes to this overall generalized program.

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### **POST-OP WEEKS 1 & 2**

- In general, post-operative follow-up occurs during this week, the sutures and bulky dressing will be removed
- Concentrating on regaining full range of motion of the second through fourth digits is a must
- A post-operative thumb spica splint or cast will be applied to the area and is to be worn for 4-6 weeks

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### **POST-OP WEEKS 4 – 6**

- Active and self passive range of motion exercises are initiated; palmar and radial adduction, wrist flexion and extension, thumb circumduction, flexion and extension, Wrist radial ulnar deviation
- The reconstructed joint should be supported at all times during self passive range of motion exercises
- Thumb spica splint should be worn except for showering and exercises
- Modalities as tolerated including scar massage

### **POST-OP WEEK 7 - 9**

- Continue appropriate previous exercises
  - Unrestricted passive exercises
  - Continued support of the CMC
  - Slow discontinuance of the brace is initiated as determined by physician
  - Modalities and scar massage as needed
  - Week 8 general strengthening exercises are initiated
  - Continued treatment for edema
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### **POST-OP WEEKS 10 - 12**

- Resume normal activities of the hand
- Regain full strength
- Occasional bracing during heavy lifting, repetitious activity or pinching activities, including a short splint

Commonly, inability to flatten the palm after the procedure is typical. Normal function is generally restored within 6 months