Goals for phase 1
- Edema control
- Protect surgical repair

Other considerations
- No use of the surgical hand

Splint
Fabrication of a thermoplastic forearm based thumb spica orthosis

AROM
- Tendon gliding exercises and intrinsic stretching for fingers
- Thumb IP active motion
- Forearm supination/pronation
- Elbow/shoulder active motion

Manual Therapy
- Manual edema mobilization as needed
- Scar massage
Phase 2 – Intermediate Phase 6-10 weeks

**Goals for phase 2**
- Edema control
- Pain control

**Splint**
- Continue with forearm based thumb spica
- Begin to wean from this upon recommendation from MD – generally 8-10 weeks

**Weight bearing**
- None

**Other considerations**
- FCR, FCU, ECRB and APL support the SL ligament
- Do NOT target ECU as this will stress the repair

**AROM**
- Begin with Dart Thrower motion
- Wrist flexion / extension
- Forearm supination/pronation
- Hold radial / ulnar deviation until week 8-10

**Manual Therapy**
- Soft tissue massage
- Initiate scar massage
- Desensitization as needed

**Proprioception**
- Begin light proprioceptive tasks
  - Muscle sequencing
  - FCR, FCU, ECRB and APL support the SL ligament
  - Do NOT target ECU as this will stress the repair

**Modalities**
- Moist heat
- Ultrasound for scar/pain
Phase 3 – Intermediate Phase 10-16 weeks

**Goals for phase 3**
- Full AROM

**Weight bearing**
- None

**AROM**
- Continue with hand/wrist AROM

**Manual Therapy**
- Soft tissue massage
- Scar massage
- Desensitization as needed

**Other considerations**
- Use caution with strengthening and consider pain. Progress slowly.
- No weight bearing until 6 months
- No loading or power grip until 6 months

**Strengthening**
- 10 weeks – can begin gentle pinch/grip with a foam block or towel; progress to putty (no power grip until 6 months)
- 12 weeks – can begin light strengthening working up to 2-5# only

**Proprioception**
- Continue with proprioceptive tasks
- Begin reactive muscle activation at 12 weeks

**Modalities**
- Moist heat
- Ultrasound for scar/pain
Phase 4 – Return to Function 16+ Weeks

Goals for phase 4
- Return to full functional use

Other considerations
- Use caution with strengthening and consider pain. Progress slowly.
- No weight bearing until 6 months
- No loading or power grip until 6 months

Weight bearing
- None

Manual Therapy
- Soft tissue massage
- Scar massage
- Desensitization as needed

Strengthening
- Progress static to dynamic strengthening
- Incorporate full upper extremity strengthening

Proprioception
- Advance as they relate to required functional use, work and sport

Modalities
- Moist heat
- Ultrasound

Work related activities
- Return to light duties at work
- Begin to progress into heavy duties at work

Sport related activities
- After 16 weeks and with MD consent a comprehensive work conditioning program for patients with high demand / heavy manual labor occupations may be appropriate
References


This protocol was reviewed and updated by Nissa McWilliams, OTR/L, CHT, Lacey Jandrin, PA-C and Brian Klika, MD May 2017.