

# Thumb UCL Injury: Conservative

This protocol is intended to provide the clinician with a guideline for the conservative rehabilitation course of a patient who has had a UCL injury. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-injury range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues.

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## Phase I (initial visit- 3-5 days)

Rehabilitation appointments	<ul style="list-style-type: none"><li>• Seen for initial appointment and most likely follow up in 3 weeks</li></ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"><li>• Fabricate orthosis for immobilization of MCPJ for 3 weeks</li><li>• ROM of all other joints</li><li>• Activities of daily living within in restrictions</li><li>• Pain management</li><li>• Edema management</li></ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"><li>• Initiate active wrist, finger, and thumb IP AROM</li><li>• No thumb MCPJ ROM</li></ul>
Orthosis	<ul style="list-style-type: none"><li>• Hand based thumb spica orthosis with IPJ free; MPJ protected from radial/ulnar deviation to be worn at all times except hygiene</li></ul>
Precautions	<ul style="list-style-type: none"><li>• No lifting, pushing, pulling more than 5 pounds with involved upper extremity</li><li>• No weightbearing of involved upper extremity</li><li>• No aggressive pinching or gripping with involved hand</li></ul>

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### Phase II (3 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• 1x/week or per therapist discretion</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Activities of daily living within in restrictions</li> <li>• Pain management</li> <li>• Edema management</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Initiate gentle thumb MCPJ flexion AROM allowing up to 35°</li> <li>• If ROM painful, consider 1 more week of immobilization and/or refer to physician to re-evaluate</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• Hand based orthosis with MP protected from radial/ulnar deviation to be worn at all times except hygiene and exercises</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting, pushing, pulling more than 5 pounds with involved upper extremity</li> <li>• No weightbearing of involved upper extremity</li> <li>• No aggressive pinching or gripping with involved hand</li> </ul>

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### Phase III (4 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• 1x/week or per therapist discretion</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Activities of daily living within in restrictions</li> <li>• Pain management</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Progress thumb MCPJ flexion AROM to 50°</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting, pushing, pulling more than 5 pounds with involved upper extremity</li> <li>• No weightbearing of involved upper extremity</li> <li>• No aggressive pinching or gripping with involved hand</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• Wear at all times except for hygiene and exercises</li> </ul>
Progression criteria	<ul style="list-style-type: none"> <li>• Per pain tolerance</li> </ul>

Phase IV (6 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• 1x/week or per therapist discretion</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Activities of daily living within in restrictions – engage in light to moderate activities with orthosis not in place</li> <li>• Pain management</li> <li>• Edema management</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Initiate PROM as needed, avoiding lateral stress to MPJ</li> <li>• Initiate pain-free isometric strengthening</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• Wear orthosis all the time except for light-moderate activities, exercises, and bathing</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting, pushing, pulling more than 5 pounds with involved upper extremity</li> <li>• No weightbearing of involved upper extremity</li> <li>• No aggressive pinching or gripping with involved hand</li> </ul>
Progression criteria	<ul style="list-style-type: none"> <li>• Per pain tolerance</li> </ul>

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### Phase V (8 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• 1x/week or per therapist discretion</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Engagement in activities that do not strain thumb</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Initiate pain-free concentric two-point strengthening, grip and pinch</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• No lifting, pushing, pulling more than 5 pounds with involved upper extremity</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• Discontinue orthosis expect for high-risk activity</li> </ul>
Progression criteria	<ul style="list-style-type: none"> <li>• Per pain tolerance</li> </ul>

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### Phase VI (10-12 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> <li>• As needed</li> </ul>
Rehabilitation goals and priorities	<ul style="list-style-type: none"> <li>• Resume all activities with no restrictions</li> </ul>
Suggested therapeutic exercises	<ul style="list-style-type: none"> <li>• Strengthening as needed</li> <li>• Strengthening specific for work and leisure activities</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>• None</li> <li>• Per MD for return to specific sports/activities</li> </ul>
Orthosis	<ul style="list-style-type: none"> <li>• Discontinue</li> </ul>
Progression criteria	<ul style="list-style-type: none"> <li>• Per pain tolerance and MD guidance</li> </ul>