

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone thumb UCL reconstruction/repair. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical 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 and surgical reconstruction.

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### Phase I (10-14 days after surgery)

| Rehabilitation appointments         | 1x/week or per therapist discretion   |
|-------------------------------------|---|
| Rehabilitation goals and priorities | <ul> <li>Activities of daily living within restrictions</li> <li>Edema management</li> <li>Scar/wound management</li> </ul>   |
| Suggested therapeutic exercises     | <ul> <li>Initiate active wrist, finger, and thumb IP A/AA/PROM</li> <li>Thumb MPJ AROM</li> <li>Composite CMC/MP</li> <li>Gentle palmar and radial abduction without stressing UCL</li> </ul>   |
| Precautions                         | <ul> <li>No lifting, pushing, or pulling more than 5 pounds with involved upper extremity</li> <li>No weightbearing of involved upper extremity</li> <li>No aggressive pinching and gripping with involved upper extremity</li> </ul> |
| Orthosis                            | Hand based thumb spica orthosis with MP protected from radial/ulnar deviation to be worn at all times except hygiene and exercises  |

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### Phase II (4 weeks)

| Rehabilitation appointments         | 1x/week or per therapist discretion   |
|-------------------------------------|---|
| Rehabilitation goals and priorities | <ul> <li>Activities of daily living within restrictions - light, functional use allowed without orthosis with care to avoid grasp of large objects or sustained pinched</li> <li>Scar management</li> </ul>                           |
| Suggested therapeutic exercises     | Initiate pain-free isometrics strengthening   |
| Precautions                         | <ul> <li>No lifting, pushing, or pulling more than 5 pounds with involved upper extremity</li> <li>No weightbearing of involved upper extremity</li> <li>No aggressive pinching and gripping with involved upper extremity</li> </ul> |
| Orthosis                            | Wear all the time except for bathing, exercises, and light-moderate activities  |
| Progression criteria                | Per pain tolerance  |



#### Phase III (6 weeks)

| Rehabilitation appointments         | 1x/week or per therapist discretion   |
|-------------------------------------|---|
| Rehabilitation goals and priorities | <ul> <li>Activities of daily living within restrictions</li> <li>Scar management</li> </ul>   |
| Suggested therapeutic exercises     | <ul> <li>PROM initiated as needed- avoiding lateral stress to MPJ</li> <li>Initiate pain-free concentric grip and key pinch strengthening</li> </ul>  |
| Precautions                         | <ul> <li>No lifting, pushing, or pulling more than 5 pounds with involved upper extremity</li> <li>No weightbearing of involved upper extremity</li> <li>No aggressive pinching and gripping with involved upper extremity</li> </ul> |
| Orthosis                            | <ul> <li>Discontinue orthosis during the day and wear with heavy activities and at night</li> <li>If pain continues, continue orthosis except for exercises</li> </ul>  |
| Progression criteria                | Per pain tolerance  |



#### Phase IV (8 weeks)

| Rehabilitation appointments         | As needed  |
|-------------------------------------|--|
| Rehabilitation goals and priorities | <ul> <li>Activities of daily living within restrictions</li> <li>Full ROM of the thumb</li> </ul>  |
| Suggested therapeutic exercises     | <ul> <li>Continue strengthening</li> <li>Initiate functional grip and pinching activities</li> </ul>   |
| Precautions                         | No lifting, pushing, or pulling more than 5 pounds with involved upper extremity   |
| Orthosis management                 | <ul> <li>Discontinue, wear for heavy activities</li> <li>If ROM is very limited, can implement static or dynamic progressive orthosis</li> </ul> |
| Progression criteria                | Per pain tolerance   |



### Phase V (10-12 weeks)

| Rehabilitation appointments         | As needed                                       |
|-------------------------------------|---|
| Rehabilitation goals and priorities | Activities of daily living without restrictions |
| Suggested therapeutic exercises     | Work and leisure strengthening specific         |
| Precautions                         | No restrictions                                 |
| Orthosis management                 | Discontinue                                     |
| Progression criteria                | Per pain tolerance and physician                |