

CMC JOINT ARTHROPLASTY PROTOCOL

POST-OP WEEK 0-2:

Home Expectations:

1. A splint will be placed over your thumb and wrist after surgery. This will remain on for 2 weeks. Keep this dressing clean and dry.
2. Perform movement of fingers flexion and extension and gently making a fist several times a day.
3. Pain management:
 - a. Cryotherapy: Apply to surgical site to decrease post op edema and help with pain reduction. Use as often as needed.
 - b. Prescription pain medications as needed.
 - c. Elevation of surgical site above the level of your heart.

POST-OP WEEK 2-4:

Home Expectations:

1. Splint/Brace:
 - a. Edgerton: A fiberglass cast will be placed over your thumb and wrist. This needs to stay clean and dry, and will not come off until 4 weeks post op.
 - b. Johnson: A thumb spica splint will be given. This should be worn at all times other than bathing and wound care
1. No lifting greater than 1-2 lbs with surgical hand
2. Pain management:
 - a. Cryotherapy: Continue to use ice to decrease pain and swelling, post exercise and as often as needed.
 - b. Pain medications. Wean off of prescription pain medications and start Acetaminophen and/or NSAIDS as needed.
 - c. Elevation: Continue as needed for edema/swelling.
3. Follow up with the Orthopedic Team (Physician Assistant) at 2 weeks post op.

POST-OP WEEKS 4 +: Formal OT/PT can begin if needed

Home Expectation:

1. Brace
 - a. A thumb spica or brace will be given. This should be worn at all times other than bathing and wound care.
2. Wound care:

- a. Scar care to start at 6 weeks post op: Start cross friction and circular motion massage of incision with Vitamin E or Scar oil, 2-3 minutes 3-4 times daily once the scar is healed to prevent scarring and to prevent tenderness.
3. Edgerton: Follow up with the Orthopedic Team (Physician Assistant) at 4 weeks post op.
4. Follow up with your Orthopedic Surgeon at 6 weeks post op.

Therapy Goals:

1. Begin gentle AAROM of thumb.
 - a. Opposing thumb to finger tips.
 - b. Abduction of thumb.
2. Regain functional strength.
 - a. Puddy or ball strengthening to be determined by the therapist.
 - b. Wrist and forearm strengthening to tolerance.
3. Return to full activity as indicated by ROM, adequate muscle strength, and physician orders.

This protocol provides you with general guidelines for the rehabilitation of CMC Joint Arthroplasty. Changes in the program are made as appropriate/indicated for each patient. Any further restrictions on the physician's order take precedence. If you have any questions regarding the patient and/or protocol, please send a message to the Little Falls Orthopedics Team or Physical Therapy Department at (320) 631-2205.