

# CMC Arthritis: Trapeziectomy/Suspensionplasty Procotol

The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course for a patient that has undergone a thumb trapeziectomy with suture suspensionplasty. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

A modification of this protocol may be required if a tenodesis or fusion of the MP joint is performed due to a hyperextension deformity.

**10 days – 2 weeks postoperative:** (first visit often with OT/CHT prior to clinical evaluation with surgeon)

- Bulky dressing and sutures are removed (if present)
- Fabrication of custom forearm based thumb spica
  - Wrist in neutral to 30 degrees extension, TM joint in mid palmar abduction, MP joint in 0 degrees extension, and IP free
  - To be worn at all times except for hygiene and therapeutic exercises
- Therapeutic Activity
  - Scar management/edema control
  - Gentle thumb AROM can begin with special emphasis on the intrinsic thenar muscle motions and IP joint tendon gliding.
  - A/PROM of index, middle, ring and small digits
  - Precaution/Restriction- 2 lb lifting/pushing/pulling or as directed by MD
  - Modalities prn
  - Gentle opposition is allowed to the index and long digits only
  - Full AROM of the wrist is allowed
  - Gentle isometrics to the first dorsal interosseus.
  - Home program to be performed 3-5x daily for 10 repetitions

## **4 weeks postoperative**

- Begin to wean from orthosis for very light functional use only
  - May cut down previous orthosis to hand-based short opponens as tolerated/desired by patient
- Full AROM of the wrist and thumb are permitted.
- Exercises are performed hourly during the day in repetitions of 10.
- In therapy only, gentle PROM of the MP and IPs of the thumb can be performed ONLY while the TM joint is supported

## **6 weeks postoperative**

- Begin gentle PROM to the thumb and wrist with home exercise program.
  - Caution is used against maximum flexion and radial abduction.
- Grip and pinch strengthening programs are initiated.

- If pain and/or edema are still present, strengthening can be delayed.
- Initiate thenar isometric strengthening and continue first dorsal interosseous isometric strengthening.
- Discontinue use of the orthosis unless directed by physician

**12-14 weeks postoperative**

- Begin unlimited use of the thumb as tolerated by the patient
- Power pinch should be avoided by patient until 4 months postoperative