

Ohio Orthopaedics & Sports Therapy, Inc.

PHYSICAL THERAPY PROTOCOL – LRTI ARTHROPLASTY

First month

At 2 weeks, the patient returns for suture removal, wound inspection, and application of a fiberglass thumb spica cast that allows full motion of the thumb IP joint, unless MP joint fusion has been performed. At 4 weeks, the Kirschner wire is removed and a forearm-based thumb spica orthoplast splint is fashioned by the hand therapist. Gentle wrist and thumb MP range of motion exercises are initiated, as well as thenar isometric exercises. The latter are performed with the thumb in the splint.

Second Month

At 6 weeks, if the patient is comfortable, gentle pinch and grip strengthening exercises are initiated and, by 8 weeks, flexion-adduction and opposition exercises are begun.

Third Month

By this time, the patient is usually doing well enough that the splint can be discarded. Grip and pinch exercises are typically continued by the patient on a self-administered basis. No rigorous attempt is made for the thumb to reach the ring and small finger bases because there is no functional relevance to these activities, and they risk stretching the ligament. In that light, passive range of motion is not a part of the regimen. The patient typically returns at approximately 3 months postoperative (the third postoperative visit) and a posteroanterior radiograph of the hand is obtained to assess the arthroplasty space height.

Three to Six Months

During these months, the patient is encouraged to use the hand and to push the exercises vigorously. Typically, patients return to work with little restriction. Work-simulating machines may be helpful in therapy if return to work has been difficult.

Long Term

Occasionally, a patient returns with a complaint of some pain or decrease in function. Grip and pinch measurements may reveal loss of strength, but resumption of a strengthening program with putty will likely be successful in eliminating pain and restoring function.