

## CMC Tightrope Suspensionplasty Rehabilitation Protocol

Kelly Holtkamp, M.D.

**Please fax initial evaluation and progress notes to 815-381-7498.**

### 1-14 Days Postoperative

- Do NOT remove the surgical bandage.
- Restrictions: No heavy lifting greater than 2 lbs.
- The patient is to begin active range of motion of the fingers to prevent stiffness and reduce swelling.

### 10-14 Days Postoperative

- The therapist will fabricate a forearm-based thumb spica orthosis. The thumb is positioned midway between maximal palmar and radial abduction, to prevent web space contracture.
- The forearm-based thumb spica orthosis is to be worn at all times, including sleeping. The orthosis may be removed for hygiene purposes and to perform the exercise program.
- The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Instruct the patient to begin active and passive range of motion of the thumb MCP and IP joint. The CMC joint should be supported during range of motion exercises. Avoid thumb opposition. This motion may stretch the suspensionplasty site which may cause joint instability.
- Instruct the patient to begin active and passive range of motion of the wrist.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

### 3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per the therapist's discretion. The scar tissue management will continue for several weeks.

### 4 Weeks Postoperative

- Instruct the patient to begin active range of motion of the thumb CMC joint. The motion includes abduction, adduction, flexion and extension. Avoid thumb opposition until 8 weeks status post surgery.

- The forearm-based thumb spica orthosis may be discontinued at 4 weeks for light activities of daily living. The forearm-based thumb spica orthosis should be worn while sleeping. If the patient is involved with repetitious, heavy lifting or pinching activities, she or he should wear a “hand-based” thumb spica orthosis for these activities.

### **6 Weeks Postoperative**

- The forearm-based thumb spica orthosis may be discontinued at 6 weeks. If the patient is involved with repetitious, heavy lifting or pinching activities, she or he should wear a “hand-based” thumb spica orthosis for these activities.
- Instruct the patient to begin a progressive strengthening exercise program. If the patient is experiencing increased discomfort or swelling with the strengthening program, then delay strengthening for two weeks.

### **10 Weeks Postoperative**

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

### **12 Weeks Postoperative**

- The patient may resume normal daily activities as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until all goals have been met.