

Trapeziectomy

With ligament reconstruction for thumb basilar arthritis

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Instructions to patient: Take this written protocol to your therapist. If you do not have therapy scheduled to start within 1 week of seeing Dr. Metzger, please call Dr. Metzger's office so that any problems or conflicts can be resolved and therapy can start. Dr. Metzger thinks that therapy is very important to your good recovery, and that your outcome will not be as good if you do not have the therapy as prescribed.

Removal of the trapezium, combined with reconstruction of the palmar oblique ligament, reliably affords pain relief for patients with symptomatic thumb basilar arthritis. The goals are thumb ROM and strength restoration, remembering that there is a ligament reconstruction that needs protecting for 6 weeks postop.

Week 1-4

- Thumb spica splint on full-time
- Finger ROM
- OT to start week 5

Week 5-8

- Removable thumb spica splint full-time except bathing and exercises
- Modalities as needed for pain, but should be minimal
- Do *not* use compression garments at any time
- Splint may be removed 3 times per day for exercises, plus bathing
- Exercises consist of:
 - Finger full ROM
 - Thumb opposition actively only
 - Wrist ROM flexion / extension / pronation / supination / painter's (dart-throwing) motion
- Scar tends to be sensitive and will benefit from desensitization techniques and scar massage
- PROM fingers / thumb if needed after week 6

Week 9-12

Goal is to recover wrist motion, grip and pinch strength

- Continue week 2-4 as indicated by lack of progress as wrist, fingers and thumb should have full ROM
- Splint worn prn, but must be worn during use of hand / wrist or at work
- Grip strengthening
- Pinch (chuck, tip and lateral) strengthening
- Scar massage / desensitization may still be needed