

#### OCCUPATIONAL THERAPY - HAND THERAPY

## FIRST CMC JOINT REPLACEMENT/ Joint resurfacing (Cartiva) PROTOCOL- Professor Imam

• Two types of joint replacement: straight (one the left) vs. angled neck (on the right). The latter has more potential for instability post-op.





Op - patient is placed in POP for 2/52 and is then reviewed in clinic by consultant

#### 2/52 post op

- Removal of POP and stitches
- Fabricate thermoplastic splint with thumb comfortably abducted and extended (see below):



- Splint 24/7 (remove only for exercise)
- o Exercise gently out of splint:
  - Wrist flexion / extension
  - Thumb IP joint flexion / extension
  - Thumb opposition (Kapanii 1-6)
  - Thumb circumduction
- Review regularly regarding scar management, exercises and splint

### 3/52 post op

- Scar management replace dressings, soak & massage with cream as appropriate
- Check exercises
- Check splint
- Regular treatment sessions to include
  - Fine motor activity (e.g. Perdue pegboard)
  - Thumb flexion / extension (e.g. MULE angle X)

Wrist flexion / extension with graduated resistance (Velcro board)

### 4/52 post op

- Note: Advise patient to proceed with caution despite experiencing little / no pain as there is still a possibility to dislocate the prosthesis as well as future risk of accelerating wear of the components.
- Scar management friction massage if appropriate to prevent adhesions, plus creamed massage with massage tool for deeper penetration
- Check splint
- o Treatment sessions continue as above, plus
  - Wrist strengthening (e.g. with theraband)

# 6/52 post op

- Remove splint during the day. Advise wearing for protection & at night time only.
- Start using the hand for light activities, e.g. toothbrush, cutlery, light cup of tea
- Treatment sessions continue:
  - Gross grip strengthening (with therasponge)
  - Pinch grip strengthening (with pegs)
- o Ongoing scar management ? ultrasound appropriate