

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)
- Exercise gently out of splint:
 - Wrist flexion / extension
 - Thumb IP joint flexion / extension
 - Thumb opposition (Kapanji 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
- 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 thespange)
 - Pinch grip strengthening (with pegs)
- Ongoing scar management - ? ultrasound appropriate