

Dr. John Babb

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UCL THUMB RECONSTRUCTION PROTOCOL

Day 1-4 Weeks Post-op

No ointments, betadine etc should be used on the incisions or portals.

- If any drainage/oozing is present recover with 4x4's, and notify Dr. Babb (may need antibiotics).
- NO ice bags on any oozing or open wounds without being covered first with a bandage.
- If any wounds are oozing delay range of motion until wounds are closed and healed.
- **NO water on wounds** for 2 weeks (including showers) even if covered, no submersion of wounds in water (baths) until wounds are scars.
- Sutures removed at 2 week post-op. Need to keep thumb in adduction entire time the cast is off.
- Splint Week 1-2
- Cast Week 3-4
- Cast for 5 weeks if RCL reconstruction
- Cast for 6 weeks if both the UCL & RCL reconstruction
- Avoid torque & forceful resisted strengthening of thumb for first 3 months (12 weeks post-op)

4 Weeks Post-op

- Brace: DC cast, go into thumb spica splint
- ROM:
 - o IP joint if free, begin AROM & gentle AAROM
 - o If pins are used, pins will be pulled.
 - o Patient also to do AROM at home 4x/day.
 - Avoid radially directed force on the tip of the thumb. (if RCL reconstruction avoid ulnarly directed force).

6 Weeks Post-op

- **Brace:** DC splint.
- ROM: Continue progressing ROM per pt. tolerance
- Strengthening:
 - o Begin use of putty for pain free pinch/grip strengthening
 - o Begin use of light free weights
 - o Avoid torque & forceful resisted strengthening of thumb for first 3 months

12 Weeks Post-op

- **ROM:** Should be full in all planes
- Strengthening:
 - o Continue strengthening of hand/wrist using putty, band, light free weights
 - Avoid torque & forceful resisted strengthening of thumb for first 3 months (12 weeks post-op)

15 Weeks Post-op

- Strengthening:
 - o Progress previous strengthening activities
- Possible release to unrestricted activity by Dr. Babb

Patient progression during the time frames along with general modality and exercise choice is left up to the discretion of the treating therapist. If you have any questions regarding this protocol, please contact (316) 630-9300.