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Rehabilitation Guidelines for Ulnar Collateral Ligament Repair of Thumb

DISCLAIMER: The intent of this protocol is to provide therapists with guidelines for rehabilitation based on a review of the best available scientific literature for this type of surgical procedure performed by Dr. Avallone using his operative technique. It is not intended to serve as a substitute for sound clinical decision making. Therapists should consult with Dr. Avallone if they require assistance in the progression of post-operative patients.

Phase I – 0-28 Days Postop:

- Maintain splint at all times and keep wound and splint dry.
- Encourage active motion at the thumb IP joint to avoid adhesions to the extensor mechanism from the dorsal capsule
- Pin to remain in MP joint for first 4 weeks
- Elevate hand for swelling control

Phase II – Days 29-42 Postop:

- Remove pin
- Splint immobilizing only the MP joint is gradually weaned over this 2 week period. First week the splint is off only with mealtimes and sedentary activities. Second week, nonstrenuous activities at home and in an office are allowed without the splint and patients begin light resisted activities such as manipulating zippers and buttons.
- Active MP and IP flexion and extension and full range of motion at the CMC joint and wrist are encouraged
- Radially directed force on the tip of the thumb is strictly prohibited

Phase III – Days 43-56 Postop:

- Full active ROM of thumb is encouraged
- Patient works on wrist and forearm strengthening exercise using 1-2 pound weights.
- Therapist initiates gentle strengthening of the thumb against light resistance including the use of the "thumb cisor" (small plunger with rubber bands for resistance)
- Radially directed force on the tip of the thumb is strictly prohibited

Phase IV – Days 57-70 Postop:

- Patient should have regained nearly full active range of motion of the thumb
- Focused exercises compensate for any deficit in range
- Patient is expected to have 60-75% of normal pinch strength
- Forceful torque and radially directed force on the tip of the thumb are strictly prohibited

Phase V – Beyond day 70 Postop:

- Full, unrestricted activity is allowed at the thumb at 3 months postop
- Radially directed force on thumb tip allowed at 12 weeks postop
- Non-contact sports allowed with splinting or taping at 3 months
- No contact sports until 4 months postop
- Common complications in this process are:
 - Numbness and tingling on the dorsoulnar aspect of the thumb due to retraction of the nerve during the operation
 - Stiffness at MP joint
 - Dull ache at the ulnar aspect of the thumb MP joint for up to one year

From Green's Operative Hand Surgery - Fifth Edition