

Thumb UCL Repair- Early Mobilization

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone thumb UCL reconstruction/repair. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Postoperative Guidelines

Surgical Indication

- 50% or greater ulnar collateral ligament tear
- Stener lesion present

Return to Work

The timeline for returning to work can vary depending on the type of work performed, various accommodations that may be available within your work environment, and any postoperative complications. Your surgeon will discuss the timeline for returning to work after consideration of these factors.

Goal

Stable, pain-free thumb MP ROM

Thumb UCL Repair- Early Mobilization

Phase I (10-14 days after surgery)

Rehabilitation appointments	<ul style="list-style-type: none"> • 1x/week or per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Activities of daily living within restrictions • Edema management • Scar/wound management
Suggested therapeutic exercises	<ul style="list-style-type: none"> • Initiate active wrist, finger, and thumb IP A/AA/PROM • Thumb MPJ AROM • Composite CMC/MP • Gentle palmar and radial abduction without stressing UCL
Precautions	<ul style="list-style-type: none"> • No lifting, pushing, or pulling more than 5 pounds with involved upper extremity • No weightbearing of involved upper extremity • No aggressive pinching and gripping with involved upper extremity
Orthosis	<ul style="list-style-type: none"> • Hand based thumb spica orthosis with MP protected from radial/ulnar deviation to be worn at all times except hygiene and exercises

Thumb UCL Repair- Early Mobilization

Phase II (4 weeks)

Rehabilitation appointments	<ul style="list-style-type: none">• 1x/week or per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none">• Activities of daily living within restrictions - light, functional use allowed without orthosis with care to avoid grasp of large objects or sustained pinched• Scar management
Suggested therapeutic exercises	<ul style="list-style-type: none">• Initiate pain-free isometrics strengthening
Precautions	<ul style="list-style-type: none">• No lifting, pushing, or pulling more than 5 pounds with involved upper extremity• No weightbearing of involved upper extremity• No aggressive pinching and gripping with involved upper extremity
Orthosis	<ul style="list-style-type: none">• Wear all the time except for bathing, exercises, and light-moderate activities
Progression criteria	<ul style="list-style-type: none">• Per pain tolerance

Thumb UCL Repair- Early Mobilization

Phase III (6 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> • 1x/week or per therapist discretion
Rehabilitation goals and priorities	<ul style="list-style-type: none"> • Activities of daily living within restrictions • Scar management
Suggested therapeutic exercises	<ul style="list-style-type: none"> • PROM initiated as needed- avoiding lateral stress to MPJ • Initiate pain-free concentric grip and key pinch strengthening
Precautions	<ul style="list-style-type: none"> • No lifting, pushing, or pulling more than 5 pounds with involved upper extremity • No weightbearing of involved upper extremity • No aggressive pinching and gripping with involved upper extremity
Orthosis	<ul style="list-style-type: none"> • Discontinue orthosis during the day and wear with heavy activities and at night • If pain continues, continue orthosis except for exercises
Progression criteria	<ul style="list-style-type: none"> • Per pain tolerance

Thumb UCL Repair- Early Mobilization

Phase IV (8 weeks)

Rehabilitation appointments	<ul style="list-style-type: none"> As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none"> Activities of daily living within restrictions Full ROM of the thumb
Suggested therapeutic exercises	<ul style="list-style-type: none"> Continue strengthening Initiate functional grip and pinching activities
Precautions	<ul style="list-style-type: none"> No lifting, pushing, or pulling more than 5 pounds with involved upper extremity
Orthosis management	<ul style="list-style-type: none"> Discontinue, wear for heavy activities If ROM is very limited, can implement static or dynamic progressive orthosis
Progression criteria	<ul style="list-style-type: none"> Per pain tolerance

Thumb UCL Repair- Early Mobilization

Phase V (10-12 weeks)

Rehabilitation appointments	<ul style="list-style-type: none">• As needed
Rehabilitation goals and priorities	<ul style="list-style-type: none">• Activities of daily living without restrictions
Suggested therapeutic exercises	<ul style="list-style-type: none">• Work and leisure strengthening specific
Precautions	<ul style="list-style-type: none">• No restrictions
Orthosis management	<ul style="list-style-type: none">• Discontinue
Progression criteria	<ul style="list-style-type: none">• Per pain tolerance and physician

References

1. Brotzman, S. & Novotny, S. (2018). Injuries to the ulnar collateral ligament of the thumb metacarpophalangeal joint (gamekeeper's thumb). *Clinical Orthopedic Rehabilitation: A Team Approach E-Book*, 4th Edition. Elsevier. 29-31
2. Crowley, T., Stevenson, S., Taghizadeh, R., Addison, P., & Milner, R. (2013). Early active mobilization following ucl repair with mitek bone anchor. *Techniques in Hand & Upper Extremity Surgery*, 17(3), 124-127. doi: 10.1097/BTH.0b013e318284dbd7
3. Gil, J., Ebert, K., Blanchard, K., Goodman, A., Crisco, J., & Katarincic, J. (2019). Efficacy of a radial-based thumbmetacarpophalangeal-stabilizing orthosis for protecting the thumb metacarpophalangeal joint ulnar collateral ligament. *Journal of Hand Therapy*, 32(1), 80-85. <https://doi.org/10.1016/j.jht.2017.06.002>
4. Rhee, P., Jones, D., & Kakar, S. (2012). Management of thumb metacarpophalangeal ulnar collateral ligament injuries. *The Journal of Bone & Joint Surgery*, 94(21), 2005-2012. doi: 10.2106/JBJS.K.01024

These rehabilitation guidelines were developed collaboratively between UW Health and UnityPoint Health - Meriter Rehabilitation and the UW Health Orthopedic Surgeons.

Content is for informational purposes only and does not replace the guidance, diagnostic or treatment options or educational materials your healthcare provider gives you. Call your health provider immediately if you think you may have a medical emergency. Always seek the advice of your health provider prior to starting any new treatment and contact them immediately with any medical emergency.