

CMC APL SUSPENSION ARTHROPLASTY

In this procedure where the trapezium is removed and a slip of the APL is removed from the base of the thumb metacarpal. It is passed dorsally deep to the EPB and brought to the base of the 2nd metacarpal. Drill holes are passed in the base of the 2nd metacarpal from the radial to ulna side. Once the tendon is passed through it is then tensioned to appropriate length and the tendon is attached to the base of the 2nd metacarpal with a screw. The FCR stays intact with this procedure.

0-2 WEEKS POST-OP

The patient is in post-op dressing.

2 WEEKS POST-OP

Patient is placed in a short arm thumb spica splint 24/7. The patient is allowed to remove for showering only.

6 WEEKS POST-OP

Start to wean from splint and therapy is initiated. No lifting. Can do ADL's and drive

- Scar and retrograde massage
- A/PROM of the thumb, finger and wrist as needed
- Functional thumb mechanics (abduction without MP hyperextension, making an "O" when tip pinching to the index)

8-10 WEEKS POST-OP

If motion is good then light strengthening can begin. AROM, strength, swelling, coordination, and scar tissue avoid strengthening the thumb adductor. Focus for the thumb should be the 1st dorsal interossei, APB and APL (without hyperextension of the MP joint).

12 WEEKS POST-OP

Unrestricted use of hand as tolerated.