

# Thumb Collateral Ligament Repair

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## Phase I: 0-4 weeks following repair

A Forearm-based thumb spica splint is worn to immobilize the MP joint. The thumb is held in 40° of abduction, with the MP joint in approximately 20° of flexion. The IP joint is left free. It is important to provide good lateral support to the MP joint on the side of the thumb (Radial side for UCL and Ulnar side for RCL).

Goals: Protect repair  
Control pain and edema

Intervention: Wear thumb spica splint continually

## Phase II: 4-6 weeks

### Goals:

- ◆ Continue to protect surgical repair
- ◆ Achieve 70-80 percent of thumb range of motion.

### Intervention:

- ◆ (Active) 6 times per day
  - Flexion and extension of thumb
  - Adduction and abduction (gentle abduction UCL and gentle adduction for RCL)
  - Circumduction
  - IP blocking
- ◆ Passive stretching is begun 1 week later (passive abduction prn for UCL and passive adduction prn for RCL)

### Splinting:

- ◆ A hand-based thumb spica splint is made and worn between exercises and at night for 3-4 weeks, gradually decreasing the time the splint is worn after 2 weeks.

## Phase III: 6-12 weeks

### Clinical Goals:

- ◆ Full range of motion of thumb
- ◆ Normal grip and thenar strength

### Intervention:

- ◆ Continue active and passive exercises to thumb as needed
- ◆ Thenar and grip strengthening exercises with putty at 6-7 weeks, 3 times per day for 5-10 minutes.