



☐ Frisbie Memorial Hospital

☐ Marsh Brook Rehabilitation Services

☐ Wentworth-Douglass Hospital

CLINICAL PROTOCOL FOR CMC ARTHRITIS OF THUMB (CONSERVATIVE)

INDICATIONS: Diagnoses of first CMC arthritis which involves erosion of the cartilage between the trapezium and base of the first metacarpal.

DURATION: Usually one visit.

DOCUMENTATION: Splint Note or Brief Initial Evaluation.

TREATMENT: For conservative treatment, the focus is on providing pain management through splinting and patient education. The goals of splinting/conservative management include the following:

- 1) Stabilization of the first metacarpal during pinch.
- 2) Decreasing pain in the thumb.
- 3) Maintenance of web space.
- 4) Maintenance of independence in ADL.
- 5) Patient education regarding joint protection/splint wear.

SPLINT OPTIONS AVAILABLE (as ordered by physician):

- 1) Custom made short thumb spica, IP free.
- 2) Custom made "kidney" splint.
- 3) Variety of styles of pre-fabricated splints are available.

The splint should stabilize the base of the thumb with pinching.

PATIENT EDUCATION SHOULD INCLUDE:

- 1) Splint wear instructions – Patient education to wear splint during any hand intensive activities. Patient to wear splint at night if patient tends to sleep on his/her hands with thumb compressed against the palm in an adducted position.
- 2) Patient instructed to avoid lateral (key) pinch, sustained pinch, and repetitive movements with a sustained pinch without splint.
- 3) Self-help devices can be recommended such as jar lid handles for tools and utensils, car key holders, spring open scissors.
- 4) If the patient has recently had an injection, the use of ice is recommended. Otherwise, if there is no edema, heat or ice may be used as the patient prefers and tolerates per physician orders.
- 5) AROM exercises are recommended once pain has subsided to maintain ROM.

REFERENCE:

Poole, J, and Pellegrini, V: Arthritis of the Thumb and Basal Joint Complex. J. Hand Therapy, 2002; 13:2, 91-106.

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