Postoperative Treatment Following Ulnar Collateral Ligament Repairs of the Thumb--
Dr. Trueblood

Indications: Full-thickness tears of the ulnar collateral ligament of the thumb commonly result after forced radial deviation of the digit. The ligament usually fails at its insertion on the base of the proximal phalanx. The adductor aponeurosis may be interposed between the ligament and its bony insertion. This pattern is called a Stener lesion.

Technique: A longitudinal, s-shaped incision is made over the dorsal, ulnar surface of the thumb metacarpophalangeal joint. The UCL is identified at the distal metacarpal and is mobilized off the adductor aponeurosis. The aponeurosis is then released longitudinally and dorsal capsule is released to expose the joint surface. The volar, ulnar corner of the proximal phalanx is prepared back to healthy, bleeding bone and a suture anchor is placed at the normal insertion of the collateral ligament. A locked stitch is placed through the distal ligament and is then brought to tension and tied. Additional periosteal sutures are used to supplement the ligament repair and the adductor aponeurosis is repaired with non-absorbable suture. The wounds are irrigated and closed with chromic gut sutures. A sterile dressing with a well-padded, well-molded thumb spica splint in palmar abduction.

Precautions--
  ● Full time splint use.
  ● Non-weight bearing to operative extremity. No driving.

1st follow up visit at 10-14 days--
  □ Wound assessment.
  □ Pain assessment
  □ Therapy Note-- start Phase 1.
  □ Work Note: no lifting, pushing, or pulling with operative extremity. Must wear splint at all times.
  □ Estimated return to work:
    □ Cognitive/ sedentary: 2-3 days
    □ Medium labor: 8 weeks
    □ Heavy labor: 12 weeks

Therapy
  1 visit
Splinting: Hand-based thumb spica splint in palmar abduction for full time wear.
Edema control teaching
HEP

2nd follow up visit at 6 weeks after surgery--

- Wound assessment. Instruct patient in scar massage.
- Pain assessment. Refill prescriptions as tolerated.
- Therapy Prescription
- Schedule follow-up at 12 weeks after surgery.
- Work Note: No lifting, pushing, or pulling. No driving. Must wear splint for lifting, pushing, or pulling.
- Expected Return to Work:
  - Cognitive/ Sedentary: 2 weeks
  - Medium: 8 weeks
  - Heavy Manual: 12 weeks

Therapy 1-2x/ week x 6 weeks

- **Splinting**: Wean from splint as tolerated. Continue using splint for heavy lifting until 3 months.
- **ROM**
  - Start AROM/ AAROM of thumb.
  - PROM of thumb and light strengthening at 8 weeks.
- **Strengthening**:
  - pronation, supination, wrist flexion, and extension.
  - Advance gripping as tolerated.
- modalities prn
- HEP-- wean to HEP as tolerated.
- If patient’s discomfort persists, continue the splint as long as necessary. Patient should avoid tight pinch or heavy gripping for 10 weeks after surgery.

3rd follow-up at 12 weeks after surgery--

- DASH score.
- Therapy Prescription
- Follow-up prn
- Work Note: No limits
- Expected Return to Work:
  - Cognitive/ Sedentary: 2 weeks
  - Medium: 8 weeks
  - Heavy Manual: 12 weeks