



Thumb CMC Arthritis (Conservative) Dr. Staiger

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat	Pain management
Initial Visit +	 Fabricate a custom hand-based thermoplastic thumb spica orthosis (L3913), thumb into slight palmar abduction with IP joint free. Wear with heavier ADL's or in times of significantly increased pain. Fit in a prefabricated neoprene hand-based thumb spica orthosis (A4467). Wear with lighter ADL's or in times of significantly increased pain . May instruct client in Kinesiology taping techniques. Instruct in edema management techniques. Educate in joint protection and joint mobilization techniques including distraction. This should be <u>pain-free</u> only. 	 Edema control if needed ROM Progress to stabilization and/or strengthening
	 Discuss use of glucosamine chondroitin to possibly assist with tolerance of arthritis (i.e. Trigosamine, Omega 3, Turmeric, CBD oil/cream). May use modalities as indicated. Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated. 	
	 Home Exercise Program Stretch thumb web space. Adductor trigger point release. Gentle passive range of motion of thumb into radial abduction and palmar abduction with care to stretch at CMC versus MP. AROM thumb exercises. Strengthening (progressive): Thumb "C," Isometric strengthening of 1st dorsal interossei, Isometric strengthening exercises into thumb flexion with care not to allow MP joint collapse, Resistive pinch exercises. 	
	**The client may have both a soft and hard orthosis or may just have one orthosis that he/she feels will work best for what they do at home/work. **Strengthening should be completed to tolerance and may take months to progress through to resistive strengthening.	