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Trapeziectomy with Suspensionplasty Rehabilitation Protocol

A trapeziectomy with suspensionplasty is a surgical procedure to treat advanced arthritis at the base of the thumb (carpometacarpal joint). The surgery involves removing the trapezium bone and stabilizing the thumb using a suture-button system that connects the first and second metacarpal bones, allowing for stability, alignment, and improved function.

See Also

Base of thumb arthritis
Base of thumb arthritis surgery

Rehabilitation Goals

- Protect the surgical repair
- Control pain and swelling
- Restore range of motion (ROM)
- Regain strength and function
- Prevent complications

Expected Recovery Time

Milestone	Timeframe
Wound healing	10-14 days
Begin gentle ROM	4-6 weeks
Light functional use	8-10 weeks
Strengthening exercises	10-12 weeks
Return to most activities	3-4 months
Full recovery	6-12 months

Phase 1: Early Post-op (0-2 weeks)

Goals

- Protect surgical site
- Control pain and swelling
- Prevent stiffness in adjacent joints

Instructions

- Keep the hand elevated as much as possible
- Keep dressing/splint clean and dry
- Use ice packs (wrapped in cloth) for 15-20 minutes several times a day
- Take prescribed pain medication as directed
- Do not use the operative hand for any activity

Exercises

- Shoulder, elbow, and non-operative finger range of motion exercises
- Gentle finger flexion and extension (excluding thumb)
- Avoid any thumb motion

Phase 2: Protective Phase (2-6 weeks)

Goals

- Continue protection of repair
- Begin gentle thumb ROM
- Minimize scar adhesion

Instructions

- You may transition to a removable thumb spica splint as directed by your surgeon or therapist
- Continue elevation and ice as needed
- Scar massage once incision is fully healed (after approximately 2 weeks)
- Avoid heavy lifting, gripping, or pinching

Exercises

- Gentle active and passive ROM of the thumb within pain-free range
- Tendon gliding exercises
- Light opposition movements with guidance from your therapist

Phase 3: Early Mobilization (6-10 weeks)

Goals

- Increase thumb ROM
- Begin light functional use
- Protect from overuse

Instructions

- Continue wearing splint for protection during high-risk activities
- Begin light functional activities (e.g. eating, dressing) as tolerated
- Avoid any forceful or repetitive gripping, pinching, or lifting

Exercises

- Continue thumb ROM exercises
- Light isometric thumb strengthening
- Begin functional tasks with supervision
- Thumb stabilization exercises guided by your therapist

Phase 4: Strengthening Phase (10-12 weeks)

Goals

- Improve strength
- Restore thumb function
- Enhance coordination

Instructions

- Gradually wean off splint as directed
- Resume light daily activities
- Avoid heavy lifting or forceful gripping

Exercises

- Progressive thumb and hand strengthening exercises
- Pinch and grip exercises with therapy putty or resistance bands
- Dexterity and coordination drills
- Functional retraining activities

Phase 5: Return to Full Function (3-6 months and beyond)

Goals

- Return to full function
- Resume most normal activities
- Prevent recurrence of symptoms

Instructions

- Resume normal activities as tolerated
- Gradually return to more strenuous activities with guidance
- Monitor for pain, swelling, or fatigue

Exercises

- Continue strengthening and endurance exercises
- Full functional use and task-specific drills
- Ongoing flexibility and ROM exercises

When to Contact Your Surgeon

- Increased redness, swelling, or warmth around incision
- Drainage or signs of infection
- Severe or worsening pain not controlled with medication
- Numbness, tingling, or loss of function in the thumb or hand
- Concerns about wound healing or splint integrity

Disclaimer:

This is a general guideline. Your physiotherapist, hand therapist or Dr Lambers may adjust the protocol based on your specific condition and progress.