



The Pulvertaft Hand Centre
within the Royal Derby Hospital



The University of
Nottingham



Surgery versus Conservative Osteoarthritis of Thumb Trial

Recommendations for Good Practice Following 1st Carpometacarpal (CMC) Joint Replacement

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Post-Operative Recommendations For Good Practice Following a 1st Carpometacarpal (CMC) Joint Replacement

The following recommendations are based on an uncomplicated postoperative patient; one who has a predictable recovery trajectory defined by manageable pain, ability to achieve early movement, and the absence of intraoperative complications (e.g. bone strength issues) or post-operative complications (e.g. infection, unmanageable pain, tendon rupture and prosthesis dislocation).

Clinicians are encouraged to appropriately adapt the guidance, if there is a deviation from the above definition, ensuring individualised care.

Immediate Post-Operative Support

- 👍 A bulky bandage, consisting of wound coverage, wool padding and an outer bandage maintaining the first webpace, is adequate immediate post-operative support.
- 👍 Gentle movement of the thumb can be encouraged within the constraints of the bandage.
- 👍 The immediate post-operative support should be reduced by 10-14 days.

A more robust immediate post-operative support can be considered in the presence of the following:-

- 👍 Unreliable or high demand patients such as wheelchair users
- 👍 Revision Surgery including reduction of a prosthesis dislocation
- 👍 Significant pre-existing soft tissue deformities
- 👍 Pre-existing soft tissue deformities
- 👍 Concern over bone strength, such as osteoporosis or perioperative fracture
- 👍 Additional procedures at time of surgery to ensure stability such as bone grafting, tendon repositioning/refixation

Mobilisation Phase

- 👍 Intermittent daytime splinting can be offered as required after the immediate post-operative support has been removed for pain relief and protection according to individual lifestyle and needs.
- 👍 Nighttime splinting is not routinely recommended.
- 👍 For any additional splints offered, it is recommended this additional support can be gradually reduced within the 6 weeks postoperative period.

Please note that whilst consensus was not achieved on the type of splint to offer, many panellists felt a soft neoprene daytime splint provided initial comfort and support, to allow activity but also offer rest and a reminder not to overuse the thumb. Examples given were soft neoprene thumb wraps, neoprene thumb restriction splint and elastic thumb spica-modified. Some panellists use a more structured approach with rigid splints to support the thumb initially, which could also be used to correct significant soft tissue tightness and regain thumb extension. Examples given were bespoke thermoplastic, bespoke soft-cast or ready-made rigid splints. It was felt night splinting would be of benefit in the presence of pain and/or to address significant soft tissue tightness. Individualized, needs-based splinting was frequently advocated.

Post-Operative Movement, Exercise and Rehabilitation

- 👍 Full active range of movement of the thumb can be commenced once the immediate post-operative support has been removed.

A course of supervised hand therapy may be necessary for some patients to optimise their functional outcome, but it is noted that for the uncomplicated patient with minimal pain and demonstrating good range of movement at 2 weeks, robust education and advice delivered over one or two post-operative visits can be sufficient to allow self-management.¹

Return to Normal Function

- 👍 Using the thumb for **light tasks** can be commenced from 10-14 days.
- 👍 Using the thumb for **moderate tasks** can be commenced from 4 weeks.
- 👍 Using the thumb for **heavy tasks** can be commences from 6-8 weeks depending on pain and functional ability.
- 👍 Driving can be commenced within 4 weeks.

Please note, whilst a splint on a hand is not contraindicated by the Driver and Vehicle Licensing Agency and other road traffic laws across Europe, it is agreed that the splint must not impede safe operation and drivers have a legal responsibility to remain in control of a vehicle at all times.²⁻⁵ A rigid splint is therefore not recommended as the restriction in movement may impede safe operation. The DVLA further stipulate that driving after surgery should take into consideration any distracting effects of pain.²

A list of examples of light, moderate and heavy tasks has been formulated for patient guidance.

Light Tasks

- Eating
 - Cutlery soft food
- Typing / computer
- Writing
- Self hygiene
 - Brushing teeth
 - Shaving
- Dressing
 - Shoelaces
 - Buttons
 - Folding clothes
- Applying make-up
- Brushing hair
- Holding cup of tea
- Reading softback books/newspaper
- Mobile phone use
- Games console / TV remote

Moderate Tasks

- Cutlery on firmer cooked food
- Holding water bottle / up to a pint of liquid
- Cooking
 - Food preparation
 - Using knife with raw vegetables
 - Excluding lifting pans or casserole dishes with good contents
- Housework
 - Light dusting / surface cleaning
 - Vacuum cleaning (excluding long pile carpet, and carrying the vacuum)
 - Washing up
- Office / clerical work
- Hanging out clothes
- Arts and crafts including -
 - Using scissors on soft textiles
- Bike riding on easy surfaces
- Driving

Heavy Tasks

- Manual Labour / work
- Mowing the lawn
- DIY
- Sports / Gym
- Lifting and carrying including
 - Full kettle
 - Children
 - Full pans / casserole dishes
 - Vacuum
- Opening a new jar
- Tin opener
- Wringing out cloth/clothes
- Strong key pinch

Please note where a task did not feature across more than one categorisation section in the Delphi survey, agreement was assumed following controlled feedback. Where a task featured across more than one categorisation section consensus was sought. Where consensus was not achieved the task was retained in the heavier category.

Post Operative Radiographs

A recommendation on the timing of a post operative radiograph, or if further images are required thereafter, has not been possible with wide variances in practice, and this will come down to individual surgeons' preferences.

References

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2. Driver and Vehicle Licensing Agency (2025) Miscellaneous conditions: Assessing fitness to drive. Available at [Miscellaneous conditions: assessing fitness to drive - GOV.UK](#)
3. Wegenverkeerswet 1994 [Road Traffic Act 1994], Article 5. Available at <https://wetten.overheid.nl/BWBR0006622/2014-03-19#Opschrift>
4. Kingdom of Belgium. (1975, Decemebr 1). Arrêté royal du 1er décembre 1975 portant règlement général sur la police de la circulation routière [Royal Decree of 1 December 1975 regarding the general regulation on road traffic] article 8.3. *Moniteur Belge*.
5. Spanish Traffic Law (2025) Article 18 Other Driver Obligations. Available at <https://spanishtrafficlaw.es/section-i-general-rules-of-driving-behaviour/chapter-iii-general-rules-for-drivers/article-18-other-driver-obligations/>

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