

BASE OF METACARPAL FRACTURE NON OPERATIVE PROTOCOL

	Approximate Time Frame	Activity	Goals
PHASE I	0-6 weeks	ROM: Cast or splint immobilization, ROM uninvolved joints Manual: NA Exercise Progression: NA	Maximize environment for healing, manage digital edema, manage pain
PHASE II	6-8 weeks	Dependent upon metacarpal, continued immobilization with wrist orthosis or FA based orthosis with MP flexed IP free ROM: - Full ROM of uninvolved joints, IP motion, tendon gliding, and gentle wrist AROM MANUAL: - Manual edema massage - Soft tissue and myofascial restriction release with gentle therapist driven stretch to maximize ROM - Grade 1-3 joint mobilization indicated when capsular pattern is present in pain free fashion. EXERCISE PROGRESSION: - Initial AROM of involved joints progressing to gentle pain free PROM and stretching as tolerated avoiding excessive passive stress to fracture site, no strengthening or loading (WB)	Compliance with correct protective immobilization, full ROM of involved joints ACTIVITY PROGRESSION: - Light functional use of hand in splint, progressing to monitored light pain free activities of daily living. - Splint may be removed for seated non resistive activities that are less strenuous than HEP.
PHASE III	8-10 weeks	ROM: - Progress ROM as needed MANUAL: - Manual edema massage - Soft tissue and myofascial restriction release with gentle therapist driven stretch to maximize ROM. - Grade 1-3 joint mobilization indicated when capsular pattern is present in pain free fashion. EXERCISE PROGRESSION: - Progress gentle pain free PROM/stretching as tolerated, - Resistive exercises for intrinsic and extrinsic musculature once fracture has consolidated	Minimize edema, compliance with splint wearing schedule with progressive weaning for functional activities and continued use in public/physical activities. ACTIVITY PROGRESSION: Out of splint for most daily activities that do not include heavy lifting or loading
PHASE IV	10+ weeks	ROM: Nearing PLOF, within functional limits MANUAL: scar management EXERCISE PROGRESSION: - Proprioceptive and dynamic exercises - Progress strengthening and loading - Light weight bearing progression for restoration of independent ADL/IADL	Return ROM and strength to functional limits with patient specific goals to return to work/sport ACTIVITY PROGRESSION: Nearing baseline function; work and sport conditioning as appropriate