

Metacarpal Fracture

NOTE—All patients should be treated for edema control, scar management, silicone gel and desensitization as needed.

Visit One—when referred by physician (based on type of tx and stability)

Splint—holding MP joints in flexion with IP joints free, wrist in slight extension. Consider hand-based splint for neck fractures that are relatively stable. Include MP joints on either side of the fractured metacarpal (ie. ring finger metacarpal fracture splint to include small and long).

Edema control

Intrinsic stretching with manual support

Watch for web space contractures

2-3 Weeks Post Injury

Protective motion—when fracture is stable—provide support to the metacarpal during active motion

4-6 Weeks Post Injury

Begin protective resistance exercises while in a protected position

Prehension exercises—gross grasp and object manipulation

Monitor splinting