

Thumb CMC Arthritis

A patient guide to arthritis at the base of the thumb

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WHAT THIS CONDITION IS

Thumb CMC arthritis is wear-and-tear arthritis at the small joint where the thumb meets the wrist. This joint lets your thumb pinch, grip, open jars, turn keys, and hold objects.

When the smooth cartilage in the joint wears down, the bones can rub together. That can cause pain, swelling, weakness, stiffness, and a sense that the thumb is not as strong or stable as it used to be.

COMMON SYMPTOMS

Pain at the base of the thumb, especially with pinching or gripping.

Difficulty opening jars, turning doorknobs, using keys, writing, cooking, gardening, or holding a phone.

Weak pinch or grip, swelling, tenderness, stiffness, or a bump near the base of the thumb.

KEY TAKEAWAY

You do not need surgery just because an X-ray shows arthritis. Treatment is based on your pain, function, goals, and response to simpler options.

WHY IT HAPPENS

Thumb CMC arthritis usually develops gradually over time. It is often considered a primary form of arthritis, meaning there may not be one single injury or event that caused it.

Age, genetics, prior injury, joint looseness, and long-term thumb demands can all play a role. Symptoms can vary: some patients have significant pain with mild X-ray changes, while others have advanced arthritis but manageable symptoms.

HOW IT IS DIAGNOSED

Diagnosis is usually made with your story, a focused hand exam, and X-rays. The exam looks for tenderness at the base of the thumb, pain with pressure across the joint, stiffness, weakness, and nearby problems that can mimic or worsen thumb pain.

NON-SURGICAL TREATMENT

Bracing

A thumb CMC brace can support the base of the thumb and reduce painful motion during daily activities.

Hand therapy

Therapy can improve mechanics, strengthen supportive muscles, and teach joint-protection strategies.

Medication

Anti-inflammatory medication, acetaminophen, or topical anti-inflammatory gel may help when safe for you.

Cortisone injection

A steroid injection may reduce pain and inflammation. Relief varies from person to person and is not a cure for arthritis.

WHEN TO CONSIDER A SURGICAL DISCUSSION

Surgery may be reasonable when pain continues despite bracing, therapy, activity changes, medication, or injections - and when the symptoms interfere with daily life, work, hobbies, sleep, or independence.

SURGICAL OPTIONS

There is no single best surgery for every patient. The right operation depends on your arthritis pattern, thumb stability, bone quality, activity demands, and goals.

Trapeziectomy / LRTI

The most common operation in the United States removes the arthritic trapezium bone, often with ligament reconstruction and tendon interposition, commonly called LRTI. This is a time-tested option for many patients.

Thumb CMC joint replacement

In selected patients, a joint replacement may be an option. Instead of removing the joint and relying only on soft-tissue support, an implant is used to replace the worn joint surfaces.

Other options

Fusion, denervation, or other procedures may be considered in specific situations, but are not right for everyone.

IMPORTANT PERSPECTIVE

The goal is not to treat the X-ray. The goal is to reduce pain and help you use your hand more comfortably and confidently.

WHAT TO EXPECT

Non-surgical care can often reduce symptoms and help you manage activities. If surgery is chosen, recovery usually involves a period of protection, gradual motion, hand therapy, and progressive strengthening.

Improvement after thumb arthritis surgery continues for months. Your surgeon will review the expected timeline based on the specific procedure recommended for you.

ABOUT MODERN JOINT REPLACEMENT

Some modern thumb CMC implants use a dual-mobility design, which is intended to improve stability compared with older implant designs. One example is the Touch® prosthesis.

Current studies suggest meaningful improvements in pain, function, strength, thumb stability, and thumb length in selected patients. The available evidence is encouraging, but it is mostly short- to mid-term and does not yet include Level I evidence specific to this implant.

EVIDENCE SNAPSHOT

In published Touch® studies, patients showed improvement in pain, function, and pinch strength. Reported prosthesis survival was approximately 95-96% at 2 years. As with any implant, risks include dislocation, loosening, impingement, wound issues, nerve symptoms, tendon irritation, and possible revision surgery.

WHEN TO CALL THE OFFICE

Call if thumb pain is worsening, daily function is declining, bracing or injections are no longer helping, or you are ready to discuss whether surgery makes sense for your situation.

CONTACT

For questions or to schedule an evaluation, visit davidweimd.com/contact or scan the QR code on page 1.

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