



# Orthopaedic Protocols

## Extensor Tendon Repair Zones II, III, IV

### **3 Days Post-op:**

- The bulky compressive dressing is removed. A light compressive dressing is applied to the hand & forearm, along with digital level edema control.
- A gutter splint is fitted positioning the PIP & DIP joints in full extension for continual wear.

### **10-14 Days Post-op:**

- Within 48 hours following suture removal, scar mobilization techniques are initiated. This may include scar massage with lotion, along with Elastomer, Rolyan 50/50, or Otoform K

### **4 Weeks Post-op:**

- AROM exercise are initiated with emphasis on blocking to the PIP & DIP joints, composite ROM exercises, & isolated IP extension with the MP joint blocked in flexion. Exercises should be performed 6-8 times a day for 10 min sessions.
- The gutter splint is continued between exercise sessions & at night.

### **6 Weeks Post-op:**

- PROM exercises are initiated to the digit assuming the extensor lag is less than 10 degrees.
- The extension gutter splint is continued between exercise sessions & at night.

### **7 Weeks Post-op:**

- Taping &/or dynamic flexion splinting may be initiated as needed to increase PROM. It is important to watch for the development of an extensor lag & reduce the dynamic splinting if a lag develops.
- The wearing time in the gutter splint should gradually be reduced. To reduce the wearing time 1 hour each day should effectively discontinue the splint 7-10 days, during the day.

### **8 Weeks Post-op:**

- The gutter splint is discontinued during the day, assuming the extensor lag is 10 degrees or less.
- Gentle strengthening may be initiated as necessary.

### **9 Weeks Post-op:**

- The extension gutter splint is discontinued for night wear.

### Consideration:

- For older patients or those individuals who form dense scars, it is well advised to progressively decrease the splint wearing time as early as the 5<sup>th</sup> week to avoid a residual limitation in passive flexion.
- Longitudinal lacerations of the extensor tendons in Zone II, III & IV that have been repaired can begin AROM exercises upon suture removal. An extension gutter splint is recommended between exercise sessions.
- To ensure the patient maintains the MP joint in flexion while attempting the IP joint extension exercise, a MP blocking splint in flexion may be fabricated to isolate IP joint extension.