



Orthopaedic Protocols

Extensor Tendon Repairs Zones V & VI

3-5 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 consisting of fingersocks or 1: Coban.
- A wrist immobilization with MP splint is fabricated, positioning the MP joints in 0 degree of extension & the wrist in 20 degree of extension. The splint is worn at all times.
- AROM exercises are initiated to the PIP & DIP joints within the restraints of the splint.

10-14 Days Post-op:

- Within 48 hours following suture removal, scar mobilization techniques may be initiated. This includes scar massage with lotion, along with the use of Elastomer, Otoform K or Rolyan 50/50

4 Weeks Post-op:

- AROM exercises are initiated to the wrist & digits 10 mins each hour. Isolated EDC exercises are emphasized along with using Velcro trappers to assist with isolating MP joint flexion & extension. It is equally important to emphasize composite flexion & extension of the digits & wrist, along with simultaneous wrist & finger flexion to resolve or prevent extrinsic extensor tightness. And finally, it is important to isolate the EIP & EDQM when the index & small fingers are involved.
- NMES may be initiated as necessary to enhance tendon excursion. It is particularly effective when isolating the EDC with the IP joints taped in flexion.
- Scar retraction is initiated to minimize adherence of the dorsal scar to the underlying soft tissue structures. A piece of Dycem may be used to stabilize the skin proximal to the area of adherence. As the patient attempts to isolate the MP joints, scar mobilization can be performed to the adhered area.
- Ultrasound may be initiated as a deep heat to facilitate tendon excursion & to minimize scar adherence.
- For persistent edema, an edema glove such as an Isotoner may be beneficial for resolving the remaining edema.
- The wrist immobilization splint with MP block is continued between exercise sessions & at night.

6 Weeks Post-op:

- PROM exercises are initiated to the wrist & digits. It is critical to ensure that any residual extrinsic extensor tightness is resolved at this time. It is equally important to monitor for an extensor lag & to modify the exercise program accordingly.
- Taping &/or dynamic flexion splinting may be initiated as necessary to increase passive flexion. Wearing a dynamic flexion splint 3-4 times a day for 45 min sessions should prove adequate for recapturing passive flexion.
- The wrist & MP extension splint is continued between exercise sessions & at night.

7 Weeks Post-op:

- The wearing time in the wrist & MP extension splint may be gradually decreased. To decrease the wearing time by 1 hour each day should result in discontinuing the splint during the day within 7-10 days. Note: If an extensor lag is present beyond 15 degrees, the splint should be continued between exercise sessions.
- Gentle progressive strengthening may be initiated to the hand & wrist.