



Orthopaedic Protocols

Repair of Flexor Pollicis Longus (FPL) of Thumb: **Delay Mobilization**

3 Weeks:

- Remove bulky compressive dressing & apply light compressive dressing; use fingersock or Coban as needed for edema control
- Fit DBS to wrist & thumb for control for continual wear in the following position:
 - Wrist - 30 degrees of palmar flexion
 - Thumb MCP & IP Joints - 15 degrees of flexion at each joint
- Begin hourly active & passive ROM exercises within restraints of DBS, including blocking exercises
- If passive flexion of thumb is limited, taping or dynamic flexion splinting may be used
- Begin scar massage & scar management techniques

4.5 Weeks:

- Begin hourly active ROM exercises of wrist & thumb outside splint
- May use FES or EMS to improve tendon excursion of FPL

6 Weeks:

- Discontinue DBS
- Begin passive ROM exercises in extension of wrist & thumb
- If extrinsic flexor tendon tightness of FPL is present, a wrist & thumb static splint may be used as needed; the patient should wear the splint between exercises sessions & at night
- Do not allow lifting or heavy use of the hand

8 Weeks:

- Begin progressive strengthening with a Nerf ball or putty

10-12 Weeks:

- Allow full use of hand for most activities
- If associated digital nerve repair is under tension, position thumb MCP & IP joints in 30 degrees of flexion to minimize tension at repair site.
- Composite active flexion of the thumb tends to reach a plateau between 9-10 weeks after surgery