



# Orthopaedic Protocols

## Repair of Flexor Pollicis Longus (FPL) of Thumb: Early Mobilization

### 1-3 Days:

- Remove bulky compressive dressing & apply light compressive dressing: use fingersocks or Coban on thumb for edema control
- Fit DBS to wrist & thumb for continual wear in the following position:
  - Wrist 20 degrees of palmar flexion
  - Thumb MCP & IP joint 15 degrees of flexion at each joint
  - Thumb CMC joint palmar abduction

*It is important: to ensure that the thumb IP Joint is in 15 degree of flexion & is not extended. When the IP joint is left in a neutral position, restoration of IP flexion can be difficult*

- Begin hourly controlled passive mobilization program within restraints of DBS;
  - 8 repetitions passive flexion & extension of MCP joint
  - 8 repetitions passive flexion & extension of IP joint
  - 8 repetitions passive flexion & extension in composite manner of MCP and IP joints

### 4.5 Weeks:

- Remove DBS each hour to allow performance of the following exercises:
  - 10 repetitions active flexion & extension of wrist
  - 10 repetitions active flexion & extension of thumb
- Continue passive ROM exercises
- Patient should wear DBS between exercise session & at night

### 5 Weeks:

- May use FES or EMS within restraints of DBS to improve tendon excursion

### 5.5 Weeks:

- Discontinue DBS
- Begin hourly active ROM exercises:
  - 12 repetitions blocking of thumb IP joint
  - 12 repetitions composite active flexion & extension of thumb
- Continue passive ROM exercises as necessary

### 6 Weeks:

- Begin passive ROM exercises in extension of wrist & thumb
- If needed for extrinsic flexor tendon tightness in the FPL, a wrist & thumb static splint can be used to hold the wrist & thumb in extension. Often, a simple extension gutter splint in full extension can be used for night wear.

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### **8 Weeks:**

- Begin progressive strengthening with a Nerf ball & progress to a hand-helper
- Do not allow lifting or heavy use of hand

### **10-12 Weeks:**

- Allow full use of the hand for most activities, including sports
- ROM generally begins to plateau at approximately 7-8 weeks after surgery