

Extensor Tendon Zone 5-6 Repair - Early Active Protocol

Initial considerations	
<ul style="list-style-type: none"> • Unless otherwise noted by the physician, early active protocols are utilized for tendon repairs. • This includes initial splinting, passive range of motion, short arc active range of motion to facilitate tendon gliding and minimization of scar tissue adhesions. 	

Phase 1	1 to 3 weeks
Appointments	<ul style="list-style-type: none"> • 1-3x week OT
Precautions	<ul style="list-style-type: none"> • No lifting • Splint on at all times <ul style="list-style-type: none"> ○ When the brace is off for bathing purposes, the patient should be educated to avoid excessive flexion at the wrist as well as the digit. This places tension on the repair site. • Care should be taken during this time to minimize edema and scar tissue formation
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> • Sutures removed at 10 to 14 days postoperative with initiation of scar massage 2 days after suture removal • During the first visit, the patient is created a custom forearm-based MP extension splint <ul style="list-style-type: none"> ○ Splint places the wrist in approximately 20 degrees extension, surgical digit MP in full extension, and allows PIP and DIP free for motion <ul style="list-style-type: none"> ▪ If edema changes, modify splint as needed to ensure MP stays in full extension • Exercises are initiated <ul style="list-style-type: none"> ○ Within the support of the splint complete short arc motion at the MP level from 0-30 degrees AROM ○ Within the support of the splint complete passive and active PIP/DIP motion ○ The splint should be removed for tenodesis motion supported over the edge of a table • Edema control should be initiated utilizing Coban or Xspan, or edema glove if needed

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Phase 2	3 to 5 weeks
Appointments	<ul style="list-style-type: none"> Continue at 1-3x week <ul style="list-style-type: none"> Patient is usually seen more frequently if scar adhesions are starting to become present, or if motion is significantly limited
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> Continue with splint Remove splint to complete HEP Continue with the current pain-free exercises <ul style="list-style-type: none"> At 4 weeks, advance MP to 0-50 degrees At 5 weeks, advance to 0-80 degrees At 5 weeks postoperative, patient should advance into reverse blocking at the PIP level with MPs held in 45 degrees flexion

Phase 3	6 to 8 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> Discontinue splint at 6 weeks, use as needed Initiate gentle joint blocking exercises if needed Patient will focus on full active and passive range of motion at MP PIP and DIP joints If patient demonstrates an extension lag or flexion contracture, they may return back to wearing their thermoplastic PIP extension splint at night or LMB splint may be utilized Patient will be able to start incorporating their hand into light normal daily activities but avoid heavy or forceful gripping and lifting activities At 7 to 8 weeks postoperative patient may be educated on light strengthening activities for wrist, grip, and pinch. Buddy loops may also be given to help facilitate functional use of the digit.

Phase 4	8 to 10 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> Progress upper extremity strengthening Continue stretching/PROM as needed Return to work program if needed can be initiated at this time