

## FPL (Flexor Pollicis Longus) Repair - Early Active Protocol

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

Phase 1	1 to 3 weeks
Appointments	<ul style="list-style-type: none"> <li>1-3x week OT</li> </ul>
Precautions	<ul style="list-style-type: none"> <li>No lifting</li> <li>Splint on at all times except bathing               <ul style="list-style-type: none"> <li>When the brace is off for bathing purposes, the patient should be educated to avoid excessive extension at the wrist as well as the thumb. This places tension on the repair site.</li> </ul> </li> <li>When completing the exercises patient should complete passive range of motion first followed by the active range of motion</li> <li>Care should be taken during this time to minimize edema and scar tissue formation</li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>During the first visit, the patient is created a custom forearm-based thumb spica splint or dorsal blocking splint               <ul style="list-style-type: none"> <li>Splint places the wrist in neutral with thumb MP in approximately 45 degrees flexion, and thumb IP placed in full extension</li> <li>To apply the splint, tubi-grip should be utilized to hold the thumb IP inside the splint and allow for removal to do isolated short arc IP motion</li> </ul> </li> <li>Exercises are initiated. These should all be done within the support of the splint               <ul style="list-style-type: none"> <li>Passive range of motion of the thumb into MP, and IP flexion</li> <li>After passive range of motion, short arc active range of motion should be completed pain-free. Thumb IP motion not to exceed 0-30 degrees                   <ul style="list-style-type: none"> <li>Avoid full thumb flexion as this will create unneeded tension to the repair site</li> </ul> </li> </ul> </li> <li>Tenodesis motion</li> </ul>

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Phase 2	3 to 5 weeks
Appointments	<ul style="list-style-type: none"> <li>Continue at 1-3x week               <ul style="list-style-type: none"> <li>Patient is usually seen more frequently if scar adhesions are starting to become present, or if motion is significantly limited</li> </ul> </li> </ul>
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>Continue with splint until physician clearance</li> <li>Continue with the current exercises. Patient will be able to add gentle pain-free functional grasp activity such as spinning a water bottle or pop can, or attempting to bend their thumb/fingers on a tissue or towel.</li> <li>Patient will be able to focus on obtaining pain-free full active opposition compared to contralateral side</li> </ul>

Phase 3	6 to 8 weeks
Suggested Therapeutic Exercise/Treatment	<ul style="list-style-type: none"> <li>Discontinue splint at 6 weeks</li> <li>Patient will continue to focus on full active and passive range of motion</li> <li>If patient demonstrates an extension lag or flexion contracture, a nighttime extension orthosis such as thermoplastic or LMB splint may be utilized</li> <li>Patient will be able to start incorporating their hand into light normal daily activities, but avoid heavy or forceful gripping and lifting activities</li> <li>Patient can be educated on light strengthening activities for wrist, grip and pinch.</li> <li>Initiate gentle joint blocking exercises if needed.</li> </ul>

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