

Flexor Pollicis Longus (FPL) Repair Protocol (all zones)

Timeline	Splint	Therapeutic Exercise	Precautions	Other
0-3 weeks	<p>1. Dorsal Blocking splint</p> <ol style="list-style-type: none"> Wrist at neutral Thumb CMC flexed and abducted under second metacarpal Thumb MP in full extension. <p>Zone I only:</p> <p>2. Separate dorsal gutter thumb IP splint blocking IP in 30 degrees flexion, to be worn with above splint.</p>	<p>Home exercise program:</p> <ol style="list-style-type: none"> Passive composite thumb flexion/active extension to limits of splint. Passive IP flexion/active extension to limit of splint. Gravity assisted wrist flexion/active extension to limit of splint. Tendon gliding exercises for digits 2-5. <p>Early Active Motion Protocol:</p> <p>*If cleared by MD and suture of adequate strength (four strand core repair with epitendinous suture augmentation).</p> <p>Reminders: Severe edema increases tendon drag and likelihood of rupture. Therefore, wait until 48-72 hours post-op prior to initiating ROM.</p> <p>Tendon tensile strength decreases from days 5 to 15 post-op.</p> <p>Place/hold thumb flexion with wrist extended.</p>	<p>No active thumb flexion unless cleared for early active motion (EAM).</p> <p>No passive wrist extension.</p> <p>No passive thumb extension.</p> <p>No functional use of the involved hand.</p>	<p>Wound care</p> <p>Edema control</p> <p>Scar massage</p> <p>May need pulley ring if pulley repair.</p>