ORTHOSURGERY
Ιατρείο Ορθοπαιδικών Παθήσεων

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Zones 2-5 Flexor tendon repair Protocol

Timeline	Splint	Therapeutic Exercise	Precautions	Other
Week 0-3	Dorsal Blocking Splint a. Wrist neutral b. MCP's 50° flexion c. IP's in full extension Reminder: If FDP of MF, RF, or SF repaired, must include all three digits in splint.	Home exercise program: 1. Passive composite full fist 2. Passive DIP extension maintaining MCP and PIP in flexion 3. Block MCP in full flexion and actively extend IP's 4. Passive DIP flexion and active extension 5. Passive PIP flexion and active extension 6. Isolated FDS glide of unaffected fingers 7. Passive (or gravity assisted) wrist flexion, followed by active extension to splint limits. Therapist performs with patient in clinic: 1. Remove splint: passive wrist extension with fingers flexed. 2. Passive wrist flexion with passive hook fisting to prevent intrinsic tightness **Early Active Motion Protocol:** *If cleared by MD **and** suture of adequate strength (four strand core repair with epitendinous suture augmentation). Reminders: Severe edema increases tendon drag and likelihood of rupture. Therefore, wait until 48-72 hours post-op prior to initiating ROM. Tensile strength of tendons decreases from days 5 to 15. Place/hold digital flexion with wrist extended in hook, straight and full fist positions.	No active flexion of involved digits unless cleared for early active motion (EAM). No passive wrist extension. No passive finger extension, except as noted above. No functional use of involved hand.	Wound care Edema control Scar massage Note: If pulley was repaired, may need pulley ring fabricated.