OrthoIllinois REHABILITATION

Flexor Tendon Repair

Nantong-based

Precautions: Place/hold exercises are not utilized during this protocol

3 – 5 days post-op

- Wound care: The bulky compressive surgical dressing is removed. A light compressive dressing is applied if bleeding/drainage is noted.
- Orthosis: A dorsal blocking orthosis is fabricated for continual wear with positioning as follows:
    - Wrist: 0-20 degrees of flexion
    - MPJs: ~30 degrees of flexion
- ROM:
    - PROM exercises initiated- performed hourly (10 reps each) within the confines of the orthosis with alternating active extension
        - Isolated DIPJ and PIPJ flexion
        - Composite digital flexion
    - AROM exercises initiated (upon therapy evaluation or 1st follow-up)- performed hourly (10 reps each) within comfort levels
        - Allow 1/3 up to 2/3 full motion
        - Alternating active digital extension is performed with emphasis on full extension of the IPJs

2.5 weeks – 3 weeks post-op

- Wound care: Scar massage initiated 48 hours s/p suture removal to decrease scar adhesions
- Orthosis: Modified into a more functional extended wrist position (20 degrees) rather than neutral/slightly flexed position. MPJ positioning remains constant.
- AROM: Increased to 75%

4 weeks – 5 weeks post-op

- Modalities: Ultrasound for scar management prn
- AROM: full AROM encouraged

6 weeks post-op

- Orthosis: Discontinued and light functional use of injured hang is encouraged
- PROM:
    - Passive digital extension is initiated if full motion of the IPJs is limited

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- Blocked digital flexion may be initiated to the IPJs as well

8 weeks post-op

- Strengthening: initiated

12 weeks post-op

- Return to functional use- unrestricted

Adapted From:

1) Tang et al. Current Practice of Primary Flexor Tendon Repair: A Global View. Hand Clin 29 (2013) 1790189

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