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Extensor Tendon Repair Zones V and VI

NOTE—All patients should be treated for edema control, scar management, silicone gel and desensitization as needed. Integrate use of relative motion splints into this protocol (J Hand Surg Am. 2014;39(6):1187e1194.)

0-3 or 4 Weeks Post Op

Wrist and hand is immobilized in bandages and plaster

3 Weeks Post Op

Splint:

- Wrist and MP joints held in full extension with IP joints free

Exercises:

- Active IP motion within exercise splint
- Intrinsic stretch
- Controlled AROM MP flexion to 30 degrees with AAROM MP extension
- Controlled wrist extension is allowed from 30-60 degrees

4 Weeks Post Op

Controlled AROM MP flexion to 45 degrees

Individual finger extension

Composite AROM MP/IP flexion with wrist in a protective extension position

AROM wrist extension

AROM wrist flexion with digits held in resting position (tenodesis)

Continue splinting

5 Weeks Post Op

Splint—decrease the wrist to neutral and free fingers (wrist cock-up)

Full AROM MP flexion

Continue previous exercises

6 Weeks Post Op

Initiate AROM simultaneous finger and wrist flexion

Initiate prehensile patterns

Allow light ADL's

7 Weeks Post Op

Wrist flexion should be WNL

PROM may be initiated—CAUTION—DO NOT overstretch the extensor tendons

Begin light resistance to finger extensors

Discharge protective splinting

Consider dynamic flexion splint to increase full flexion PRN

11-12 Weeks Post Op

Resume strong resistive activities

Continue with PRE