

Flexor Tendon Reconstruction

NOTE—All patients should be treated for edema control, scar management, silicone gel and desensitization as needed.

0-5 Days Post Op

Dorsal blocking splint holding wrist in 20-30 degrees of flexion and MP joints in 70 degrees of flexion and IP joints at 0—to be worn at all times

Injured hand is NOT to be used for any activity

Sutures removed at 10-14 days post op

Scar massage—splint left on for scar massage

PROM flexion—all joints and all digits, each joint individually and composite

3-3.5 Weeks Post Op

Initiate gentle place hold exercises

4 Weeks Post Op

Adjust splint to bring the wrist to neutral

Continue NO use of the injured hand

With therapist, patient begins to use tenodesis action for wrist extension. Fingers held passively flexed with actively extending the wrist. Fingers are allowed to extend with active wrist flexion.

5 Weeks Post Op

Discontinue dorsal blocking splint. Use for heavy protection.

Initiate gentle active flexion and extension with the wrist in a neutral position—extension only to a slight stretch

Initiate joint blocking

6 Weeks Post Op

Dorsal blocking splint no longer used

Begin gentle grip strengthening with soft putty

Begin PIP extension splinting PRN

PRECAUTION:

No composite wrist and finger extension
No heavy activity

8 Weeks Post Op

Corrective splinting PRN

Composite wrist and finger extension

Increase strengthening program as tolerated