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GUIDELINES FOR EXTENSOR TENDON REPAIRS ZONES V, VI, & VII

Evaluation

Measure AROM of fingers and wrist. Assess scar and edema. NO PROM and no strength testing at all.

3 - 5 days postop

1. Orthosis fabrication:
    a. Volar wrist orthosis with 30 degrees of wrist extension, MCP in 0 degrees of extension,
    b. IP inclusion dependent on repair site
        i. If repair site is proximal to juncturae tendinum IP joints should be included
        ii. If repair site is distal to juncturae tendinum IP joints can be free
2. Splint at all times (day and night). It can only be removed for exercises during the day.

No composite flexion

In therapy exercises ROM:

MP protected PROM: therapist holds wrist and IP joints into extension and passively flexes digits 2-5 to 35 dgr.

IP Protected PROM: therapist holds wrist and MP joints into full extension while passively flexing IP joints into full flexion.

3 weeks postop

1. Begin AROM using tenodesis
    a. MP flexion with wrist in full extension
    b. MP extension with wrist in neutral or slight flexion
2. IP A/PROM with MP and wrist in full extension
3. Use edema massage techniques for swelling.
4. Splint at all times (day and night). It can only be removed for exercises during the day.

No composite flexion

4 weeks postop

1. Composite MP/IP flexion with wrist in extension.
2. Finger extension and isolated EDC extension.
3. Use edema massage techniques for swelling.
4. Monitor closely for extensor lag.
5. Splint at all times (day and night). It can only be removed for exercises during the day.

No composite flexion

6 - 10 weeks postop

1. Orthosis use: only as needed
2. If no extensor lag is present initiate composite finger and wrist flexion
3. Incorporate light strengthening activities

10 - 12 weeks postop

1. Begin resistance strengthening exercises