

William J. Warrender, MD
Extensor Tendon Repair Zones V, VI
Rehabilitation Protocol

1-3 Days Postoperative

- Do not remove the surgical bandage.
- Restrictions: No heavy lifting or pulling greater than 0 lbs.
- The patient is to begin active and passive range of motion of the uninvolved fingers and thumb to prevent stiffness and reduce swelling.

3 – 5 Days Postoperative

- The therapist will remove the surgical bandage.
- The therapist will fabricate a forearm-based orthosis with the MCP joints positioned in full extension and the IP joints are free. Include the adjacent fingers in the orthosis for stability. For the long finger, include all fingers in the orthosis.
- The orthosis is to be worn at all times. The orthosis may be removed for hygiene purposes and to perform the exercise program.
- The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Instruct the patient to begin active range of motion exercises of the fingers (Hook Grip). The Hook Grip allows for flexion of the IP joints while maintaining MCP joint extension. This exercise should be performed for 25 repetitions every 2 hours while awake.
- Instruct the patient to begin active place-and-hold extension exercises for the MCP joints. Passively extend the fingers into full extension. Then ask the patient to maintain that position. This exercise should be performed for 10 repetitions every 2 hours while awake.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

10 – 14 Days Postoperative

- The sutures are removed at Dr. Warrender's office.

3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

4 Weeks Postoperative

- Instruct the patient to begin full flexion composite active range of motion exercises. Isolate the EIP and EDM when the index and small fingers are involved. This exercise should be performed for 25 repetitions every 2 hours while awake.

6 Weeks Postoperative

- Instruct the patient to begin passive range of motion exercises.
- The wearing time in the extension gutter orthosis should be gradually reduced 1-2 hours each day. It is expected that the patient is completely out of the orthosis within 7-10 days

7 Weeks Postoperative

- If there is decreased MP joint active flexion, the therapist may fabricate a dynamic flexion orthosis to increase the range of motion. It is important to watch for the development of an extensor lag and reduce the dynamic orthosis if an extensor lag develops.

8 Weeks Postoperative

- Instruct the patient to begin a progressive strengthening exercise program.

10 Weeks Postoperative

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

12 Weeks Postoperative

- The patient may resume activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.