Extensor Tendon Repair, Zone III (Central Slip without lateral band involvement) Early Short Arc Motion Rehabilitation Guidelines

THIS PROTOCOL IS NOT APPROPRIATE FOR PATIENTS INITIATING THERAPY AT OR BEYOND POST OP DAY 7 (refer to DELAYED MOBILIZATION protocol)

CONSULT WITH THE SURGEON OR OBTAIN OPERATIVE DOCUMENTATION TO CONFIRM THAT AN EARLY SHORT ARC MOTION PROGRAM IS PRESCRIBED

DO NOT BEGIN THIS PROTOCOL IF THERE IS SIGNIFICANT EDEMA AND SOFT TISSUE STIFFNESS

Phase 1 Precautions: Maintain postoperative splint for 3-7 days after surgery.

No lifting, pushing, pulling or forceful gripping with the surgical arm.

Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors.

Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
initial 5-7 days	Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position	Postoperative splint: finger splint maintaining the PIP joint of the operative finger in extension	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise • Finger flexion and extension AROM and AAROM for the non involved fingers not included in the postoperative splint • For fingers not included in the postoperative splint, active finger ABD/ADD • If not immobilized in postoperative splint, AROM wrist and forearm • AROM elbow flexion/extension • If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction • Forward and backward shoulder circles moving the scapula on the thorax

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			• Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake
Phase 2 Precautions: No lifting, pushing, pulling or forceful gripping with the surgical arm. PIP immobilization in extended position for the involved digit without fail between hand therapy sessions, no PIP flexion beyond recommended limits for each postoperative week. *Progress motion as recommended only if active extension lag is ≤ 5°			
Phase 2	**Emphasis on**	**Orthosis**	**Exercise**
5-7 days - 6 weeks	**Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal Balance relative rest with appropriate amounts of therapeutic activity for recovery Promote gliding of the extensor mechanism through performance of gradually increasing arc of motion for the involved PIP joint Maintain PIP joint of the involved finger in full extension between short arc motion sessions For patient instructions: *greater active effort is on extension rather than flexion***	**Custom, static FO, maintaining the PIP of the involved finger in full extension, allowing DIP ROM If unable to position the PIP in full extension initially, orthosis modifications throughout this time period to achieve fully extended position FO full time removing for skin care and scar management and progressive arc of motion for the PIP joint Fabricate a template orthosis for active PIP flexion ROM limits as follows*: 5-7 days: 30° week 2: 45° week 3: 60° week 4: 75° week 5: 90° week 6: progress as tolerated**	**Suggested Therapeutic Exercise** • **Short arc active PIP motion: with the wrist in 30 dg flexion and the MCP in extension, perform active PIP flexion to template ⟷ active extension** • **AROM and PROM for the non involved fingers recognizing full active composite flexion may limited due to immobilization of a adjacent involved digit** • **DIP AROM and PROM for the involved digit** **Light use of the surgical hand, avoiding tight fisting and heavy lifting Scar management activities**

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	Restore range of motion for non involved fingers and thumb **Initiation of AROM DIP joint of the involved finger** **Edema control** **Scar management**	***Progress motion as recommended only if active extension lag is ≤ 5°**	
Phase 3 Precautions: Monitor for an active extension lag. Wean orthosis during the day if no active extension lag is noted. ***Progression criteria: extension lag ≤ 10** **Avoid lifting, pushing, pulling or forceful gripping with the surgical hand.** **PIP immobilization in extended position at night.**			
Phase 3	**Emphasis on**	**Orthosis**	**Exercise**
6 weeks - 10 weeks	**Restore PIP ROM for flexion without increasing active extension lag** **Encourage progressive functional use of the surgical hand within tolerance** **Initiate gradual weaning from orthosis at 6 or 8 weeks during the day, depending on surgeon preference**	**Custom, static FO, maintaining the PIP of the involved finger in full extension, allowing DIP ROM** **Begin orthosis weaning during the day at 6-8 weeks, depending on surgeon preference** **Continue FO at night until 10 weeks post op**	**Suggested Therapeutic Exercise** ● **Progress PIP active flexion*** ● **Week 7: Initiate passive PIP flexion and composite finger flexion*** ● **Emphasis on full active PIP extension, beginning to position the MCP in 45° flexion providing manual reverse blocking** ***Progression criteria: extension lag ≤ 10°** **Light use of the surgical hand, avoiding tight fisting and heavy lifting** **Scar management activities**

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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