Extensor Tendon Repair, Zone IV Delayed Mobilization Rehabilitation Guidelines

Phase 1 Precautions: Maintain postoperative splint for 10-14 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 10-14 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 and DIP joints 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 ● Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

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Phase 2 Precautions: No lifting, pushing, pulling or forceful gripping with the surgical arm.
PIP and DIP immobilization in extended position for the involved digit without fail.

Phase 2	Emphasis on	Orthosis	Exercise
2 weeks - 4 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 Immobilization of PIP and DIP joints of the involved finger Restore range of motion for non involved fingers and thumb Edema control Scar management	Custom, static FO, maintaining the PIP and DIP joints of the involved finger in full extension 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, maintaining the PIP and DIP joints in full extension without fail when orthosis is removed	Suggested Therapeutic Exercise • Continue previously recommended exercises • AROM and PROM for the non involved fingers recognizing full active composite flexion may limited due to immobilization of a adjacent involved digit Light use of the surgical hand, avoiding tight fisting and heavy lifting Scar management activities

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<table>
<tr><td colspan="4">Phase 3 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.
PIP and DIP immobilization in extended position for the involved digit between hand therapy sessions until initiating orthosis weaning during the day at 6-8 weeks.</td></tr>
<tr><th>Phase 3</th><th>Emphasis on</th><th>Orthosis</th><th>Exercise</th></tr>
<tr>
<td>4 weeks - 10 weeks</td>
<td>Mobilization of the extensor mechanism through performance of gradually increasing arc of motion for the involved PIP and DIP joints

Adjust therapy progressions to prevent an active PIP or DIP extension lag

*Progression criteria: extension lag $\leq$ 10°

Encourage progressive functional use of the surgical hand within tolerance

Initiate gradual weaning from orthosis at 6-8 weeks during the day, depending on surgeon preference

For patient instructions: greater active effort is on extension rather than flexion</td>
<td>Custom, static FO, maintaining the PIP and DIP joints of the involved finger in full extension

FO full time removing for skin care, scar management, and limited motion exercises until initiating weaning during the day at 6-8 weeks*

Continue FO at night until 10 weeks post op

*Clarify surgeon preference for weaning timeline</td>
<td>Suggested Therapeutic Exercise
● AROM and PROM for the non involved fingers recognizing full active composite flexion may be limited due to immobilization of a adjacent involved digit

Progression criteria: extension lag $\leq$ 10°

● Week 4: initiate limited arc of motion for the involved PIP and DIP joints 0°-30° with the MCP positioned in 45° flexion providing manual reverse blocking for extension
● Week 5: progress limited arc of motion for the involved PIPand DIP joints 0°-45° with the MCP positioned in 45° flexion providing manual reverse blocking for extension
● Week 6: progress arc of motion for the involved PIP and DIP joints as tolerated with the MCP positioned in 45° flexion providing manual reverse blocking for extension
● Week 7:
  ○ initiate gentle PROM for PIP flexion and composite flexion of the involved finger
  ○ dexterity activities
  ○ progressive grip strengthening</td>
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			Light use of the surgical hand, avoiding tight fisting and heavy lifting until week 10+ **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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