## UVAHEALTH: ORTHOPAEDIC DEPARTMENT HAND AND UPPER EXTREMITY DIVISION

### Extensor Tendon Repair, Zones V-VI (delayed motion) 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.					
Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise		
1-2 weeks	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: volar wrist and finger extension, may or may not allow finger IP motion A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises	Elevation NWB of the surgical upper extremity Movement of unaffected joints throughout the day Suggested Therapeutic Exercise • If finger IPs are not included in the postoperative splint, gentle active flexion and extension to tolerance. • 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 • Gentle, pain-free cervical AROM to relieve tension • Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake		



# UVAHEALTH: ORTHOPAEDIC DEPARTMENT HAND AND UPPER EXTREMITY DIVISION

#### Extensor Tendon Repair, Zones V-VI (delayed motion) Rehabilitation Guidelines

Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Protect tendon repair by maintaining the protective position of the involved digit at all times: <i>wrist at least 15 degrees</i> <i>extension, MCP of the involved finger in extension.</i> No resistance strengthening until after 6 weeks post on					
Phase 2	Emphasis on	Orthosis	Exercise		
2-4 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 Protect the tendon repair Restore range of motion within precautions Prevent an active extensor lag Scar management	<ul> <li>WHFO: wrist in at least 15 dg extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)</li> <li>An additional attachment for full support of the involved digit(s) including IPs in extension for use at night, especially if multiple digits are affected</li> <li>Orthosis is to be worn full time including sleep except: <ul> <li>May remove for hygiene, but must maintain the protective position</li> <li>Starting week 3, may remove for recommended exercises</li> </ul> </li> <li>Edema control with an edema glove and compression sleeve</li> </ul>	<ul> <li>Suggested Therapeutic Exercise</li> <li>AROM and manual ROM for the unaffected digits through full ROM.</li> <li>AROM and gentle assisted motion for IP flexion and extension of the involved digit(s)</li> <li>AROM elbow and shoulder</li> <li>Starting week 3: <ul> <li>With the fingers in hook position, extend the proximal phalanx gently away from the orthosis support to promote proximal gliding of the tendon repair</li> <li>remove orthosis to perform AROM for the wrist with the fingers in a relaxed position, avoiding end range wrist flexion</li> </ul> </li> <li>Scar management activities</li> </ul>		



## UVAHEALTH: ORTHOPAEDIC DEPARTMENT HAND AND UPPER EXTREMITY DIVISION

#### Extensor Tendon Repair, Zones V-VI (delayed motion) Rehabilitation Guidelines

Phase 3         Emphasis on         Orthosis         Exercise           4-6 weeks         Protect the tendon repair         Protect the tendon repair         WHFO: wrist in at least 15 dg extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)         Suggested Therapeutic Exercise           Prevent an active extensor lag         WHFO: wrist in at least 15 dg extension, allowing IP flexion (P1 block, forearm-based)         Suggested Therapeutic Exercise           Scar management         Prevent an active extensor lag         An additional attachment for full support of the involved digit(s) including IPs in extension for use at night, especially if multiple digits are affected         Suggested Therapeutic Exercise           Orthosis is to be worn full time including sleep except: • May remove for hygiene, but must maintain the protective position         Week 3, may remove for recommended exercises           Edema control with an edema glove and compression sleeve         Edema control with an edema glove and compression sleeve         Scar management activities	Phase 3: Avoid lifting, pushing, pulling or forceful gripping with the surgical hand. Protect tendon repair by avoiding concurrent wrist and finger flexion. No resistance strengthening until after 6 weeks post op.					
4-6 weeks       Protect the tendon repair       WHFO: wrist in at least 15 dg extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)       Suggested Therapeutic Exercise         Prevent an active extensor lag       An additional attachment for full support of the involved digit(s) in cluding IPs in extension for use at night, especially if multiple digits are affected       o single joint motion for MCP flexion with the wrist in slight extension         Orthosis is to be worn full time including sleep except: • May remove for hygiene, but must maintain the protective position       o tendon glides: hook fist, straight fist, composite fist, intrinsic extension         Scar management       Starting week 3, may remove for hygiene, but must maintain the grotective position       Scar management activities	Phase 3	Emphasis on	Orthosis	Exercise		
	<b>4-6 weeks</b>	Protect the tendon repair Restore range of motion within precautions Prevent an active extensor lag Scar management	<ul> <li>WHFO: wrist in at least 15 dg extension, MCP(s) of the involved digit(s) in extension, allowing IP flexion (P1 block, forearm-based)</li> <li>An additional attachment for full support of the involved digit(s) including IPs in extension for use at night, especially if multiple digits are affected</li> <li>Orthosis is to be worn full time including sleep except: <ul> <li>May remove for hygiene, but must maintain the protective position</li> <li>Starting week 3, may remove for recommended exercises</li> </ul> </li> <li>Edema control with an edema glove and compression sleeve</li> </ul>	Suggested Therapeutic Exercise • Continue previously recommended exercises • AROM wrist 4-way and forearm pronation/supination • Week 4 • single joint motion for MCP flexion with the wrist in slight extension • Week 5 • tendon glides: hook fist, straight fist, composite fist, intrinsic extension • extrinsic AROM combining wrist and finger motion Scar management activities		



## UVAHEALTH: ORTHOPAEDIC DEPARTMENT HAND AND UPPER EXTREMITY DIVISION

#### Extensor Tendon Repair, Zones V-VI (delayed motion) Rehabilitation Guidelines

Phase 4 Precautions: Gradual weaning from orthosis. <u>Avoid pain when strengthening</u> and progressing ADL's and functional use of the surgical hand.

Phase 4	Emphasis on	Orthosis	Exercise	
6+ weeks	Prevent an active extensor lag Regain range of motion	Gradual weaning of the orthosis during the day, monitoring for an extensor lag	Suggested Therapeutic Exercise <ul> <li>Continue previously</li> <li>recommended exercises</li> <li>Progress AROM, may add</li> <li>assisted ROM/PROM</li> </ul>	
	Wean from orthosis during the day Begin regaining strength and functional use of the surgical hand	Continue orthosis for positioning at night until 8 weeks post op	<ul> <li>Dexterity exercises</li> <li>week 7: may begin resisted grip strengthening</li> <li>week 8: may add resistance to the repair to facilitate strength and tendon gliding</li> </ul>	

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.

