

Extensor Tendon Repair, Zones V-VI (relative motion/early motion) Rehabilitation Guidelines

THIS GUIDELINE IS NOT FOR INJURIES THAT INVOLVE ALL EDC, EIP OR EDM TENDONS—SEE DELAYED MOBILIZATION 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
1-2 weeks	<p>Protection</p> <p>Keep the postoperative splint clean and dry</p> <p>Minimize swelling</p> <p>Prevent finger stiffness and loss of motion for the unaffected joints</p> <p>Avoid upper quadrant pain from holding arm in a guarded position</p>	<p>Postoperative splint: volar wrist and finger extension, may or may not allow finger IP motion</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p>	<p>Elevation</p> <p>NWB of the surgical upper extremity</p> <p>Movement of unaffected joints throughout the day</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • 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 <p>Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake</p>

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.
Protect tendon repair by maintaining the protective position of the involved digit at all times: *MCP in relative greater extension than adjacent digits*
Avoid concurrent digit and wrist flexion for both orthoses groups.
No resistance strengthening until after 6 weeks post op.

Phase 2	Emphasis on	Orthosis	Exercise
2-4 weeks	<p>Postoperative care: 2-week postoperative appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protect the tendon repair</p> <p>Restore range of motion within precautions</p> <p>Scar management</p>	<p>Depending on surgeon preference:</p> <p><u>Relative motion only:</u> A relative motion orthosis positioning the MCPs of the surgical digit(s) in 20-30° greater extension than the MCPs of the uninjured digit(s) to be worn at all times (including sleep and showers), removing only to care for the skin beneath the orthosis.</p> <p><u>Relative motion with WHO:</u> A wrist orthosis (WHO) positioning the wrist in 20° extension to be worn with the relative motion orthosis full time (including sleep), removing for hygiene.</p> <p>Edema control with an edema glove and compression sleeve</p>	<p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • AROM and manual ROM for the unaffected digits through full ROM. • AROM and gentle assisted motion for IP flexion and extension of the involved digit(s) • Gentle composite fistng as tolerated with the relative motion orthosis in place • Place and hold MCP, PIP and DIP extension for involved digit(s) • AROM elbow and shoulder • Dexterity activities without resistance • If surgeon's preference is for using a wrist orthosis with the relative motion orthosis: <ul style="list-style-type: none"> ○ may remove wrist orthosis for tenodesis AROM with the relative motion orthosis in place <p>Scar management activities</p>

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Phase 3: Avoid lifting, pushing, pulling or forceful gripping with the surgical hand.

Protect tendon repair by maintaining the protective position of the involved digit at all times: *MCP in relative greater extension than adjacent digits*

No resistance strengthening until after 6 weeks post op.

Phase 3	Emphasis on	Orthosis	Exercise
4-6 weeks	Protect the tendon repair Restore range of motion within precautions Scar management	<u>Relative motion only:</u> A relative motion orthosis to be worn at all times (including sleep and showers), removing only to care for the skin beneath the orthosis <u>Relative motion with WHO:</u> May discontinue WHO A relative motion orthosis to be worn at all times (including sleep and showers), removing only to care for the skin beneath the orthosis	Suggested Therapeutic Exercise <ul style="list-style-type: none"> Continue previously recommended exercises AROM wrist with digits relaxed, relative motion orthosis in place Full hook fisting with emphasis on full extension of the MCP joints for scar adhesions Scar management activities

Phase 4 Precautions: Gradual weaning from orthosis.

Avoid pain when strengthening and progressing ADL's and functional use of the surgical hand.

Phase 4	Emphasis on	Orthosis	Exercise
6+ weeks	Prevent an extensor lag Regain range of motion Gradually wean from relative motion orthosis Regain strength and functional use of the surgical hand	Gradual weaning of the orthosis during the day, monitoring for an extensor lag Continue relative motion orthosis at night for 2-4 more weeks	Suggested Therapeutic Exercise <ul style="list-style-type: none"> Continue previously recommended exercises as applicable Gradually progress AROM for concurrent fist and wrist flexion Emphasis on MCP extension during active hook fisting to address scar adhesions Dexterity exercises May begin grip strengthening

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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