

## Flexor Pollicis Longus (FPL) Repair Early Active (Place and Hold) Motion Rehabilitation Guidelines

**DO NOT BEGIN THIS PROTOCOL IF THE WORK OF FLEXION IS INCREASED BY SIGNIFICANT EDEMA AND SOFT TISSUE STIFFNESS**

**Phase 1 Precautions: Maintain postoperative splint for 3-5 days after surgery. No lifting, pushing, pulling or forceful gripping with the surgical arm.**

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

Phase 1: Starts after Surgery	Emphasis on	Orthosis	Exercise
3-5 days	<p><b>Protection</b></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><b>Postoperative splint:</b> thumb spica with the thumb IP in extension</p> <p>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises</p>	<p><b>Elevation</b></p> <p>Movement of unaffected joints throughout the day</p> <p><b>Suggested Therapeutic Exercise</b></p> <ul style="list-style-type: none"> <li>• Active finger flexion/extension as post op splint allows</li> <li>• Active finger ABD/ADD</li> <li>• Active elbow flexion and extension</li> <li>• 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</li> <li>• Forward and backward shoulder circles moving the scapula on the thorax</li> <li>• Abdominal breaths/deep breathing</li> </ul> <p>Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake</p>

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



## Flexor Pollicis Longus (FPL) Repair Early Active (Place and Hold) Motion Rehabilitation Guidelines

**Phase 2 Precautions: Protect repair with orthosis. Avoid end ranges of thumb extension.  
No lifting, pushing, pulling or forceful gripping with the surgical extremity.  
No resistance strengthening until 8-10 weeks post op.**

Phase 2	Emphasis on	Orthosis	Exercise
3-9 days - 4 weeks	<p>Protection of the repair</p> <p>Initiate appropriate rehabilitation to promote tendon gliding without gapping or rupturing the repair</p> <p>Restore PROM for the thumb MCP and IP joints for full flexion</p> <p>Control edema</p> <p>Wound healing</p> <p>Prevent infection: keep wounds clean, dry and covered until sutures are removed</p> <p>Initiate scar management activities after suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p>	<p>Custom, static WHFO dorsal block: wrist in neutral to 20° flexion, thumb MCP in 15° flexion, IP in 30° flexion</p> <p>WHFO full time including sleep removing for hand therapy exercises and hygiene</p>	<p>Continue previous recommendations</p> <p>Prescribed exercises are to be performed every 1-2 waking hours</p> <p><u>Warm up</u></p> <p>ALWAYS BEGIN SESSION WITH PROM performed slowly, moving into stiffness/mild discomfort without causing pain repeating until ROM is loose and easy:</p> <ul style="list-style-type: none"> <li>• thumb MCP and IP flexion</li> <li>• limit thumb extension to position allowed by orthosis</li> </ul> <p><u>Place and hold</u></p> <p>Remove orthosis</p> <p>Start exercise by relaxing wrist into a flexed position, allowing the thumb to naturally extend</p> <p>Using the opposite hand, help the thumb into a flexed position while actively extending the wrist to 30-45°</p> <p>Actively hold thumb in the flexed position while continuing to support the position with the opposite hand for a count of 10 repeating 10 times</p> <p>Release the thumb and wrist to the starting position</p>

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## Flexor Pollicis Longus (FPL) Repair Early Active (Place and Hold) Motion Rehabilitation Guidelines

**Phase 3 Precautions: Protect repair with orthosis.**

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

**No resistance strengthening until 8-10 weeks post op.**

Phase 3	Emphasis on	Orthosis	Exercise
4 weeks –6 weeks	<p>Protection of the repair</p> <p>Prescribe appropriate rehabilitation to promote tendon gliding without gapping or rupturing the repair</p> <p>Restore PROM for the fingers and thumb, if not already accomplished</p> <p>Restore full AROM wrist</p> <p>Scar management</p>	<p>Custom, static WHFO dorsal block: wrist in neutral to 20° flexion, thumb MCP in 15° flexion, IP in 30° flexion</p> <p>WHFO full time including sleep removing and for hand therapy exercises and hygiene</p>	<p>Continue previous exercises in phase 2 progressing place and hold to active tenodesis</p> <p>Active tenodesis: wrist flexion with thumb extension ←→ wrist extension to 45° with active thumb flexion through an easy, comfortable ROM, initiating the motion from the IP joint, not allowing flexion to be predominantly MCP motion (limit active MCP motion to 30-40°)</p> <p>Gentle active thumb extension to the point of stiffness with the wrist in slight flexion</p> <p>Progressive AROM for the wrist with the goal to restore full motion</p> <p>Progressive AROM for the wrist with the goal to restore full motion, thumb in a relaxed position</p> <p>week 5: Gradually progress concurrent thumb CMC, MCP and IP extension</p>

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## **Flexor Pollicis Longus (FPL) Repair Early Active (Place and Hold) Motion Rehabilitation Guidelines**

**Phase 4 Precautions: Progress daily use of the hand gradually.  
No resistance strengthening until 9 weeks post op.**

<b>Phase 4</b>	<b>Emphasis on</b>	<b>Orthosis</b>	<b>Exercise</b>
<b>6-12 weeks</b>	<b>Gradual load tolerance of the repair</b>  <b>Restoring PROM</b>  <b>Restoring tendon gliding for functional AROM</b>  <b>Scar management</b>  <b>Encourage gradual return to ADLs</b>	<b>Protective orthosis is discontinued</b>	<b>May initiate joint blocking activities</b>  <b>At week 9, may initiate and gradually increase resistance depending on soft tissue response</b>  <b>Continue dexterity activities</b>

**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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