# Sagittal Band Repair Rehabilitation Guidelines

**Phase 1 Precautions: Maintain postoperative splint and dressing for 10-14 days after surgery.**
**Avoid 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 | Protection<br><br>Keep the postoperative splint clean and dry<br><br>Minimize swelling<br><br>Prevent finger stiffness and loss of motion for the unaffected joints<br><br>Avoid upper quadrant pain from holding arm in a guarded position | Postoperative splint: volar wrist and hand<br><br>A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises | Elevation<br><br>NWB of the surgical upper extremity<br><br>Movement of unaffected joints throughout the day<br><br>Suggested Therapeutic Exercise<br>• If available in the postoperative splint, active finger IP flexion/extension<br>• Thumb AROM as allowed by the postoperative splint<br>• AROM elbow flexion/extension<br>• 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<br>• Forward and backward shoulder circles moving the scapula on the thorax<br>• Gentle, pain-free cervical AROM for relieving tension<br>• Abdominal breaths/deep breathing<br><br>Encourage staying active throughout the day as able, good sleep hygiene and good hydration and nutritional intake |

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**Phase 2 Precautions: Avoid lifting, pushing, pulling or forceful gripping with the surgical arm.**
**Maintain the involved MCP joint in either full extension or relative extension in reference to adjacent fingers.**
**Avoid full composite fisting of the involved finger.**
**No resistance strengthening until after 6 weeks post op.**

| Phase 2 | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 2-8 weeks | Postoperative care:<br>2-week postoperative appointment with the surgical team for wound assessment and suture removal<br><br>Balance relative rest with appropriate amounts of therapeutic activity for recovery<br><br>Protect repair<br><br>Restore finger range of motion and tendon gliding within precautions<br><br>Restore wrist range of motion<br><br>Scar management | Custom fabricated orthosis, either a hand-based P1 block or a relative motion orthosis with the involved MCP in extension<br><br>Orthosis to be worn full time removing for skin hygiene only<br><br>Compression glove, if needed for swelling | Suggested Therapeutic Exercise<br><br>• AROM and place and hold for hook fisting<br>• If using a relative motion orthosis: AROM for composite fisting as allowed by the orthosis (do not remove for composite fisting)<br>• Dexterity and hand manipulation activities within the orthosis<br>• AROM wrist 4-way and forearm pronation/supination<br><br>Scar management activities<br><br>Desensitization activities if hypersensitive at the surgical site |

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**Phase 3 Precautions: Avoid tight composite fisting with forearm rotation.**
***Avoid pain when strengthening*** **and when progressing ADL's and functional use of the surgical hand.**

| Phase 3 | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 8-12 weeks | Begin gradual strengthening for functional activities<br><br>Continue restoration of range of motion, if applicable<br><br>Encourage progressive functional use of the surgical hand | A relative motion orthosis may be continued until 8-10 weeks post op depending on surgeon preference, otherwise wean as tolerated with emphasis on precautions. | Education: ergonomics for avoiding stress to sagittal bands<br>• Use tools with wider grips<br>• Use good grip tape on golf clubs or racquets<br>• Pipe insulation may be added to handles of brooms and rakes<br>• Take frequent movement breaks from prolonged gripping (driving, pickleball, etc.)<br><br>Suggested Therapeutic Exercise<br>• Continue previous activities as applicable<br>• Gradual restoration of full composite fist (after 8-10 weeks)<br>• Continued dexterity and hand manipulation activities if dexterity deficits persists<br><br>Progress ADL's, allowing pain to guide activity |

**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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