

## THERAPY PROTOCOL

### Flexor Tendon Repair (Nantong)

NOTE: Precautions: Place/hold exercises are not utilized during this protocol

3 – 5 days post-op

- Wound care:
  - The bulky compressive surgical dressing is removed. A light compressive dressing is applied if bleeding/drainage is noted.
- Orthosis:
  - A dorsal blocking orthosis is fabricated for continual wear with positioning as follows:
    - Wrist: 0-20 degrees of flexion
    - MPJs: ~30 degrees of flexion
- ROM:
  - PROM exercises initiated- performed hourly (10 reps each) within the confines of the orthosis with alternating active extension Isolated DIPJ and PIPJ flexion
  - Composite digital flexion o AROM exercises initiated (upon therapy evaluation or 1st follow-up)- performed hourly (10 reps each) within comfort levels
  - Allow 1/3 up to 2/3 full motion Alternating active digital extension is performed with emphasis on full extension of the IPJs

2.5 weeks – 3 weeks post-op

- Wound care:
  - Scar massage initiated 48 hours s/p suture removal to decrease scar adhesions
- Orthosis:
  - Modified into a more functional extended wrist position (20 degrees) rather than neutral/slightly flexed position. MPJ positioning remains constant.
- AROM:
  - Increased to 75%

4 weeks – 5 weeks post-op

- Modalities:
  - Ultrasound for scar management prn AROM: full AROM encouraged 6 weeks post-op
- Orthosis: Discontinued and light functional use of injured hand is encouraged
- PROM: o Passive digital extension is initiated if full motion of the IPJs is limited Initiation
- Blocked digital flexion may be initiated to the IPJs as well

8 weeks post-op

- Strengthening: initiated

12 weeks post-op

- Return to functional use- unrestricted