

Extensor Tendon Repairs Zones II, III & IV

REHABILITATION PROTOCOL

Patient Name: _____ Date: _____

Diagnosis: _____

Surgery: _____ Surgery Date: _____

Indications

- Lacerations to the central slip, lateral bands and/or triangular ligament.
- Rupture of the central slip in association with a PIP joint volar dislocation.
- Avulsion of the central slip insertion that includes a bony fragment of the middle phalanx.

Postoperative Rehabilitation

3 Days Postop

- The bulky compressive dressing is removed. A light compressive dressing is applied to the hand and forearm, along with digital level edema control.
- A gutter splint is fitted positioning the PIP and DIP joints in full extension for continual wear.

10-14 Days Postop

- Within 48 hours following suture removal, scar mobilization techniques are initiated. This may include scar massage with lotion, along with Elastomer™, Rolyan 50/50™ or Otoform K™.

4 Weeks Postop

- AROM exercises are initiated with emphasis on blocking to the PIP and DIP joints, composite ROM exercises, and isolated IP extension with the MP joint blocked in flexion. Exercises should be performed 6-8 times a day for 10 minute sessions.
- The gutter splint is continued between exercise sessions and at night.

6 Weeks Postop

- PROM exercises are initiated to the digit assuming the extensor lag is less than 10°.
- The extension gutter splint is continued between exercise sessions and at night.

7 Weeks Postop

- Taping and/or dynamic flexion splinting may be initiated as needed to increase PROM. It is important to watch for the development of an extensor lag and reduce the dynamic splinting if a lag develops.
- The wearing time in the gutter splint should gradually be reduced. To reduce the wearing time one hour each day should effectively discontinue the splint within 7-10 days, during the day.

8 Weeks Postop

- The gutter splint is discontinued during the day, assuming the extensor lag is 10° or less.
- Gentle strengthening may be initiated as necessary.

9 Weeks Postop

- The extension gutter splint is discontinued for night wear.

Considerations:

- For older patients or those individuals who form dense scars, it is well advised to progressively decrease the splint wearing time as early as the fifth week to avoid a residual limitation in passive flexion.
- Longitudinal lacerations of the extensor tendons in Zones II, III, and IV that have been repaired can begin AROM exercises upon suture removal. An extension gutter splint is recommended between exercise sessions.
- To ensure the patient maintains the MP joint in flexion while attempting the IP joint extension exercise, a MP blocking splint in flexion may be fabricated to isolate active IP joint extension.