

Flexor Tendon (Zone I/II) Repair Rehabilitation Protocol Guidelines

I. Post-op Days 1 – 7

- a. Goal:
 - i. Relative tension free tendon excursion to prevent adhesions
 - ii. Edema control
- b. Begin synergistic wrist splint
 - i. Encourage:
 - 1. Passive digital flexion with active/passive wrist extension
 - 2. Active Digital Extension combined with active/passive wrist flexion
 - ii. Block wrist at 30 degrees flexion/removable dorsal foam block (allows 30 degrees extension when block removed)
 - iii. MCP joint dorsally blocked at 60 degrees flexion
 - iv. PIP and DIP joint in full extension
- c. Hourly passive ROM protocol for MCP, PIP, and DIP joint done with splint on
- d. Gentle “place and hold” synergistic digital flexion + wrist extension
- e. Compressive finger wraps for edema control
- f. Objective measurements of place and hold range of motion recorded @ each visit

II. Weeks 1-3

- a. Continue appropriate previous exercises and progress ROM as tolerated within confines of dorsal block splint

III. Week 4

- a. Continue appropriate previous exercises
- b. Active motion within the splint initiated
- c. Differential tendon gliding exercises begun
 - i. Flat Fist: MCP flexion with PIP and DIP extension w/synergistic wrist extension w/in splint
 - ii. Hook Fist: MCP extension with PIP and DIP flexion w/synergistic wrist extension w/in splint

IV. Week 5

- a. Add Composite wrist flexion and full finger flexion with confines of the splint

V. Weeks 6 – 12

- a. Goal: 5-10% increase in ROM expected per week
- b. Discontinue splint
- c. Gentle Putty—Resisted composite fist exercises
- d. Gentle resisted differential tendon gliding (hook and flat fist)
 - i. Blocking of PIP and DIP joints to isolate flexor tendons

VI. 3 Months

- a. Resisted strengthening can be initiated with range of motion within acceptable limits