EXTENSOR TENDON – ZONE 3-4 “CENTRAL SLIP” POST-OP PROTOCOL

THEORY: Protect surgical repair with immobilization and protect against development of boutonniere deformity.

PRECAUTIONS: • Requires patient cooperation – Contraindicated for young children or any confused patients.

FREQUENCY: 1 x per week for 6-8 weeks.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within two weeks of discharge.

DAY 2-7 POST REPAIR:

Splint:
• Custom fabricated splint
  ➢ Central slip laceration/repair only: Volar splint with PIP extended to 0° with DIP free.
  ➢ Central slip and lateral band laceration/repair: Volar splint with PIP and DIP extended to 0°.

Clinical program:
• Splint adjustments as needed.
• Hygiene care.
• Check wound.
• Patient education with emphasis on precautions.
• Edema control –coban application.
• Scar management.

Home exercise program:
• Central slip laceration/repair- DIP flexion exercises X 10 each waking hour.
• Lateral band laceration/repair no exercise program- immobilization for 4-6 weeks.
BY 4-6 WEEKS POST REPAIR:

**Splint:**
- Continue as above.

**Clinical Program:**
- Continue as above.
- Hygiene care.
- Continue with DIP flexion exercise.
- Add progressive PIP flexion starting at 30° with a volar splint exercise block. Progressing weekly by 10-15°. Continue as long as no extension lag is noted.

BY 8-12 WEEKS POST REPAIR:

**Splint:**
- Discontinue for light functional activities and don splint at night until 12 weeks or per physician recommendation. Discontinue splint for high risk activities at 10-12 weeks or per physician order.

REFERENCES:


JL/aoc 1/02, Rev. 2009