CLINICAL PROTOCOL FOR EARLY PASSIVE MOBILIZATION PROGRAM
EXTENSOR TENDON ZONE 5-6 (EPL 4-5)

PURPOSE: “Applying controlled stress to the healing extensor tendon by promoting intrinsic healing... To encourage longitudinal reorientation of adhesions associated with extrinsic healing.”

FREQUENCY: 1-3 times per week.

DURATION: Average estimate of formal treatment 1-3 times per week over 6-12 weeks based on Occupational Therapy evaluation findings.

DOCUMENTATION: Progress Note to physician at each follow-up appointment. Follow treatment calendar for daily requirements. Discharge Summary within 2 weeks of discharge.

VISIT ONE (3-5 DAYS POST-OP):
SPLINT:
- Volar splint with wrist positioned at 40-45° dorsiflexion
- MP and IP at 0°; removable foam block at 30° used with exercise and at night
- Dorsal splint: Outrigger dynamic portion for day and remove at night
- Thumb (EPL) MP at 0° and IP with wedge at 60° (or within comfortable available range of motion)

HOME EXERCISE PROGRAM:
- 10-20 repetitions per waking hour
- Remove block and perform active flexion and dynamic passive extension via outrigger

1-2 WEEKS:
SPLINT:
- Continue and adjust as appropriate

HOME EXERCISE PROGRAM:
- Continue as above

THERAPY:
- In-clinic wound care/scar management
- Edema control techniques
- Hygiene care

For more information go to www.rehab-3.com
2 WEEKS:

SPLINT:
- Continue as above

HOME EXERCISE PROGRAM:
- Add active hooks in splint – slide loops to proximal phalanx

THERAPY:
- Continue as above
- Add modified tenodesis (relaxed hand, fully extended wrist, and bring wrist to neutral with simultaneous finger extension)
- Controlled passive motion (with wrist and MP fully extended)
  (a) Gentle passive range of motion to each IP joint
  (b) MP flexed to 40° followed by simultaneous wrist flexion to 20°

3 WEEKS:

SPLINT:
- Continue as above.

HOME EXERCISE PROGRAM:
- Continue with dynamic assist program
- Active hook in splint
- Add active MP flexion and extension within the confines of the splint

THERAPY:
- Continue as above.
- Elastomer pad
- Ultrasound as indicated and full wrist tenodesis

4 WEEKS:

SPLINT:
- Continue as above
- At 4½ weeks, remold volar splint to MP and IP to 0° and discontinue dorsal splint

HOME EXERCISE PROGRAM:
- Out of splint active range of motion to include composite fist from hook position
- Intrinsic to composite and wrist range of motion

THERAPY:
- Continue as above.
- Fluidotherapy
- Modalities as indicated
- Wrist/Forearm range of motion
- Re-evaluate active range of motion measures for the first time (physician note)
5 WEEKS:
SPLINT:
• Remove for light activities/tasks and continue at night

HOME EXERCISE PROGRAM:
• Out of splint activities
• Continue with range of motion as above

THERAPY:
• Continue as above
• Functional activities

6 WEEKS:
SPLINT:
• Discontinue at night if full extension
• Light wrist strengthening as indicated

HOME EXERCISE PROGRAM:
• Continue as above

THERAPY:
• Scar management
• Range of motion exercises
• Functional tasks
• Light strengthening

8 WEEKS:
SPLINT:
• Discontinue splint

HOME EXERCISE PROGRAM:
• Continue as above

THERAPY:
• As indicated per re-evaluation findings
• Strengthening per physician recommendations

REFERENCES:
   Evans, R.B. An Update on Extensor Tendon and Tendon Management, pg. 562-568.