CLINICAL PROTOCOL FOR FLEXOR TENDON AFTER DOLLS REPAIR

PRECAUTIONS: DOLLS procedure only. The patient must be cognitively aware, adult. Must be tidy wound with no evidence of infection.

FREQUENCY: 1-3 times per week.

DURATION: Up to 12 visits over 4-5 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 – INITIAL EVALUATION (3-7 DAYS POST-OP):

GOALS:
1) Tendon Evaluation:
   - Assess wound status.
   - Assess passive flexion and active extension within splint boundaries.
   - Assess edema.
2) Fabricate dorsal block splint as follows:
   Digit Injury: Wrist: 25 degrees flexion
    MP’s: 45 degrees flexion
    IP’s: Full extension
   Thumb Injury: Wrist: 30 degrees flexion
    Thumb: 60 degrees palmar abduction
    MP/IP: Full extension
3) Instruct patient in home exercise program to perform hourly – all in splint:
   - Full passive flexion of PIP’s and passive/active extension to splint.
   - Full passive flexion of DIP’s and passive/active extension to splint.
   - Composite passive flexion with passive/active extension to splint. Duran’s passive motion
   - Active composite flexion and extension simultaneously.
   - Fisting to a gentle “tight feeling” lasting 3-5 seconds.
4) Instruct patient in elevation to decrease edema.
5) Patient education regarding precautions, early mobilizations, protocol, and splint.

If patient presents with the following Self-Management Criteria:
- No limitations in passive flexion or extension of digits;
- Minimal to no edema with minimal to no pain;
- Independent with home exercise program following instruction;
then the patient can be placed on a home exercise program with one time per week rechecks to upgrade program as per Protocol until Discharge Criteria have been met. The patient will be evaluated regarding adherence/understanding of precautions. (Refer to handout for home exercise program instructions/exercises.) If patient does not meet above criteria, then a course of formal rehabilitation will be initiated 2-3 times per week until above criteria have been met.
**DISCHARGE CRITERIA:**
1) Active/Passive range of motion full or per physician expectations.
2) Functional hand strength.
3) No greater than moderately firm scar.
4) Patient is independent with comprehensive home exercise program.
5) Failure to progress.
6) Failure to comply.

**-TREATMENT GUIDELINES-**

**WEEK ONE:**
**GOALS:**
1. The patient will demonstrate proper home exercise program techniques.
2. Full passive flexion and extension (to splint) of digits.
3. No greater than moderate edema.
4. Review precautions.

- Patient education regarding anatomy.
- Check wound and hygienic care.

**WEEK TWO:**
**GOALS:**
1. Decrease edema if present by at least 10%.
2. Begin scar massage.
3. Begin blocking exercises, sides of digit only (in splint) at 2 ½ weeks.

- Continue with Week One exercises/treatment.
- Coban/Cowrap.
- Continued education.

**WEEK THREE:**
**GOALS:**
1. Increase active range of motion by at least 25%.
2. Improve scar mobility to no greater than moderately firm.

- Continue with previous weeks’ treatment.
- Begin wrist motion.
- Begin light functional tasks in clinic only.
- Differential glides.
- SA to wrist neutral; splint off for light functional exercises in clinic only.

**WEEK FOUR:**
**GOALS:**
1. Improve scar mobility to no greater than moderately firm.
2. Increase functional use of injured upper extremity to use during light, non-resistive self-care tasks.

- Ultrasound if necessary.
- Discontinue splint during low risk activities; continue to wear splint for high risk activities.
WEEK FIVE:
GOALS:
1. Increase functional use of injured upper extremity to use during all light, non-resistive ADL.
   • Discontinue splint at night.

WEEK SIX:
GOALS:
1. Increase any limited range of motion if due to decreased glide.
2. Strengthening if heavy scarring.
   • Light putty.
   • AVOID: Heavy lifting and full extension of wrist and digits.

WEEK EIGHT:
GOALS:
1. Return to work full time, regular duty.

REFERENCES:

DR/aoc
6/98, Rev. 8/98, 2009