# CLINICAL PROTOCOL FOR EXTENSOR TENDON EARLY MOBILIZATION

**INDICATIONS:** Laceration of EDC, EIP, EDM, Zone 5-6; EPL Zone 4-5.

**RATIONALE:** Minimize tendon adhesion by providing 5 mm passive tendon glides and reduce joint stiffness.

**FREQUENCY:** 2-3 times per week.

**DURATION:** Average estimate of formal treatment 2-3 times per week over 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 REPAIR):

1) Splint fabrication
   - Volar splint with wrist positioned at 40-45° dorsiflexion
   - MP foam block based on finger involvement:
     - Index/Long finger 28°
     - Ring finger 41°
     - Small finger 38°
     - 5 mm tendon excursion
   - Thumb EPL 60° block and radial abduction
   - Dorsal outrigger dynamic portion for exercise.

2) Educate patient regarding tendon precautions, surgical procedure, full time splint wear, and treatment rationale.

3) Instruct patient in home exercise program
   A) Independent donning/doffing of splint.
   B) Active flexion of MPS to splint block, 10 repetitions each waking hour.

## CLINICAL PROGRAM:

1) Review above exercises.
2) Splint adjustment as needed.
3) Check wound – hygiene care.
4) Patient education with emphasis on precautions.
5) Edema control – Coban as needed.



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**WEEK 2:**

- Continue with splint wear and exercise as previously, 10 repetitions each waking hour.

**WEEK 3:**

*HOME EXERCISE PROGRAM:*

- Scar massage, debridement, and desensitization.
- Continue with exercises while in splint for active flexion and passive extension.
- Initiate active in splint – MP flexion to block and active extension (IPS extended).
- Slide loops back and hook in splint.

*IN-CLINIC PROGRAM:*

- Active hook (JPS) with MP and wrist extended protected position.

**WEEK 4:**

- Out of splint active composite fist – graded from hook – intrinsic to composite.
- Active wrist flexion gradually increases with fingers relaxed.

*SPLINT:* Discontinue dorsal piece – remold volar piece. Full MP and IP extension. Continue with splint while not exercising.

*RE-EVALUATION:* Measurement of active range of motion for first time.

**WEEK 5:**

- Active range of motion out of splint.
- Review precautions.

*SPLINT:* Out of splint for low risk activities.

**WEEK 6:**

- Discontinue splint.

**WEEK 7:**

- Initiate blocking.

**WEEK 8:**

- Re-evaluate.
- Graded strengthening.
- Dynamic splint as needed.

**WEEKS 10-12:**

- BTE.
- No restrictions.

**REFERENCES:**

1) Evans, R.B. *Therapeutic Management of Extensor Tendon Injuries, Hand Clin* 2:157, 1986.
2) Hunter, Mackin, Callahan. *Rehabilitation of the Hand: Surgery and Therapy*, 5th Edition, Vol. 1. Evans, R.B. *An Update on Extensor Tendon and Tendon Management*, pg. 562-568.