

PLASTIC SURGERY DEPARTMENT

PHYSIOTHERAPY PROTOCOLS

PROTOCOL FOR EARLY ACTIVE MOBILISATION OF EXTENSOR TENDON REPAIRS

Tendons:

Extensor digitorum communis, extensor indicis proprius & extensor digiti minimi proprius.

Zones:

Zone 4 (base of proximal phalanx) to Zone 8 (musculo-tendinous junction)

Injuries:

Primary repairs, with adequate skeletal stability and skin cover.

Splint:

- Volar: POP, quick set resin or thermoplastic; From proximal forearm to finger tips (include all fingers);
- Wrist: 45° extension;
- MCPJs: 45° flexion;
- IPJs: extended;
- Held in place by bandage or Velcro fasteners proximal to MCPJs, to allow free movement of fingers.
- Duration of splinting: 4 weeks full time, 1-2 weeks at night subsequently.



Movement:

- As soon as practical after surgery, but within 24 hours;
- Patient to be seen by Hand Therapist as soon as possible. Regimen may be initiated by surgeon if therapist is not available;
- Check that nothing will impede free movement at MCPJs & IPJs;
- Passive extension of MCPJs;
- Active extension of MCPJs, i.e. lifting fingers off splint, x4;
- Active extension of MCPJs, then flexion of IPJs, x4;
- These active exercises to be done x4/day;
- After 4 weeks, remove splint and gradually progress to full flexion at all joints together after 6 weeks.

