

Please schedule with an Occupational Therapist as ordered (can try to find a Certified Hand Therapist near you at <https://www.htcc.org/find-a-cht>) and learn home exercises to do as well.

IMPORTANT: Therapy must start within one week from surgery. Do not delay therapy- call our nursing staff at (860)-545-9085 right away if there is a barrier to starting therapy!

Reminders!

- While healing until week 6, think **“Move it, don’t use it!”**
- Therapy may be delayed about 2 weeks if nerve repairs were also performed
- Between weeks 2-3: the tendon is weakest
- Between 4-5 weeks: the tendon is firm, but still weak
- Between weeks 5-6: the tendon is becoming stronger

Phase 1- Post-Op Week 0-1

Immobilization:

- Post-op splint transitioning to OT fabricated splint within 7 days
 - Splint specifications: dorsal blocking splint to allow active flexion, wrist neutral, 50 degrees flexion of MCPs, IPs in full extension (splint may be modified on a case-by-case basis)

Therapeutic Exercise:

- To start at first OT appointment: Passive composite full fist; passive DIP extension maintaining MCP and PIP in flexion; block MCP in full flexion and actively extend IP’s; passive DIP flexion and active extension; passive PIP flexion and active extension; isolated FDS glide of unaffected fingers; passive or gravity assisted wrist flexion followed by active extension to splint limits
- Work on home exercises daily throughout recovery, remove splint for home exercises

Precautions:

- ROM: No passive wrist extension, no passive finger extension
- No gym/sports/recess. No contact or ball sports. No playground equipment. No activities with high fall risk. No weight bearing on surgical upper extremity.

Incision Site Care:

- Observe daily for signs of infection- increased redness, swelling, warmth, drainage
- Can leave incision uncovered in OT fabricated splint
- Can wash hands and shower at post-op day 5, pat dry, do not submerge/soak under water

Post-operative appointment:

- About 1 week from surgery

Phase 2- Post-Op Weeks 2-3

Immobilization:

- OT fabricated splint

Therapeutic Exercise:

- Continue exercises from week 0-1
- At week 3, OT may add place and hold exercises

- Place/hold for hook, full and straight fist with wrist extended
- Place/hold isolated FDS glide of involved digit(s)

Precautions:

- ROM: No passive wrist extension, no passive finger extension
- No gym/sports/recess. No contact or ball sports. No playground equipment. No activities with high fall risk. No weight bearing on surgical upper extremity.

Incision Site Care:

- May submerge under water at 14 days post op
- Let water and soap run over incision and pat dry, do not scrub area, leave uncovered, do not use lotions, medical grade glue covering incision will eventually fall off like a scab
- Observe daily for signs of infection

Post-operative appointment:

- About 3-4 weeks from surgery

Phase 3- Post-Op Weeks 4-5

Immobilization:

- At week 5 wean out of splint and discontinue

Therapeutic Exercise:

- Continue with OT and work on home exercises
- At week 4, initiate active, non-resistive digital flexion and extension in all 3 fist positions with wrist extended
- At week 5, may add gentle blocking exercises for active DIP/PIP flexion
- May progress functional use of hand based upon progress

Precautions:

- ROM: No passive wrist extension, no passive finger extension
- No gym/sports/recess. No contact or ball sports. No playground equipment. No activities with high fall risk. No weight bearing on surgical upper extremity.

Phase 4- Post-Op Weeks 6-8

Immobilization:

- Discontinue splint use

Therapeutic Exercise:

- At week 6 May begin strengthening/ resistive exercises with OT
- May progress functional use of hand based upon progress and considering strength, motion, and sensory demands of task

Incision Site Care:

- Once incision is well healed may use silicone scar pads to help with remodeling of incision site

Post-operative appointment:

- About 6 weeks from surgery, precautions/ readiness for activity will be assessed

All times and exercises are to serve as guidelines. Progression through the protocol should be based upon criteria as opposed to dates listed and will vary depending on each individual patient. Progress should be agreed upon by the patient and his/her team of providers.