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Hip, Knee, Shoulder & Sports Medicine Surgery

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EXTENSOR TENDON REPAIR REHABILITATION PROTOCOL

Phase	Restrictions	Therapeutic Exercises
<p>Phase 1: Weeks 0-4</p> <p>Goals: Reduce swelling and edema, minimize pain, retard muscle atrophy, protect the surgical repair, and avoid stiffness</p>	<p>Splinting:</p> <ul style="list-style-type: none">- Please fabricate a forearm-based static wrist splint extended 30°, MCPs 0-20°, PIPs in 0° for sleep.-Please fabricate a forearm-based dynamic wrist splint: wrist 0°, index-small MCPs 0° by rubber band tension in clings. Allow 30-35° active MCP flexion to IF, LF, allow 40-45° active MCP RF, SF flexion with flexion blocked by stop beads during the day.-Volar finger gutters may be placed under leather slings for greater EDC glide.	<p>-Within dynamic orthosis:</p> <ul style="list-style-type: none">• Active MCP flexion PIPs, DIPs, extended via recoil of rubber bands.• Active MCP extension with PIPs & DIPs in hook position.• Week 3: Allow 60° active MCP flexion to dynamic orthosis• Week 4: Allow 75° active MCP flexion to all fingers in dynamic orthosis <p>-With therapist:</p> <ul style="list-style-type: none">• Therapist removes orthosis, holds wrist & IP joints in 0° and passively flexes MCP joints to 45°.• Therapist moves wrist from full passive extension to 0° and patient actively flexes PIP joints to 60°.
<p>Phase 2: Weeks 4-5</p> <p>Goals: Progress range of motion, minimize pain, retard muscle atrophy, protect the repair, and begin neuromuscular control</p>	<ul style="list-style-type: none">-Adjust forearm based static orthosis with wrist extended 20°.-Discharge dynamic orthosis at the end of Week 4	<ul style="list-style-type: none">-Initiate active full fist, and composite wrist flexion with fist-No strengthening-Scar massage

<p>Phase 3: Weeks 6-8</p> <p>Goals: Full range of motion, minimal pain, improve power and endurance, increase neuromuscular control, dynamic stability, and scapular muscle strength</p>	<ul style="list-style-type: none"> -Discharge static forearm-based orthosis of no lag. -If MCP 15° lag, wear nighttime forearm-based orthosis for additional 2-4 weeks. 	<ul style="list-style-type: none"> -Hand and wrist stretching -Intrinsic hand strengthening Full passive range of motion, progressing to full active, and active assisted as tolerated -Begin light fine motor activity -Week 7: Begin progressive resistance exercises -Week 8: Begin strengthening and progress as tolerated
<p>Phase 4: Weeks 8-10 and onward</p> <p>Goals: Progression of functional activities, advanced sport and recreational activity per surgeon</p>	<ul style="list-style-type: none"> -Discharge all orthoses -Progress strengthening <p>Criteria for Discharge:</p> <ul style="list-style-type: none"> -<10% strength deficit -Limb similarity index of 90% or greater -45/50 on biomechanical functional tests (if performed) -NO pain or complaints of instability 	<ul style="list-style-type: none"> -Static and dynamic strengthening exercises -Maintain range of motion