East Cheshire NHS
NHS Trust

ORTHOPAEDIC PHYSIOTHERAPY DEPARTMENT

CONTROLLED ACTIVE MOBILISATION (CAM)

1. Introduction

- Communication between specialities vital
- Factors that need to be known:
  - Type of injury
  - Zone of injury
  - Strength of repair
  - Other structures involved
  - Character of patient
  - Significant pulley repairs may need support
- Immediate re-referral if sudden loss of active movement or infection

2. CAM Regime

- Certain criteria need to be fulfilled:
  - Secure repair
  - Sensible, co-operative patient
  - Patient accessible for regular treatment
  - Good communication with other disciplines, i.e. Occupational Therapy, Surgeons

3. CAM Routine

24 hours post-op

- Dressings down and wound inspection
- Block extension splint applied
  - Wrist neutral
  - 40 degree flex MCPs
  - Hood extended over finger tips
  - Protective bar – if necessary for fingers
  - Loose tubigrip over hood to hold fingers more extended. To wear day and night in between exercise sessions. (If it is felt that the repair is tenuous increase MCP joints flexion to 60 degrees, otherwise maintain MCP joint flexion at 40 degrees)
- Careful explanation of surgical procedure, and emphasis on patient's responsibility for own treatment
- **Document warning given re: Risk of Rupture**
- Home Exercise Programme
  - Hourly passive flexion x 3
  - Hourly active extension to splint x 3 ensuring full PIP joint extension
  - Hourly active, gentle flexion of all fingers x 3
  - **N.B. Be cautious with 'fast' movements, i.e. full flexion, modify regime**
- Physiotherapy Treatment
  - Daily attendance at start
  - Observe patient perform exercises
  - Gentle supervised, stabilised joint exercises by therapist
  - Re-enforce do's and don'ts
  - Swelling – megapulse/ice/elevation

Wound inspection and light dressing application

Two weeks post-op

- Home Exercise Programme
  - As before, ensuring pull through of both FDS and FDP
  - Remain in splint
- Physiotherapy Treatment
  - As before
  - Scar tissue management
  - Joint contracture, watch for PIP joint tightening
  - Check active pull through of repaired tendon
  - Need to alter regime, re-appraisal

Three weeks post-op

- Home Exercise Programme
  - As before
  - Remain in splint
- Physiotherapy Treatment
  - As before
  - Supervised gentle wrist extension with finger flexion x 3
  - Scar tissue management

Five weeks post-op

- Home Exercise Programme
  - Remove splint at home only
  - Start gentle light function
  - Continue exercise regime as necessary, gradually increasing number of repetitions
  - Begin full active finger extension hourly
  - Start gentle wrist extension with finger flexion 3 x daily
  - Wear splint at night and outside
- Physiotherapy Treatment
  - Scar tissue management

Six weeks post-op

- Home Exercise Programme
  - Remove splint and discard
  - Continue exercise regime and light functional use
- Physiotherapy Treatment
  - Scar tissue management
  - Begin functional light resisted exercises
- Occupational Therapy for function, resisted exercises and splintage as necessary
  - Work hardening

Seven weeks post-op

- Home Exercise Programme
  - Continue to progress moving into full extension wrist and fingers
- Physiotherapy Treatment
  - Gradually increase resisted work
  - Start work orientated exercises
  - Splintage and passive stretches as necessary to regain extension

- Return to work approximately at 3 months
- Can start driving at 10 weeks