

ORTHOPAEDIC PHYSIOTHERAPY DEPARTMENT

ZONES 5-7 AND EXTENSOR TENDON REPAIR (SINGLE TENDON)

For longitudinal extensor division no protective splintage is necessary. Start early gentle mobilisation.

Single/double extensor tendon repairs where there is no associated soft tissue damage should be left in POP for 3-4 weeks. IP joints may be left free in POP if desired by surgeon. These patients will not be mobilised until 3-4 weeks post-op, therefore no benefit in splint over POP.

POP slab:

Wrist 30 degree extension MCP 70 degree flexion IP joints 0 degree/ free

3-4 weeks post-op

Splintage – night splint if extension lag present Exercise: Hourly full active flexion and extension Wrist flexion and extension Gentle tendon excursion exercises Encourage light functional activities Start gentle OT if necessary.

5 weeks post-op

Exercise: As above, but begin combined wrist and finger flexion/extension exercises Begin gentle passive stretches as necessary Increase functional activities

6 weeks post-op

If joint stiffness and/or tendon tethering is present, begin dynamic flexion splintage Increase grip strength exercises Continue scar management Start resisted extension exercises