Flexor Tendon Repair Zones I-III
Early Active Motion Rehabilitation Guidelines
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*Deviations from protocol will be noted on script.

Day 3-5 Post Op - 2 Weeks (Evaluation 3-5 days post op)

- Edema control -- elevation, compression wrap
- Immobilization: DBS - wrist in up to 45 degrees extension (comfortable position), MCP in 30 degrees of flexion, IP's in full extension.
- PROM flexion of MP, PIP, DIP of all digits. Prioritize restoration of full passive digital flexion
- Full IP joint extension with MP in full flexion
- True active flexion up to 1/3 to 1/2 fist (active hook fist)
- No tension, painful or forceful movement
- Utilize digital extension splints as needed for night wear if unable to achieve full PIP extension

2-6 Weeks Post Op

- Continue ROM exercises above
- DBS shortened to Manchester short splint (wrist free allowing up to 45 degrees extension with MCP and IP positioned as in original DBS)
- Active synergistic exercise program in Manchester short splint
- Patients to work toward half to full active fist and up to 45 degrees of wrist extension.
- Full IP joint extension with MP in full flexion
- Work towards achieving full fist by 6 weeks post op.

6 Weeks Post Op

- Manchester splint is discontinued
- Patients can start to use their hand for light activity
- Stretching and splinting to address residual flexion deformity
- Relative motion flexion orthoses during daytime activity are helpful
- Gentle strengthening can be initiated at 8 weeks if full motion is achieved

10 -12 Weeks Post Op

- Return to normal activity

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