

**Flexor Tendon Repair Early Passive Motion
Modified Duran Program
Dr. Samir Patel, MD**



***Deviations from protocol will be noted on script.**

Day 3-5 Post Op – 3 1/2 weeks Post op

- Edema control -- elevation, compression wrap
- Immobilization: DBS - wrist in 20 neutral, MCP in 70 degrees of flexion, IP's in full extension (unless digital nerve is repaired)
- PROM flexion of MP, PIP, DIP, and composite of all digits within restraints of splint
- Full IP joint extension with MP in full flexion

3 1/2 weeks Post op

- Continue above rehabilitation program
- AROM exercises for finger flexion and extension are initiated within the splint

4 weeks Post op

- NMES may be added to therapy program
- Ultrasound may be added to therapy program

4 1/2 weeks Post op

- AROM exercises are initiated outside the splint
 - Wrist and finger flexion followed by wrist and finger extension
 - Composite fist followed by MP extension with IP joint flexed, followed by IP extension
 - Composite fist with wrist flexion and extension
- DBS is continued between exercise sessions and at night

5 1/2 weeks Post op

- DBS is discontinued

6 weeks Post op

- Passive extension is initiated to wrist and fingers
- Dynamic splinting may be initiated to PIP if flexion contracture develops
- Blocking exercises are permitted to PIP and DIP. Not recommended for small finger

8 weeks Post op

- Strengthening may be initiated to the hand beginning with putty or a hand exerciser

10-12 weeks Post op

- May begin use of the involved hand in all ADL's

Samir Patel, MD