



BRIGHAM AND WOMEN'S HOSPITAL

A Teaching Affiliate of Harvard Medical School
75 Francis St. Boston, Massachusetts 02115

Department of Rehabilitation Services
Occupational Therapy

Zone 1, FDP Flexor Tendon Repair Protocol

The intent of this protocol is to provide the clinician with a guideline for the post-operative rehabilitation course of a patient that has undergone a flexor tendon repair. It is by no means intended to be a substitute for one's clinical decision-making regarding the progression of a patient's post-operative course based on their exam findings, individual progress, and/or presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient, they should consult with the referring surgeon.

Week	Splint	Therapeutic Exercise	Precautions	Other
0-3 weeks	<p>Forearm based dorsal block splint with wrist at 30 degrees of flexion, MP's at 30 degrees of flexion and IP's fully extended.</p> <p>Separate finger splint of repaired digits holding DIP in 45 degrees of flexion (taped onto finger proximal to DIP crease).</p> <p>This positions the FDP tendon repair proximal to the skin incision, and counteracts the effect of the oblique retinacular ligament.</p> <p>Note: Splint is the same, with or without a suture button (tendon repaired to tendon or repaired to bone).</p>	<p>Home exercise program:</p> <ol style="list-style-type: none"> 1. Passive DIP flexion to 75 degrees 2. Passive composite digit flexion 3. Passive modified hook fist (MP's extended only to 30 degrees). 4. Block MP in full flexion and actively extend PIP, keeping repaired digit in DIP splint. 5. Use distal strap to hold unaffected digits in extension against splint. Place/hold repaired finger in PIP flexion (tp glide FDS only). 6. Passive (or gravity assisted) wrist flexion, followed by active wrist extension to limits of splint. <p>Therapist performs with patient in clinic:</p> <ol style="list-style-type: none"> 1. Passive wrist extension with fingers flexed (splinted removed) 2. Passive wrist flexion with passive hook fisting to prevent intrinsic tightness 	<p>No active DIP flexion of involved digits.</p> <p>No active wrist flexion.</p> <p>No passive finger extension, except as noted above.</p>	



BRIGHAM AND WOMEN'S HOSPITAL

A Teaching Affiliate of Harvard Medical School
 75 Francis St. Boston, Massachusetts 02115

Department of Rehabilitation Services
 Occupational Therapy

Zone 1, FDP Flexor Tendon Repair Protocol

Week	Splint	Therapeutic Exercise	Precautions	Other
3 weeks	Bring wrist to neutral in dorsal blocking splint. Discard DIP flexion splint.	Add place/hold fisting in all three fist positions, using minimal tension. Continue with all previous exercises. (Patient may perform all exercises at home).	No functional use of hand. No resistive exercise.	
weeks	Convert splint to hand based dorsal block splint.	Active tendon gliding in all three fist positions. Gentle DIP flexion blocking exercises for FDP gliding.	Ensure smooth gliding tendons, minimal tension during ROM. Avoid resistance until weeks 7-8.	Light prehensile activities OK in therapy.
5 weeks	Discontinue splint. May use static progressive splints to regain DIP extension if needed			Light prehensile activities OK at home.
6 weeks		Gentle passive DIP extension exercises if needed		May initiate NMES, therapeutic heating via ultrasound if needed.
8 weeks		Resistive exercise; progress gradually.		