



BRIGHAM AND WOMEN'S HOSPITAL
 A Teaching Affiliate of Harvard Medical School
 75 Francis St. Boston, Massachusetts 02115

Department of Rehabilitation Services
 Physical Therapy

Flexor Pollicis Longus (FPL) Repair Protocol (all zones)

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 FPL 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.

Timeline	Splint	Therapeutic Exercise	Precautions	Other
0-3 weeks	<p>1. Dorsal Blocking splint</p> <ol style="list-style-type: none"> Wrist at neutral Thumb CMC flexed and abducted under second metacarpal Thumb MP in full extension. <p>Zone I only:</p> <p>2. Separate dorsal gutter thumb IP splint blocking IP in 30 degrees flexion, to be worn with above splint.</p>	<p>Home exercise program:</p> <ol style="list-style-type: none"> Passive composite thumb flexion/active extension to limits of splint. Passive IP flexion/active extension to limit of splint. Gravity assisted wrist flexion/active extension to limit of splint. Tendon gliding exercises for digits 2-5. <p>Early Active Motion Protocol:</p> <p>*If cleared by MD and suture of adequate strength (four strand core repair with epitendinous suture augmentation).</p> <p>Reminders: Severe edema increases tendon drag and likelihood of rupture. Therefore, wait until 48-72 hours post-op prior to initiating ROM.</p> <p>Tendon tensile strength decreases from days 5 to 15 post-op.</p> <p>Place/hold thumb flexion with wrist extended.</p>	<p>No active thumb flexion unless cleared for early active motion (EAM).</p> <p>No passive wrist extension.</p> <p>No passive thumb extension.</p> <p>No functional use of the involved hand.</p>	<p>Wound care</p> <p>Edema control</p> <p>Scar massage</p> <p>May need pulley ring if pulley repair.</p>

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3 weeks		Continue with all previous exercises. Under therapist supervision in clinic: Add place/hold for thumb flexion with wrist passive extended (if not already done via EAM). Gentle muscle contraction only.	Continue with all previous precautions. Avoid co-contraction during place/hold exercises	
4 weeks	Convert splint to hand-based.	Initiate active, non-resistive thumb flexion with wrist extended.		Light prehensile activities OK in therapy.
5 weeks	Discontinue splint	Add gentle blocking exercises for thumb IP flexion.		Light prehensile activities OK at home.
6 weeks	May initiate dynamic IP extension splinting if needed.	May add putty scraping if needed.		May initiate NMES, therapeutic heating via ultrasound if needed
8 weeks		Gradually add resistive exercise to home program.		Gradually allow resistive use of involved thumb in ADLs.