

## FLEXOR TENDON OT PROTOCOL

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- ❖ 3-5 days post-op:
  - Remove post-op dressings
  - Dorsal blocking orthosis, wrist in 20 degrees of extension, MP's in 40-60 degrees of flexion, IP joints in full extension (alternate: hinged orthosis with block inserted to prevent excessive wrist extension)
  - Wound care
  - Edema reduction
  - Duran protocol for range of motion: passive digit flexion with active extension within limits of orthosis to minimize joint stiffness
  - Tenodesis exercises, advancing to "place and holds" in 50% arc of motion only
  - Frequency of therapy: 2 times per week
  
- ❖ 2 weeks post-op:
  - Sutures removed
  - Continue combined Duran passive motion and early active motion protocol
  - Begin tenodesis exercises out of orthosis, with compliant patient
  - Begin scar management
  - Advance to 60% arc of motion, encouraging recruitment of FDP tendon
  
- ❖ 3 weeks post-op:
  - Continue edema reduction, scar management
  - Continue dorsal blocking orthosis
  - Continue passive digit flexion to maximize passive range of motion
  - Begin "place and holds" for digit flexion.
    - ❖ Patient will be out of orthosis, with wrist positioned in 30 degrees of extension to decrease force on flexor tendons
    - ❖ Patient should be instructed to use 50% of motor pattern with 'holds'.
    - ❖ Good passive mobility and minimal edema are crucial components to achieve prior to beginning "place and holds"
  
- ❖ 4 weeks post-op:
  - Begin active flexion, if unable to hold digits in "place and hold" position, including "hook fist" position for maximum FDP and FDS tendon glide\*\*\*
  - Adjust dorsal blocking orthosis to increase MP joint extension
  - Continue scar management, edema reduction techniques
  
- ❖ 5 weeks post-op:
  - Advance protocol, as needed, based on active motion, evidence of early scar adhesions and patient compliance
  - May begin weaning from splint, only with evidence of early scar adhesions
  - Continue precautions for lifting, gripping, or weightbearing

- ❖ 6 weeks post-op:
  - Discontinue dorsal blocking orthosis
  - Continue active and passive motion
  - Tendon glides, blocking exercises to increase flexor tendon glide
  - Begin static extension orthosis if flexion contractures are present
  - Encourage active use of hand for light ADL's
  - Begin Mirror Visual Feedback, if needed, to correct maladaptive motor patterns
  
- ❖ 8 weeks post-op:
  - No restrictions
  - Continue static or static-progressive orthoses for any persistent contractures
  - Begin gentle strengthening program, if needed