

For the 4 strand Surgical Repair

Protocol:

Day 1

The patient is kept at hospital for observation from 1-3 days.

Give Dorsal Splint or Cast (If patient does not have a drain) or Pre-fabricated splint as dressings might be bigger.

Exercises (Proper instruction to be given)

: Avoid making forceful flexion or making fist

: Avoid forceful active extension of fingers also (the elastic rubber band should be loosen while patient attempts to go for extension)

Frequency of exercises: 3-4 times/day 10 repetitions

After 3 days, check the status of swelling/wound;

Increase frequency: 10 reps every hour (For Important exercises only).

Only 2 reps/ hour (if the joint is supple)

Assess the Passive ROM

: If not full PROM; Goal: Achieve full PROM within 1 week.

: On day 1, PROM might be painful and also bleeding from the stitches, but it will subside slowly.

Week 1-3:

Start exercise with the elastic rubber band of the dorsal block splint.

Finger Exercises:

DIP Extension + PIP/MCP flexion

PIP extension + MCP/DIP Flexion

(If exercise not given, complications: stiffness and contracture)

If patient is with/without the arm sling also; the following exercises can be prescribed:

Shoulder : Active ROM Exercises for the shoulder (From Day 1)

Elbow : Raise your arm high

Wrist : Exercises can be started if the patients' visit is frequent but no risk is to be taken.

Wait for the patient till the next follow up- till 3 weeks or even 6 weeks if the patient do not turn up.

Flexor tendon repair protocol – Dhulikhel Hospital, Nepal

Week 3 (Sutures will be kept for 3 weeks and the patient will come for follow up)

Continue Week 1-3 Exercise protocol.

Start Placeholder exercises (sometimes difficult to explain patient)

(Eg . Do as much possible Passive flexion of fingers IP/MCP and ask the patient to hold the position for 2-3 counts- Patient might feel difficult as he is on splint for 3 weeks)

When to start placeholder exercises?

If patient can make a full fist, then start placeholder exercises after a week which is safer. If no full fist, start placeholder exercises.

Week 6:

Light active movements with the splints on (consult with the surgeons)

Tendon gliding exercises.

Week 9:

Exercises to increase the strength.

Specific ROM exercises.

Frequency : 10 reps /hour or less depending upon the patients.

Week 12:

Criteria to return to ADL: 70% of strength as compared to the normal hand.

Start Normal ADL activities.