



Extensor Pollicis Longus Tendon Repair

Therapy Instructions

Laith Al-Shihabi, MD

2-4 weeks

Splint:

-Fashion a removable short-arm thumb spica splint holding the wrist in 30 degrees of extension, thumb CMC joint in full radial abduction and extension, MCP joint in neutral, and IP joint in neutral to slight hyperextension.

Motion:

-Active thumb flexion and passive thumb extension is started with the wrist in extension.
-2 lbs lifting restriction.
-No pinching/gripping.

Edema Control:

Edema modalities per therapist.

4-6 weeks

Splint:

-Shorten the splint to hand-based instead of forearm-based.
-Otherwise continue use of the splint until 6 weeks postoperative when not in therapy.

Motion:

-Continue active flexion and passive extension to the thumb, which can now be done with progressively increasing wrist flexion.
-5 lbs lifting restriction starting at 6 weeks.

Edema Control:

Per therapist.

6-10 weeks

Continue to focus on motion, begin strengthening. Goal is to complete formal therapy by 10 weeks unless additional work conditioning is required.

Splint:

-Wean from the splint, with goal to discontinue daytime use by 8 weeks.

Motion:

-Begin PROM exercises in addition to AROM/AAROM to thumb and wrist.
-Begin strengthening with putty at 6 weeks with gradual advancement.
-Begin gentle progressive pinch strengthening at 8 weeks.
-15 lbs lifting restriction at 8 weeks.
-Transition to home exercise program vs. work conditioning program PRN at 8 weeks.
-No restrictions after 12 weeks.