



Extensor Tendon Repair (Wrist/Forearm)

Therapy Instructions

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2-6 weeks

Therapy is started to focus on recovery of motion to the injured tendons. In addition, a removable splint is fashioned protecting the affected tendons.

Splint:

- Fashion a short-arm splint holding the wrist in 30 degrees of extension and the MP joints of any injured extrinsic finger extensors in 0 degrees. IP joints can be left free.
- Splint can be removed for therapy or motion exercises but is otherwise worn full-time.

Motion:

- For combined wrist and finger extensor repairs: isolated active flexion and passive extension to the wrist and affected MP joints.
- For isolated finger extensor repairs: isolated active flexion and passive extension with the wrist in extension until week 4. Composite wrist and finger active flexion and passive extension weeks 4-6.
- Flexor and extensor tendon gliding exercises.
- 2 lbs lifting restriction.

Edema Control:

Coban, digit sleeves, ACE wrap, edema modalities per therapist.

6-10 weeks

Splint:

- Wean from splint starting at 6 weeks and discontinue by 8 weeks.

Motion:

- Continue motion exercises to surrounding joints.
- Begin active flexion and extension at 6 weeks.
- Passive isolated MP flexion with the wrist in extension at 6 weeks.
- Passive composite finger and wrist flexion at 8 weeks.
- Lifting restriction of 5 lbs at 6 weeks.
- Transition to home exercise program.

Edema Control:

Per therapist.

10+ weeks

Splint:

- No longer necessary.

Motion:

- 10-15lbs lifting restriction at 10 weeks.
- No restrictions at 12 weeks.