Extensor Tendon Transfer (Wrist and/or Fingers)
Therapy Instructions
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2-4 weeks.
Therapy is started to focus on recovery of motion, primarily to the interphalangeal joints of the fingers. In addition, two removable splints are fashioned.

**Splint:**
- Fashion a daytime extension splint with the following characteristics:
  i. If only finger extension transfers were done, fashion a short-arm splint. If both wrist and finger extension transfers were done, fashion a long-arm splint holding the elbow in 90 degrees and wrist in 45 degrees of pronation.
  ii. Wrist in 30 degrees of extension.
  iii. Dorsal outrigger with dynamic suspension slings holding the MP joints in 0 degrees.
  iv. Thumb spica holding CMC in radial abduction, MP in extension, outrigger with dynamic sling holding IP in neutral.
- Fashion a night resting splint with the following characteristics:
  i. If only finger extension transfers were done, fashion a short-arm splint. If both wrist and finger extension transfers were done, fashion a long-arm splint holding the elbow in 90 degrees and wrist in 45 degrees of pronation.
  ii. MP joints in neutral.
  iii. Finger IP joints in slight flexion, thumb IP joint in extension.
- Splints may be removed for therapy.

**Motion:**
- AROM of the finger interphalangeal joints while wearing the dynamic splint.
- Active MP flexion within the splint; no active MP extension.
- Joint blocking and PROM of the IP joints with the MP joints supported at 0 degrees.
- AROM out of the splint to the operated joint 2 weeks (no extensor centralization) or 4 weeks (with extensor centralization).
- Active thumb IP flexion, passive IP extension within the splint.
- 1 lbs lifting restriction.

**Edema Control:**
Coban, digit sleeves, ACE wrap, edema modalities per therapist.

4-6 weeks

**Splint:**
- Cut long-arm splints to short-arm.
- Ok to come out of splint for therapy exercises, but continue otherwise.

**Motion:**
- Begin active wrist flexion and passive extension.
- Continue active IP flex/extension and active composite flexion with MP.
-Begin Isolated MP extension with IPs in flexion.
-Begin active thumb composite flexion and passive composite extension out of the splint.
-At 5 weeks, begin wrist and finger active composite flexion with passive extension.

**Edema Control:**
Per therapist.

**6-8 weeks**

**Splint:**
- Discontinue active splint during the day unless an extensor lag >20 degrees exists, then continue until 8 weeks.
- Continue night splinting until 10 weeks.

**Motion:**
- AROM exercises as above.
- Begin isolated PROM and AAROM for wrist flexion and finger flexion at 6 weeks.
- Begin composite PROM/AAROM for wrist and finger flexion at 7 weeks.
- Begin gentle strengthening at 8 weeks.
- 5 lbs lifting restriction at 8 weeks,

**8-10+ weeks**

**Splint:**
- Discontinue night splinting at 10-12 weeks.

**Motion:**
- Transition to home exercise program.
- 10lbs at 10 weeks.
- No restrictions at 12 weeks.