



Tendon Tenolysis Therapy Instructions Laith Al-Shihabi, MD

1-3 days

Therapy is started to focus on recovery of motion to the finger released by the tenolysis.

Splint:

- If a joint capsulotomy was performed, a protective splint will be fashioned for the affective joints with the following characteristics:
 - i. MCP Capsulotomy: Hand-based safe position splint with MCPs flexed to 70 degrees, to be worn between therapy sessions.
 - ii. PIP Capsulotomy: Finger gutter splint holding the PIP joint in extension
- Dynamic, progressive splinting and taping can be initiated at any time under the discretion of the therapist.

Motion:

- AROM/AAROM/PROM of the fingers and finger joints adjacent to the tenolysis.
- Flexor and extensor tendon gliding exercises.
- Forearm motion unrestricted.
- No radial or ulnar deviation to joints that have undergone a capsulotomy.
- 2 lbs lifting restriction.

Edema Control:

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

2-4 weeks.

Splint:

- Continue to utilize outside or exercises or with sleep if one was fashioned.

Motion:

- Continue above exercises, and incorporate gentle resistance exercises.

Edema Control:

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

4-6 weeks

Continue to focus on finger ROM and begin to include strengthening. Transition to home exercise program by 6 weeks as symptoms allow.

Splint:

- Wean from splint.

Motion:

- Begin gentle finger strengthening using putty or other modalities per therapist.
- Activity as tolerated at 6 weeks, transition to home program at 6 weeks.

Edema Control:

Per therapist