

FPL Tendon Repair (Accelerated)

Dr. Staiger

*Schedule OT same 3-5 days post-op.

Time Frame	Treatment	Goals
Post-Op Day 1-3	<ul style="list-style-type: none"> • Encouraged to elevate and to not move the thumb at all. This will be completed at surgery and if for some reason the client is seen early or talked to on the phone. 	<ul style="list-style-type: none"> • Edema control
Phase I Day 3-5	<ul style="list-style-type: none"> • Evaluate and Treat. • Dressing change and check for signs/symptoms of infection. • Fabricate dorsal blocking orthosis. Wrist 20° extension, MP 15° flexion, IP 30° flexion. <ul style="list-style-type: none"> ○ Wear at all times. • Instruct the client on importance of no use of hand at this time. <ul style="list-style-type: none"> ○ Stress "You can move it, but you can't use it." • Instruct in edema control. • Instruct in MP, IP, and composite passive flexion/extension within dorsal blocking orthosis 5-10X every waking hour. • Once edema is down, begin active thumb IP flexion up to 30° and extension to 0°. Avoid hyperextension. • See 1-2 times a week. 	<ul style="list-style-type: none"> • Protection • Edema control • Incision healing • Pain management • Limited ROM (move it don't use it)
Phase II Day 10-14	<ul style="list-style-type: none"> • Same day as M.D. appointment. • Instruct in scar management techniques (to begin once incision is healed). • Issue scar pad (to be worn once incision is healed). 	<ul style="list-style-type: none"> • Scar management
Phase III 3 Weeks	<ul style="list-style-type: none"> • May use modalities as indicated (ultrasound typically not done until 4 weeks post-op) <ul style="list-style-type: none"> ○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 4 weeks post-op. ○ If ROM is good, do not use modalities. 	<ul style="list-style-type: none"> • Continued edema control and pain and scar management

Phase IV 4 Weeks	<ul style="list-style-type: none"> • Begin thumb gentle AROM/AAROM increasing allowed flexion to 45° and extension to 10-15° hyperextension if uninjured thumb has that amount of hyperextension. • Begin active wrist extension exercises. • Continue passive flexion and scar massage. 	<ul style="list-style-type: none"> • Increase ROM but still limit
Phase V 5 Weeks	<ul style="list-style-type: none"> • Begin composite wrist and finger/thumb extension active range of motion. • Begin isolated blocking exercises of IP and MP joints into flexion/extension. • Continue active/passive thumb flexion exercises. • Continue active thumb extension exercises. 	<ul style="list-style-type: none"> • Continue to progress ROM • Awareness of chance for late rupture
Phase VI 6-7 Weeks	<ul style="list-style-type: none"> • Work towards full range of motion matching uninjured thumb. • Dorsal blocking orthosis is usually discontinued, depending on doctor's orders. • At 7 weeks post-op if stiffness remains, begin passive extension of wrist/fingers. 	<ul style="list-style-type: none"> • Functional ROM
Phase VII 8 Weeks	<ul style="list-style-type: none"> • Begin gentle grip strengthening. 	<ul style="list-style-type: none"> • PREs
12 Weeks	<p>* Usually client may return to normal activities without restrictions.</p>	