

EIP to EPL Tendon Transfer

Dr. Staiger

*Schedule OT same day as doctor.

Time Frame	Treatment	Goals
Phase I Post-Op Day 10-14	<ul style="list-style-type: none"> • Evaluate and Treat. • Custom fit molding a prefabricated forearm-based zipper thumb spica (L3807) or custom fabricate a forearm-based thumb spica orthosis (L3808) including IP. <ul style="list-style-type: none"> ○ Wrist 30° extension and thumb midway between radial and palmer abduction with MP and IP full extension (IP may be placed in 10° of hyperextension.) • Instruct in edema management techniques. • Educate on scar massage and when to begin the scar massage (3 days after sutures removed provided incision is closed). • Issue scar pad (to be worn once incision is healed). • Issue gentle ROM exercises for uninvolved joints to be completed 3-4 times/day. • Begin gentle AROM thumb flexion with PROM extension. 	<ul style="list-style-type: none"> • Edema control • Scar management
Phase II 4 Weeks	<ul style="list-style-type: none"> • May use modalities as indicated. <ul style="list-style-type: none"> ○ May include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated. • Initiate AROM to the involved wrist and thumb. <ul style="list-style-type: none"> ○ Isolate wrist ROM from digit ROM, ○ complete simultaneous extension of the IF and thumb. • Educate in composite active flexion of the wrist and thumb. 	<ul style="list-style-type: none"> • ROM
Phase III 5-6 Weeks	<ul style="list-style-type: none"> • Orthosis may be discontinued. • Issue isolated PROM to wrist, thumb, and other digits. • Educate in reverse blocking (wrist and thumb MP passively held in flexed position then have client actively extend the thumb IP joint). <ul style="list-style-type: none"> ○ This may be progressed by gradually bringing wrist into extension but still having the thumb MP passively flexed and client actively extending the thumb IP joint. • Initiate strengthening exercises. 	<ul style="list-style-type: none"> • Functional ROM • PREs