

## Extensor Tendon Zone V Repair

**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"> <li>• Evaluate and Treat.</li> <li>• Fabricate a custom protection orthosis for a custom hand-based MCP ext orthosis (L3913) if multiple fingers were repaired and a custom finger-based relative motion orthosis (L3933) if only one finger was repaired:               <ul style="list-style-type: none"> <li>○ If laceration to EDC to the index finger, then relative motion orthosis positioning index finger in MCP joint extension and all fingers included. IP joints are left free.</li> <li>○ If laceration to EDC to middle finger, then relative motion orthosis with middle finger MCP joint in extension. Orthosis should include index and ring fingers. IP joints are left free.</li> <li>○ If laceration to EDC to ring finger, then relative motion orthosis with ring finger MCP joint in extension. Orthosis should include middle and small fingers. IP joints are left free.</li> <li>○ If laceration to small finger, then relative motion orthosis with small finger MCP joint in extension. Protection orthosis should include the index, ring, and middle finger. IP joints are left free.</li> </ul> </li> <li>• Instruct in scar management techniques (to begin once incision is healed).</li> <li>• Issue scar pad (to be worn once incision is healed).</li> <li>• Instruct in edema management techniques.</li> </ul>	<ul style="list-style-type: none"> <li>• Protection</li> <li>• Edema control</li> <li>• Scar management</li> <li>• Pain management</li> </ul>
Phase II 4.5 Weeks	<ul style="list-style-type: none"> <li>• Instruct in active range of motion exercises including: active wrist flexion/extension, tendon gliding exercises, isolated EDC (can use Velcro trappers to assist MP joint flexion/extension), isolated PIP/DIP joint flexion/extension.</li> <li>• Continue protection orthosis between exercise sessions during the day and at night.</li> </ul>	<ul style="list-style-type: none"> <li>• ROM</li> </ul>
Phase III 5 Weeks	<ul style="list-style-type: none"> <li>• May use modalities as indicated               <ul style="list-style-type: none"> <li>○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated.</li> </ul> </li> <li>• Continue above exercises, scar management, and splinting.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue improving ROM, edema control, and pain and scar management</li> </ul>

Phase IV 6 Weeks	<ul style="list-style-type: none"><li>• Instruct in passive range of motion for fingers and wrist to be determined by the physician.</li><li>• Concentrate on reducing extensor tightness and monitor for extension lag.</li></ul>	<ul style="list-style-type: none"><li>• Working towards functional ROM</li></ul>
Phase V 7-8 Weeks	<ul style="list-style-type: none"><li>• Instruct in gentle strengthening exercises as determined by the physician.</li><li>• Discontinue protection orthosis to be determined by the physician.</li></ul>	<ul style="list-style-type: none"><li>• PREs</li></ul>