ST CLOUD ORTHOPEDICS

ORTHOPEDIC SPORTS CENTER

SCO Modified St. John's Flexor Tendon Repair
(Accelerated)
Dr. Staiger

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

Time Frame	Treatment	Goals
Post-Op Day 1-3	• Encouraged to elevate and to not move the fingers at all. This will be completed at surgery and if for some reason the client is seen early or talked to on the phone.	• Edema control

Phase I
Day 3-5
	• Evaluate and Treat.
	• Dressing change and check for signs/symptoms of infection.
	• Assess PROM and wound care.
	• Fabricate a custom forearm-based Dorsal Blocking Orthosis (L3808):
	  ○ wrist 15° flexion,
	  ○ MPs 30° flexion,
	  ○ IPs full extension.
	• Instruct in passive flexion-extension (warm-up) exercises while in orthosis 5-10 reps every hour.
	• Once edema is down, begin true active finger flexion up to 1/4 to 1/3 of a fist while in orthosis 10 reps every hour.
	• If edema is not down, instruct in edema management techniques.
		• Protection
		• Edema control
		• Incision healing
		• Pain management
		• Limited ROM (move it don't use it)

Phase II Day 4 to 2 Weeks	• Stress "You can move it, but you can't use it." • Continue edema control with elevation and gentle finger compression. • Continue PROM exercises. • Instruct in active IP joint extension with MP joints blocked in about 45° flexion. • Increase true active flexion up to 1/3 fist to half fist, provided edema continues to be down. No tension, painful, or forceful movement. • Instruct in scar management techniques (to begin once incision is healed). • Issue scar pad (to be worn once incision is healed).	• Continued edema control and pain management • Increased but still limited finger AROM • Scar management

Phase III
2-4 Weeks
	• Dorsal blocking orthosis is shortened to Manchester short orthosis allowing up to 45° of wrist extension.
	• Initiate active tenodesis exercise program in orthosis.
	• Work toward half to 2/3 of an active fist and up to 45 degrees wrist extension.
	  ○ at 2 weeks start 1/2 to 2/3 of a fist
	  ○ progress to 3/4 of an active fist at 4 weeks
	• Continue full IP joint extension with MPs in about 60° of flexion.
	• May use modalities as indicated (ultrasound typically not done until 3-3.5 weeks post-op).
	  ○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 3-3.5 weeks post-op.
	  ○ If tight, NMES or US can be used starting at 3-3.5 weeks post-op.
	  ○ **If ROM is good, do not use modalities.**
		• Gentle limited wrist AROM
		• Continued progression of allowed finger ROM

Phase IV 5 Weeks	• Begin completing exercises outside of the orthosis.	• Functional ROM

Phase V
6 Weeks
	• Try to achieve full fist position by this time.
	• Manchester short orthosis is discontinued.
	• Start to use hand for light activity.
	  ○ very light keyboard use
	  ○ **No lifting or firm grasping**
	• Use hand-based or digit extension orthosis (L3913, L3933, or adjust initial orthosis) at night as needed to correct extension lags. A custom finger based relative motion flexion orthosis (L3933) may also be used during the day if needed.
	• Plan for return to work with **no torque, forceful gripping, firm grasping, lifting, or pinching activities allowed.**
	• **If motion is full and supple, warn client of the concern for late rupture if the restrictions are not observed.**
		• Functional ROM
		• Awareness of chance for late rupture

Phase VI 8 Weeks	• Initiate theraputty resistive activity/exercises.	• PREs
12 Weeks	* Restrictions are lifted. * Continue with scar management.	