

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. • Fabricate forearm-based thumb spica orthosis including IP. <ul style="list-style-type: none"> ○ Wrist 30° extension and thumb midway between radial and palmar 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 PROM to wrist and thumb begin completing to wrist and digits independently for a week. • Educate in reverse blocking (wrist and thumb MP passively flexed 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 |