



Flexor Tendon Repair (Standard) Dr. Staiger

*Schedule OT 3-5 days post-op.

Time Frame	Treatment	Goals
Phase I Post-Op Day 3-5	 Evaluate and Treat. Dressing change and check for signs/symptoms of infection. Fabricate dorsal blocking orthosis. Wrist neutral, MPs 50°, IPs full extension. Wear at all times. Instruct the client on importance of no use of hand at this time. Instruct in edema control. Instruct in passive flexion/active extension within dorsal blocking orthosis 5-10x every waking hour. See 1-2 times a week. 	 Protection Edema control Incision healing Pain management PROM
Phase II Day 10-14	 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). 	Scar management
Phase III 3.5 Weeks	 May use modalities as indicated (ultrasound typically not done until 6 weeks post-op) Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 6 weeks. Begin gentle AROM up to 1/3-1/2 fist. 	 Continued edema control and pain and scar management Gentle Limited finger AROM
Phase IV 4 Weeks	 Begin active wrist extension to 30°. Begin tendon gliding exercises with wrist in 30° extension. Continue passive flexion and scar massage. 	 Gentle limited wrist AROM Working towards functional finger ROM
Phase V 6 Weeks	 Begin composite wrist and finger extension active range of motion. Begin isolated blocking exercises of DIP and PIP joints into flexion (this is usually not recommended for the small finger due to increase chance of rupture). Dorsal blocking orthosis is usually discontinued at 6 weeks depending on doctor's orders. 	Functional ROM

Phase VI 7 Weeks	If needed, begin passive extension of wrist/fingers.	Functional ROM
Phase VII 8 Weeks	Begin gentle grip strengthening.	• PREs
12 Weeks	* Usually client may return to normal activities without restrictions	