

Flexor Tendon Repair (Modified Duran-PROM)

Dr. Lauer

*Schedule OT 3-5 days post-op.

Time Frame	Treatment	Goals
Phase I Post-Op Day 3-5	<ul style="list-style-type: none"> Evaluate and Treat. Dressing change and check for signs/symptoms of infection. Assess PROM and complete wound care. Fabricate dorsal blocking orthosis. Wrist neutral, MPs 50°, IPs full extension. <ul style="list-style-type: none"> 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 for MP, PIP, DIP, and composite finger flex within dorsal blocking orthosis 5-10x every waking hour. 	<ul style="list-style-type: none"> Protection Edema control Incision healing Pain management PROM
Phase II Day 10-14	<ul style="list-style-type: none"> 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). 	<ul style="list-style-type: none"> Scar management
Phase III 3.5 Weeks	<ul style="list-style-type: none"> May use modalities as indicated (ultrasound typically not done until 6 weeks post-op) <ul style="list-style-type: none"> Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated at 6 weeks. If motion is good, do not use modalities. Begin gentle AROM up to 1/3-1/2 fist. 	<ul style="list-style-type: none"> Continued edema control and pain and scar management Gentle Limited finger AROM
Phase IV 4 Weeks	<ul style="list-style-type: none"> Begin active wrist extension to 30°, tendon gliding exercises with wrist in 20° extension, and wrist tenodesis. Continue passive flexion and scar massage. Therapist removes orthosis for PROM wrist extension with fingers passively flexed and PROM wrist flex with passive hook fist to prevent intrinsic tightness. See 1-2 times a week. 	<ul style="list-style-type: none"> Gentle limited wrist AROM Working towards functional finger ROM

Phase V 5 Weeks	<ul style="list-style-type: none"> • Begin light fine motor activities. 	<ul style="list-style-type: none"> • Functional Activity
Phase V 6 Weeks	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Functional ROM
Phase VI 7 Weeks	<ul style="list-style-type: none"> • If needed, begin passive extension of wrist/fingers. 	<ul style="list-style-type: none"> • Functional ROM
Phase VII 8 Weeks	<ul style="list-style-type: none"> • Begin gentle grip strengthening. 	<ul style="list-style-type: none"> • PREs
12 Weeks	<p>* Usually client may return to normal activities without restrictions</p>	

- If motion is full, warn client of the concern for late rupture, if the restrictions are not observed.