

EPL repair (or EIP to EPL) protocol

Splint: Wrist extension 30, MP extended, IP with dynamic component (allow active flexion, rubberband pulls IP into extension). Splint should allow for 60 degrees of IP flexion (30 degrees for Dr. Cohen's patients) A static strap can be added for in between exercises.

1-3 Days Post-op:

- IP flexion to block (within splint) 10 times per hour initiated 2-7 days post-op. **IN THERAPY ONLY:**

- extend wrist and IP and perform PROM for MP into 30 degrees flexion

CMC ab/adduction to 50-60 % of full ROM. Also, with thumb in extension bring wrist to neutral, then let thumb relax into flexion with full passive wrist extension.

3 weeks: Active IP extension of thumb allowed.

4 weeks:

- Active individual joint flexion of the thumb MP and IP joints while other joints of thumb and wrist are held in extension.

Reverse Blocking (Wrist in slight flexion, MP joint flexed to 40 degrees, active IP extension.) Possible d/c of splint for EIP to EPL transfer only, if MD approved

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5 weeks: Composite active flexion of MP and IP joints. Isolated passive flexion of each joint individually. Thumb opposition exercises.

6 weeks: PROM to wrist and thumb utilize splints as indicated. Monitor IP extension lag and cut back splinting if lag develops. Plan to discharge splint

7-8 weeks: Gentle resistive exercises. 10-12 weeks: Unrestricted use of hand.

*Adapted from: Roholt, Patricia K., P.T., CHT. Hands-On Tendon Trauma: Flexor and Extensor Injuries. Clinical Specialty Education.

