

EXTENSOR TENDON TRANSFER

SPLINTS

1. Dynamic extension splint (worn 0-4 weeks)
 - Wrist 30 degrees extension
 - Dorsal outrigger with dynamic traction to the fingers tendon was transferred to MP joints held at 0 degrees(don't have to include adjacent fingers for protection of transfer as tendon weave is stronger than end to end repair)
 - No flexion block needed unless otherwise indicated by physician
 - *Modification: full digital gutter splints (for IF- SF) may be added for exercise in dynamic splint to improve excursion of transfer.*
2. Resting hand splint: (worn at night and rest periods during the day)
 - Wrist 30 degrees extension
 - MP joints at 0 degrees
 - IP joints in slight cascade of flexion
 - At 4 weeks, splint can be modified to allow IP flexion (wrist 30 degrees, MPs at 0).

EXERCISES:

0-4 Weeks

AROM: (exercises performed in dynamic splint-active flexion with passive return to extension)

- Isolated MP flexion(may use digital gutter splints)
- Light composite flexion
- Joint blocking of the PIP and DIP joints and hook first with MP joints supported at 0 degrees
- Thumb- active IP flexion, passive extension

PROM:

- Isolated flexion/extension of DIP and PIP joints, with MP joints supported at 0 degrees

4- 6 Weeks

AROM: exercise performed out of the splint hourly

- Isolated wrist flexion/extension
- Isolated digit flexion/extension
- Isolated MP extension with IPs taped into flexion
- May initiate NMES (active electrode over the motor point of the transferred muscle)
- At 5 weeks- add simultaneous wrist and digit composite active flexion
RHS modified to a wrist and MP block splint (as above). This is worn in between exercise sessions and at night.

6-8 Weeks

AROM: As above

PROM: May be initiated

- At 6 weeks, isolated wrist flexion and isolated digit flexion
- At 7 weeks, simultaneous wrist and digit flexion performed to resolve extrinsic extensor tightness. Monitor MP joint extensor lags

Protective splinting discontinued during this time frame if extensor lags less than 20 degrees, otherwise, may continue at night for up to 12 weeks.

Progressive strengthening for flexors and extensors when cleared by physician.