

Dr. Robert Wysocki

Kleinert Flexor Tendon (Passive Motion)

3-5 days: The postoperative dressing is removed. A light dressing and edema control are applied as needed.

Early stage

Splint. A dorsal blocking splint blocked the wrist in 45 degrees of flexion and the MP joints in 10 to 20 degrees. Rubber band traction was directed to the fingernail from the wrist or just proximal to the wrist. If the patient begins to develop PIP flexion contracture, the traction is removed at night and fingers are strapped to the dorsal block splint in the IP extension.

Exercise. Every hour, the patient actively extends the fingers to the limits of the splint 10 times, allowing the rubber bands to flex the fingers.

Intermediate stage (3-4 weeks)

Splint. The rubber band from the injured digit is attached to a wrist band from 3 weeks through 5 weeks.

Exercise. All active movement of the wrist and hand are encouraged, although the injured digit is still tethered through 5 weeks. At five weeks, gentle active flexion may begin, avoiding simultaneous wrist and digit extension. FDS gliding also may be added. At 5 to 6 weeks, blocking and hook fists may be added if needed to improve tendon gliding.

Late stage (starting at 8 weeks)

Resisted exercise begins, beginning with foam, then putty and hand helper. Light grasping is allowed. No lifting or heavy use of the hand is allowed

At 10-12 weeks, may gradually return to heavier lifting with full use of hand, including sports, by 14 weeks