

Dr. Robert Wysocki

Tenolysis – Flexor

0 - 1 day:

The postoperative dressing is removed. A light dressing and edema control is applied as needed. Elevation is emphasized.

Splint: A Gutter splint in full extension is fitted to be worn between exercises and at night. A full excursion Resting Pan splint may be fitted if multiple digits are involved.

Motion: Active and Passive Range of Motion exercises along with differential gliding exercises are initiated two to four times a day. The positions for differential glide are as follows: Intrinsic minus, Intrinsic plus, Full fist, Full extension, Full extension with wrist extension, Full fist with wrist flexion.

3 - 5 days:

Splint: Same as above

Motion: Same as above, and differential gliding exercises are increased to 15 min/hr. Dynamic extension splinting may be initiated as needed to increase pull through.

Unless notified that tendon is of poor quality, a foam piece or hand helper with minimal resistance may be issued to assist in flexor pull-through as needed.

Functional Electrical Stimulation or Standard Electrical Stimulation may be initiated within 48 hours postoperatively as needed to facilitate tendon excursion.

6 weeks:

Splint: Discontinue extension splint

Motion: Begin gentle strengthening (foam, putty, hand helper).

12 weeks:

Return to unrestricted activities.

Note:

***Many factors may require altering this program, including poor vascularity, infection, poor quality tendons, severe edema, tendon graft, joint stiffness, and

pulley reconstruction.