



REHABILITATION GUIDELINES  
EXTENSOR TENDON REPAIR

**Define Zone of Injury (Zones 1 through 9)**

- Zones 1-4, splint as defined below. Add active Dip flexion with PIP/MP in extension.
- Zones 5,6,& 7 (injuries between the forearm and MCP joints): Generally speaking, I'd like you to use an early passive motion protocol (as described by Evans & Burkhalter in Jnl of Physical Therapy 69:1041, 1989) for the first 5 weeks, then move into the standard extensor tendon protocol.

**3 days post-op**

**DOS:**

- Remove splint, evaluate wounds for infection, dehiscence
- Create dynamic extension splint with a flexion block
- Wrist is in 40° extension
- Flexion block position dependent on digit involved and number of tendons
  - Index or Long finger: 30°
  - Ring or Small finger: 40°
  - Thumb: CMC/MCP blocked at 0°, IPJ at 60°
- Assess location and number of laceration/repair
  - If single tendon proximal to juncture: all adjacent MCPs included
  - If single tendon distal to juncture: allow adjacent MCPs to flex 30° more than injured tendon's MCP
  - If multiple tendons involved at any level: restrict all MCPs
- Patient should flex to flexion block 20 times per hour when awake

**2 weeks post-op**

**Begin Date:**

- Remove sutures
- Begin passive or active flexion of PIP & DIP joints only while supervised by hand therapist while holding the wrist and MCP joints fully extended

**4 weeks post-op**

**Begin Date:**

- Remove flexion block, continue to use dynamic extension splint
- Create night-time resting splint with wrist extended 20°, MCPs and IPJs at 0°
- Start active "hook-fist"

**6 weeks post-op**

**Begin Date:**

- Start combined wrist and finger flexion
- D/C dynamic extension splint

**8 weeks post-op**

**Begin Date:**

- D/C resting splint
- Allow resisted extension & full strengthening

**12 weeks post-op**

**Begin Date:**

- Full strength attained
- Activity unrestricted