ORTHOPEDICS & SPORTS MEDICINE
BayCare Clinic

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
OPEN COMMON EXTENSOR TENDON DEBRIDEMENT WITH OR WITHOUT REPAIR
POST-OP THERAPY PROTOCOL

Phase 1 – Early Protective Phase (0-6 weeks)

Goals for Phase 1	Precautions for Phase 1
• Protect healing repair • Minimize pain and edema • Patient education	• It is recommended patient wear wrist brace for 6 weeks because the surgical incision is made longitudinally along the ECRB muscle belly. Six weeks of splinting is necessary to allow the ECRB to heal and to rest already damaged tissue.

Other Considerations
- Typically, patient will be referred to therapy after the 6-week post-op check with physician

Orthosis
- Surgical mold and sling 0-1 week post-op
- At 1 week post-op, the sling is discontinued. Fabricate a custom wrist hand orthosis if ordered by physician, however, typically the patient will be issued a prefabricated wrist hand orthosis by physician office at the first follow up visit. Orthosis to be worn at all times.
- An elbow pad may be fitted to protect the lateral elbow

Edema Management
- Light compressive dressing or sleeve may be applied to elbow, forearm, and wrist
- Manual Edema Mobilization (MEM) as needed

Scar Management
- Scar mobilization may be initiated two days following suture removal if incision is well-healed with no open areas and no drainage
- Apply scar remodeling products as needed

ROM
- ROM to shoulder, elbow, and digits to maintain motion
    - No wrist ROM during this phase from 0-6 weeks however if patient has begun therapy before 6 weeks post-op and wrist is noted to be stiff, it is safe to begin gentle submaximal pain-free AAROM wrist motion in gravity-eliminated plane to improve joint mobility
- No AROM of wrist or prolonged wrist stretching until 6 weeks post-op

Patient Education
- Educate patient in home program, importance of wearing splint at all times and avoiding use of the involved arm
- Educate patient in lifting no more than 1-2 pounds with involved arm

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Phase 2 – Intermediate Phase (6-8 weeks)

Goals for Phase 2	Precautions for Phase 2
• Continue pain and edema control • Continue scar management • Restore full AROM	• Patient should have full pain-free AROM prior to initiating wrist isometrics

Orthosis
- Gradually wean from wrist hand orthosis reducing orthosis use 1-2 hours per day

Edema Management
- Continue phase 1 edema management

Scar Management
- Continue phase 1 scar management
- Desensitization if complaints of hypersensitivity in lateral elbow

Modalities
- Fluidotherapy for heat, ROM, and desensitization
- Paraffin may be used for deep heat prior to ROM
- Ultrasound for scar management

ROM
- Initiate wrist AROM in all planes
- Progress to composite elbow, forearm and wrist ROM and stretching as tolerated

Strengthening
- Initiate sub-maximal pain-free elbow and forearm isometric strengthening; after 1 week of active wrist motion initiate wrist isometrics (patient should have full pain-free AROM prior to initiating isometrics)
- Patient may begin prone scapular strengthening if pain-free

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Phase 3 – Strengthening and Return-to-Full Function (8+ weeks)

Goals for Phase 3	Precautions for Phase 3
• Return to all daily activities • Return to sports and full duty work	• Patient should stop any exercise or activity that produces pain immediately as flare-ups are common

Other Considerations
- Educate patient in importance of pain-free exercises and daily activities

Orthosis
- Wrist hand orthosis should be completely discontinued by 8 weeks post-op

ROM
- Continue phase 2 ROM progressing to composite stretching
- Initiate PROM to elbow, forearm, and wrist if there are deficits

Strengthening
- Initiate eccentric strengthening for wrist extensors beginning with 1–2-pound free weight with elbow flexed at 90 degrees 10 reps, 2x/day; progressively work toward eccentrics with elbow fully extended. Progress up to 5# free weight or the amount of weight tolerated on uninvolved side.
- Continue proximal scapular strengthening in prone position or prone on therapy ball
- After patient has full AROM and tolerates isometric strengthening, initiate light weight isotonic shoulder, elbow, forearm, and wrist strengthening, and grip and pinch strengthening with putty
- Initiate functional strengthening and work simulation as tolerated

Functional Activity
- Gradually return to functional activity as tolerated

Scar and Edema Management
- Continue scar and edema management as needed

Modalities
- Continue modalities as needed to enhance ROM, scar mobility, and reduce hypersensitivity

Work Conditioning
- After 8-10 weeks and with physician consent, a comprehensive work conditioning program for patients with high demand/heavy manual labor occupations may be appropriate

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