ORTHOPEDICS & SPORTS MEDICINE
BAYCARE CLINIC

DR. BRIAN KLIKA & DR. ANDREW KIRKPATRICK
EXTENSOR TENDON REPAIR ZONE 1 POST-OP THERAPY PROTOCOL

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

Goals for Phase 1	Precautions for Phase 1	Criteria to Progress to Phase 2
• Maintain surgical precautions • Protect repair	• Always avoid hyperextension of the DIP joint as the fracture fragment may block the tendon from healing	• Pin removal

Other Considerations
- Pin will most likely be placed to secure terminal tendon and maintain DIP extension

Splint
- If no pin, a mallet finger splint will be fabricated to maintain repair and neutral extension of DIP; splint worn at all times

Pin Care
- Clean skin around pin site with sterile cotton swab and saline water
- Clean pin post with alcohol swab if able
- Instruct patient to perform pin care every 8 hours if there is drainage and daily if there is no drainage
- Patient should refer to the pin site care post-op patient instructions received from the provider for the complete set of instructions

ROM
- Active and passive ROM to MP and PIP joints

Scar Mobilization
- Begin scar mobilization
- Educate patient in scar management
- Apply scar remodeling products as needed

Edema Management
- Light compression with Coban, compression sleeve, elevation, and manual edema mobilization (MEM) as needed

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Phase 2 – Initiate ROM (6+ weeks)

Goals for Phase 2	Precautions for Phase 2
• Pin removed • Initiate ROM of affected joint	• Monitor for extensor lag. The mallet splint may be worn at night and/or intermittently during the day until extensor lag resolves.

Splint

- **If pin removed at 6 weeks**, a mallet finger splint will be fabricated to maintain repair and extension of DIP; splint worn at all times
- **At 8 weeks**, wearing time with the mallet finger splint is gradually reduced; continue night wear
- **At 12 weeks**, night splinting is discontinued as long as extensor lag is not present, or the residual lag is acceptable to the patient

ROM

- Begin AROM exercises at the DIP joint 6 times a day for 5-10 minutes
- Continue AROM of MP and PIP joints of affected finger
- **At 7 weeks**, gentle PROM exercises may be initiated to DIP joint
- Monitor extensor lag and discontinue PROM is extensor lag develops

Scar Mobilization

- Continue scar management

Edema Management

- Continue edema management

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