



## FDS / FDP Flexor Tendon Repair

### Dr. Bakker's Post-op Protocol

#### IMPORTANT INSTRUCTIONS FOLLOWING SURGERY:

- After surgery, your forearm and hand will be in a large bandage and plaster splint. Please **DO NOT** remove this. Try to keep your bandage clean and dry.
- To minimize swelling, you must keep your hand lifted up to your shoulder level.
- Do Not Use your injured hand at all. You may have a small amount of room for movement within the dressing.
- When sitting or lying, you should use pillows to support your surgically affected extremity, especially when sleeping.

#### REFERRAL TO HAND THERAPY:

- You will schedule an appointment with hand therapy 3-5 days following your surgery. Depending on the clinic where hand therapy will be performed, please contact our Edina office at 952-456-7000 or our Plymouth office at 763-520-7870.
- The therapist will remove your post-operative dressing and fabricate you a custom dorsal forearm based splint. The splint will maintain your wrist and fingers in the protected position. The splint will protect you from moving your wrist and fingers into extension.

#### WEEK 0-1:

- Post-operative splint fabrication in Hand Therapy (3-5 days).
- Perform gentle range of motion activities with your fingers and thumb as instructed by your therapist.
  1. Use your good hand to curl each finger of your operated hand down into your palm.
  2. Repeat exercise number one, but try to keep your finger in the flexed position using your muscles as you let go with the other hand.
  3. Repeat the bending movement entirely using the muscles of your repaired hand. Do not use maximum force. Straighten your fingers to touch the top of the splint.
  4. Conduct the exercises if you awaken during the night.
- Your therapist will review frequency of exercises.
- Splint wear is continuous, night and day.
- No heavy lifting or gripping with your surgical hand.

- Ice 20-30 minutes three times daily.
- Transition to Tylenol.
- Attend hand therapy (OT) 1-2 times weekly.
- Your therapist will provide for you an exercise program to increase range of motion and review the progression to recovery. Adherence to the therapy program is advised to prevent a tendon rupture.

#### WEEKS 1-2:

- Discontinuation of narcotics is expected, continue with Tylenol and ibuprofen as needed.
- Recheck with Dr. Bakker at week 2 to have your stitches removed.
- A nerve injury with a tendon injury may require greater protection. Discuss with your surgeon if the nerve repair was with or without tension. The Hand Therapist will guide you.
- Continue with Hand Therapy, emphasizing increased motion, swelling management, maintenance of tendon excursion and scar tissue management.
- The custom splint should be worn at all times.
- Your therapist will review precautions to avoid a tendon rupture.
- No heavy lifting.
- No power gripping.
- You may get your surgical area wet after sutures are removed, but it is best to avoid submerging your incision for 1-2 days.

#### WEEKS 2-4:

- Continue with Hand Therapy. You may remove the splint for bathing/cleansing and range of motion. Your therapist will instruct you in protective hand posturing to avoid a tendon rupture.
- Continue with Hand Therapy for range of motion, tendon excursion and scar tissue management.

#### WEEKS 4-6:

- Progress towards full active movement of your fingers. Maintain extension of your fingers.
- Sit in a safe environment and remove your splint. Rest your elbow on a table and allow your fingers to relax.
  1. Bend your wrist forward and allow your fingers to relax in a straight position. Bend your wrist backwards and allow your fingers to curl in a bent position (tenodesis).
  2. Hook grip.
  3. Flat fist.
  4. Hook into fist.
- Repeat your exercises 5-8 times every 2 hours.
- Wear your splint between therapy sessions.

- Light activity hand use.

### WEEKS 6-8:

- Return to the clinic at 6 weeks for re-evaluation.
- Initiate weaning from the splint. You may discuss with your hand therapist complete discontinuation of your hand splint.
- Begin strengthening exercises in Hand Therapy under supervision.
- Begin to use your hand in moderate activities or as tolerated.

### WEEKS 8-12:

- Progressive strengthening and conduct activities as tolerated.
- Re-check at 12 weeks post operatively or as needed if there are concerns.
- Discharge from Hand Therapy is expected.

### WEEK 12 AND BEYOND:

- Activity as tolerated without restrictions.
- You will make progress in range of motion for 6 months to 1 year.

### FACTS TO REMEMBER:

- 2-3 Weeks: the tendon is at its' weakest point.
- 4-5 Weeks: the tendon is firm, but weak.
- 5-6 Weeks: the tendon is becoming stronger.