

EPL Repair

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Goals of therapy

- Protect tendon repair
- Minimize scar adhesions
- Maximize ROM
- Minimize scar formation

Days 3-7

- Remove post-op dressings, maintaining thumb and wrist in extended position at all times
- Fabricate thermoplastic forearm-based dynamic extension splint, blocking MP joint at neutral
 - Note: setting outrigger base more proximally will allow you to achieve IP hyperextension with a 90-degree angle of pull
- Fabricate forearm-based thermoplastic static extension splint, with care given to position the IP joint in hyperextension. Avoid excessive hyperextension with skin blanching
- Begin isolated active thumb IP and MP flexion and dynamic-assist IP joint extension. Total arc of motion into flexion: 30 degrees.
 - Note that IP joint may have been positioned in hyperextension, therefore 30 degrees is total arc of motion, not necessarily 30 degrees of IP joint flexion from a neutral position.
- Therapist-assisted wrist extension may be performed while patient is in therapy only

Day 10 – 2 Weeks

- Sutures are removed
- · Continue static and dynamic splinting
- Begin gentle scar massage
- Begin desensitization techniques as needed

Week 3

- Increase arc of motion to 40 degrees
- If early stiffness and dorsal scar adhesions are present, begin place and hold exercises using 50% of muscle strength
- Continue static and dynamic splinting
- Begin therapist-assisted passive wrist flexion with thumb supported in full extension

Week 4

- Advance arc of motion to 50 degrees
- Begin gentle composite thumb flexion
- If early stiffness and dorsal scar adhesions are not resolving, begin gentle active extension of thumb IP joint

Weeks 5-6

- Begin weaning from dynamic splint
- Continue use of static extension splint at night
- Allow full isolated thumb IP and MP joint flexion

Weeks 6-8

- Continue use of static extension splint at night, with careful monitoring for extensor lag. If no lag is present, may discontinue splint at night
- Begin strengthening program at 8 weeks