TWIN CITIES ORTHOPEDICS

Extensor Tendon Repair - ZONE I

TERMINAL TENDON LACERATION/MALLET INJURY

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Goals of therapy
- Protect tendon repair
- Minimize scar adhesions
- Maximize ROM
- Minimize scar formation

Weeks 0-2
- Fabricate thermoplastic extension splint for DIP joint only, at first visit
- Alternative splinting can be used – aluminum splint lined with moleskin to protect dorsal skin
- DIP joint should be place in slight hyperextension, avoiding blanching of the skin
- Splint must allow full PIP joint flexion
- Patient education regarding continuous splint use. If splint is removed for hygiene, DIP joint must be maintained passively in hyperextension at all times
- If ORIF has been performed, a thermoplastic clam-shell splint can be used to protect fingertip
- Bony mallet deformities can be treated conservatively with plaster casting. Position of fracture fragment placement can be assessed via fluoroscan to assess if cast should be extended beyond PIP joint into Boutonniere position for 2 weeks
- Edema reduction techniques, as needed

Weeks 2-6
- Continue active PIP joint motion
- Continue static splinting

Weeks 6-7
- Wean from splint gradually during the day
- Continue to wear the splint at night for 2 more weeks
- Resume use of splint for 2 more weeks if extensor lag develops
- Begin gentle DIP joint active flexion

Week 8
- Discontinue use of splint, if no extensor lag is present
- Advance to passive flexion of DIP joint
- Begin strengthening with thera-putty