

Flexor Tendon Repair: Postoperative Rehabilitation Protocol

The intent of this protocol is to provide the clinician with a guideline of the postoperative rehabilitation course for a patient that has undergone a distal biceps tendon repair. It is by no means intended to be a substitute for one's clinical decision making regarding the progression of a patient's post-operative course based on their physical exam/findings, individual progress, and/or the presence of post-operative complications. If a clinician requires assistance in the progression of a post-operative patient they should consult with the referring Surgeon.

First week (0-7 days)

- Initial Post operative Immobilization
 - Dorsal blocking splint applied in OR

1-4 weeks postoperative

- Fabricate dorsal blocking splint
 - Wrist 20° flexion, MP 50° flexion, IP neutral
 - May adjust this based on patient's clinical presentation
 - Instruct patient on position of safety when out of splint for any reason, flexor tendon precautions
 - Absolutely no functional use of involved digit
 - If digits left free (e.g. thumb & index), instruct on appropriate precautions/weight limits to use of these digits
 - Digits gently strapped to splint hood between exercise sessions
- Therapy
 - Home exercise program
 - Passive composite flexion / active extension to splint hood x10reps every waking hour
 - Therapist:
 - Duran / Houser protective passive mobilization program)
 - Hold MP + PIP in flexion, passively extend DIP joint
 - Hold MP + DIP in flexion, passively extend PIP joint
 - Edema management (retrograde massage, edema wrapping)
- Sutures
 - Removed at 14 days postoperative, educate patient on scar massage techniques

4-6 weeks postoperative

- Patient permitted to start active flexion without resistance, including place & hold maneuvers
- Continue active extension exercises within limits of DBS only
- May begin gentle active extension of wrist to 15° while MP & PIP held in flexion

6-8 weeks postoperative

- Splint

- Modify dorsal blocking splint to neutral wrist splint (i.e., remove dorsal hood), continue full-time use except for therapy exercises
- Therapy
 - Gentle resistance slowly added to strengthening exercises
 - May begin supervised active extension of digits with wrist in 15° extension
 - NO passive stretching

8 weeks postoperative

- Discontinue splint
- Progress strengthening exercises, functional rehabilitation for ADLs
- Activities as tolerated to begin at 10 weeks postoperative