Week 0-2
Patients should be referred for splint and controlled motion 24-48 hours post surgery

- The wrist and hand is immobilised in a thermoplastic volar splint.
  1. Wrist 30 degrees extension.
  2. MCPs 30-40 degrees flexion.
  3. IPs extended to 0 degrees.
- Early controlled movement commenced (5 reps 2 hourly). Provide patient with handout.
- Exercises (to be performed within limitations of splint)
  1. Place and hold extension of MCPJs to neutral.
  2. Active extension of MCPJs and IPJ to neutral
  3. Active extension of MCPJs with flexion of IPJs into hook position
- The splint should be worn continuously.
- Oedema control and scar massage may be commenced as indicated.
**Week 2-4**

- Sutures removed

<table>
<thead>
<tr>
<th>No extension lag at MCPJ</th>
<th>Extension lag at MCPJ</th>
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<tbody>
<tr>
<td>Splint is adjusted to increase MCPJ to 60°</td>
<td>Splint adjusted to 0° at MCPJ</td>
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</table>

- Adjust splint as per guidelines above
- Continue with exercises in splint with progression as per patient handout (week 2-4)
- Scar management ongoing

**Week 4**

- Commence full active ROM flexion/extension of the digits with the wrist in neutral.
- Commence AROM wrist exercises if decreased movement at the wrist.
- Avoid full combined flexion of the wrist and fingers as this will place an excessive stretch on the repair.
- Scar management with massage/silicone gel ongoing.
- Commence light ADLs avoiding any heavy lifting.
- Can continue to use splint at night for a further 2 weeks if indicated. If extension lag noted the splint should be modified with MCPs in full extension.
- Patients can be referred locally with protocol if indicated at week 4.

**Week 6**

- Commence passive ROM including joint mobilisation (wrist and digits).
- Can progress to full combined flexion of the wrist and fingers.
- Continue with scar management

**Week 8**

- Commence strengthening exercises of wrist and digits.
- Discontinue night splint if active movement is progressing and there is no extensor lag.
- If composite flexion remains limited treatment options include static progressive splinting.

**Week 10-12**

- Aim to return to all pre-injury activity including work and sports.