St. James's Hospital
Flexor Tendon Repair Protocol
(All zones and including FPL)

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Day one post surgery

- Change of dressing.
- Dorsal Blocking Splint made on first working day after surgery
  Position: Wrist in neutral.
  MCP flexed 70 – 90 degrees.
  IPs extended.
  Includes thumb also if FPL repaired.
  Secured with straps at MCP level.
  Tubigrip hood size ‘D’ over fingers and hood of splint.
  To be worn 24 hours a day for 6 weeks.

- Early active movement commenced (two hourly active/passive flexion and active extension of all fingers and thumb within the limitations of the splint). Provide patient with handout.

Week 2-4

- Removal of sutures and wound reviewed.
- Review of splint and exercises.
- Commence oedema and scar management as appropriate.
**Week 6**
- Splints removed by therapist and continue with night use only for two weeks if indicated
- If flexion contracture exists change to volar, serial extension night splint.
- Commence mobilisation including AROM/PROM, joint mobilisation.
- Ongoing scar management.
- Commence light ADLs.
- Referred locally with protocol if indicated.

**Week 8**
- Can commence resisted exercises.

**Week 9 -11**
- Progress resisted exercise and activity.
- Additional splint regimes may be required if contractures persists.

**Week 12**
- Expect to resume all pre-injury activity including heavy work and sport.