

Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_



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# Patient Flow Sheet

## EIP to EPL TENDON TRANSFER Steadman\*Hawkins Protocol

- Post op** Surgical dressing removed, wound examined and redressed.  
Thumb Spica or Wrist Cock-up: Immobilize wrist in 30 degrees, TH MP/IP joint in 0 degrees and TH in a functional resting position of abduction.  
Follow extensor tendon zone 2 & 3 EPL protocol.  
Educate patient in edema control and wound care (provide edema sheet).
- 1-3 weeks post op:** Gentle surgical area management to prevent adhesions.  
AROM to uninvolved digits.  
No use of the hands in ADL's and NO PINCHING!
- 3 weeks post op:** Gently debride wound PRN and continue scar management.  
Guarded AROM of flexion one individual joint at a time (IP, then MCP, then CMC) with assisted extension at MP; all with wrist extension. No composite flexion.  
Desensitization/Resensitization with progressive media applications PRN (towel, rice).
- 4 weeks post op:** Allow for TH IP movement via reduction of splint.
- 5 weeks post op:** Remove splint and do wrist flexion and extension 6-10 times a day. Beginning with gentle, progressing to moderate effort.  
Place and hold extension with other joints supported in extension.  
Gentle active composite thumb flexion.  
Closed fist ADL's with splint on.
- 6 weeks post op:** Complete removal of splint.  
Simultaneous finger and wrist flexion.  
Begin gentle resistive grip and pinch activities.  
ADL's without resistance.
- 7-10 weeks post op:** Begin to progress use of thumb and hand in prehensile ADL's.

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Therapist Name \_\_\_\_\_