

Name \_\_\_\_\_

Date \_\_\_\_\_

Physician \_\_\_\_\_



proaxistherapy™

# Patient Flow Sheet

## EXTENSOR TENDON REPAIR ZONES 5,6 & 7 (MALLETT FINGER)

**Day 1 post op:** Surgical dressing removed, wound examined and redressed.

Educate patient in edema control and wound care (provide edema sheet).

Splint wrist 40-45 degrees extension.

Support MP joints 0 degrees or slight hyper ext. IP joints free.

If injury to Ext. Indicis Proprius or Ext. Digiti Minimi, then splint only repaired tendons.

If injury to Communis, then consider Juncturae Tendinum:

If proximal to juncture, all fingers splinted in extension.

If distal to juncture, splint adjacent fingers in 30 degrees flexion.

**3 weeks post op:**

Gently debride wound PRN.

Guarded AROM, AAROM of extension at MP with wrist extended then relax MP joints to 30-40 degrees flexion.

IP joints full AROM with wrist in extension.

Scar Management.

Desensitization/ Resensitization with progressive media applications (towel, rice).

**4-5 weeks post op:**

Active claw position to prevent adhesion

Active intrinsic plus (hood)

Active wrist flexion gradually increasing with relaxed fingers

**5-6 weeks post op:**

Active composite finger flexion, using graded dowels

Wrist neutral controlled splint

Closed fist ADL's with splint on

**6-7 weeks**

Simultaneous finger and wrist flexion.

Begin gentle grip and pinch activities.

Can use functional electrical stimulation /dynamic splinting PRN.

ADL's without resistance.

Week 7 D/C splint.

**10/12 weeks**

Normal ADL's.