



Dr. Klika & Dr. Kirkpatrick
Zone 1 Extensor Tendon Repair

Phase 1- Early Protective Phase 6 weeks

<p>Goals for phase 1</p> <ul style="list-style-type: none">• Maintain surgical precautions• Protect repair <p>Criteria for progression to Phase 2</p> <ul style="list-style-type: none">• PIN removal <p>Other considerations</p> <ul style="list-style-type: none">• Pin will most likely be placed to secure terminal tendon and maintain DIP extension• Always avoid hyperextension of the DIP joint as the fracture fragment may block the tendon from healing	<p>Splint</p> <ul style="list-style-type: none">• If no pin, a mallet finger splint will be fabricated to maintain repair and neutral extension of DIP; splint worn at all times <p>Pin Care</p> <ul style="list-style-type: none">• Clean skin around pin site with sterile cotton swab and saline water• Clean pin post with alcohol swab if able• Instruct patient to perform pin care every 8 hours if there is drainage and daily if there is no drainage• See attached patient education on Pin Site Care <p>ROM</p> <ul style="list-style-type: none">• Active and passive ROM to MP and PIP joints <p>Scar Mobilization</p> <ul style="list-style-type: none">• Begin scar mobilization• Educate patient in scar management• Apply scar remodeling products as needed <p>Edema Management</p> <ul style="list-style-type: none">• Light compression with coban, compression sleeve, elevation, and manual edema mobilization (MEM) as needed
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Phase 2 – Initiate ROM 6+ weeks

<p>Goals for phase 2</p> <ul style="list-style-type: none">• Pin removed• Initiate ROM of affected joint <p>Other Considerations</p> <ul style="list-style-type: none">• Monitor for extensor lag. The mallet splint may be worn at night and/or intermittently during the day until extensor lag resolves	<p>Splint</p> <ul style="list-style-type: none">• If pin removed at 6 weeks, a mallet finger splint will be fabricated to maintain repair and extension of DIP; splint worn at all times• At 8 weeks, wearing time with the mallet finger splint is gradually reduced; continue night wear• At 12 weeks, night splinting is discontinued as long as extensor lag is not present, or the residual lag is acceptable to the patient <p>ROM</p> <ul style="list-style-type: none">• Begin AROM exercises at the DIP joint 6 times a day for 5-10 minutes• Continue AROM of MP and PIP joints of affected finger• At 7 weeks, gentle PROM exercises may be initiated to DIP joint<ul style="list-style-type: none">◦ Monitor extensor lag and discontinue PROM if extensor lag develops <p>Scar Mobilization</p> <ul style="list-style-type: none">• Continue scar management <p>Edema Management</p> <ul style="list-style-type: none">• Continue edema management
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References

Cannon, Nancy M. et. al. Diagnosis and Treatment Manual for Physicians and Therapists, 4th Ed. The Hand Rehabilitation Center of Indiana. Indianapolis, Indiana. 2001.

This protocol was reviewed and updated by Brian Klika, MD, Lacey Jandrin, PA, Andrew Kirkpatrick, MD, Tiffany Terp, PA, and the Hand Therapy Committee August 2022.