

FLEXOR POLLICIS LONGUS (FPL) REPAIR PROTOCOL

| | 0-3 Weeks | 3 Week | 4 Weeks | 5 Weeks | 6 Weeks | 8 Weeks |
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| Splint | 1. Dorsal Blocking Splint <ul style="list-style-type: none"> • Wrist at neutral • Thumb CMC flexed and abducted under second metatarsal • Thumb MP in full extension Zone 1 only: 2. Separate dorsal gutter thumb IP splint blocking IP in 30 degrees flexion, to be worn with above splint. | | Convert splint to hand-based. | Discontinue splint | May initiate dynamic IP extension splinting if needed | |
| Therapeutic Exercises | Home Exercise Program <ol style="list-style-type: none"> 1. Passive composite thumb 2. Passive IP flexion/active extension to limit of splint 3. Gravity assisted wrist flexion/active extension to limit of splint 4. Tendon gliding exercises for digits 2-5 Early Active Motion Protocol: *I cleared by MD and suture of adequate strength (four strand core repair with epitendinous suture augmentation). REMINDERS: Severe edema increases tendon drag and likelihood of rupture. Therefore, wait until 48-72 hours post-op prior to initiating ROM. Tendon tensile strength decreases from days 5 to 15 post-op. Place/hold thumb flexion with wrist extended. | Continue with all previous exercises. Under therapist supervision in clinic: Add place/hold for thumb flexion with wrist passive extended (if not already done via EAM). Gentle muscle contraction only. | Initiate active, non-resistive thumb flexion with wrist extended | Add gentle blocking exercises for thumb IP flexion. | May add putty scraping if needed. | Gradually add resistive exercise to home program. |
| Precautions | No active thumb flexion unless cleared for early active motion (EAM). No passive wrist extension. No passive thumb extension. No functional use of the involved hand. | Continue with all previous precautions. Avoid co-contraction during place/hold exercises. | | | | |
| Other | Wound care, Edema control, scar massage, may need pulley ring if pulley repair. | | Light prehensile activities OK in therapy | Light prehensile activities OK at home | May initiate NMES, therapeutic heating via ultrasound if needed | Gradually allow resistive use of involved thumb in ADLs |