



THERAPY ASSOCIATES

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FLEXOR CARPI RADIALIS/FLEXOR CARPI ULNARIS TENDON REPAIR

DR. CROW

Week 1:

Remove protective splint, making sure to keep wrist postured in a protective positions.

Remove post-op bulking dressings, inspect the wound and replace with a light dressing (allow wound to breathe).

Initiate edema management (i.e. retrograde massage/coban edema wraps/isotoner glove).

Fabricate and fit the involved wrist in a radial or ulnar gutter splint positioned at: wrist 30° flexion; digits free.

The patient may use the involved hand for light non-resistive ADL's.

Exercise Program:

1. PROM of the digits in extension and flexion at 10 repetitions every waking hour.
2. AROM tendon gliding exercises of the digits

Considerations:

1. The wrist should maintain a flexed position during ROM exercises.
2. It is important that the patient does not participate in resistive activity as this would add stress to the repair.

Week 2:

Sutures are removed in the physician's office.

Continue with wound and edema management as directed.

Initiate scar management as indicated. (i.e. scar massage, scar mold, mini-massager)

Adjust the splint by 10° so that wrist is positioned at 20° of flexion.

Exercise Program:

1. Continue with digit ROM and tendon gliding exercises.
2. Initiate PROM of wrist flexion and AROM of wrist extension to dorsal block. Instruct the patient to perform these exercises, 10 repetitions every waking hour.

Week 3:

Continue with edema, scar and ROM program.

Adjust the splint by 10° so that wrist is positioned at 10° flexion.

Week 3.5:

Exercise Program:

1. Initiate gentle AROM of the wrist into flexion, 10 repetitions every waking hour.
2. Initiate gentle AROM of wrist extension to the point of tension, 10 repetition every waking hour.

Week 4:

Adjust the splint by 10° to have the wrist positioned at 0°.
Begin weaning from the splint.
Initiate gentle stretching of the wrist into extension.
Participate in gentle strengthening of the digits (light putty).
May initiate light wrist PRE's of the wrist (1-2#).

Week 4-6:

May initiate U/S to control adhesions, if indicated.
May initiate E-stim to increase tendon excursion, if indicated.

Week 6:

May D/C splint.
Initiate static progressive splinting, if indicated.

Week 8:

Progressive controlled strengthening of the involved extremity (ie BTE).

Week 10:

Progressive with strengthening as tolerated.
Resume normal activity as tolerated.