



## Extensor Central Slip Repair & Pinning Therapy Instructions Laith Al-Shihabi, MD

### **1-4 weeks**

Therapy is started to focus on recovery of motion to the finger joints adjacent to the injured PIP joint. In addition, a removable splint is fashioned for the affected joint. Perform pin site care instruction if there are K-wires outside of the skin.

Splint:

-Fashion a clamshell splint holding the PIP joint in its pinned position.

Motion:

- AROM/AAROM/PROM of the fingers and finger joints adjacent to the injured DIP.
- Flexor and extensor tendon gliding exercises.
- Wrist/forearm motion unrestricted.
- 2 lbs lifting restriction.

Edema Control:

Coban, digit sleeves, ACE wrap, edema modalities per therapist.

### **4-6 weeks**

The PIP joint pin will be removed. Active PIP flexion can begin at this time.

Splint:

- Ok to remove splint with therapy and during home exercises.
- Continue daytime use of the splint until 6 weeks, then use at night only until 8 weeks.
- If an extensor lag >20 degrees re-develops, perform therapy using an LMB splint and resume use of the splint at all other times for two weeks.

Motion:

- Continue motion exercises to surrounding joints.
- Begin active flexion and passive extension at 4 weeks.

Edema Control:

Per therapist.

### **6-10+ weeks**

Splint:

- Wean from the splint during the day starting at 6 weeks.
- Continue use of the splint while sleeping until 10 weeks.
- If necessary, dynamic splinting for flexion can be started at 8 weeks.

Motion:

- Begin AROM/AAROM/PROM to the affected PIP joint.
- Begin gentle strengthening at 8 weeks.
- 5 lbs lifting restriction at 6 weeks.
- 10-15lbs lifting restriction at 10 weeks.
- No restrictions at 12 weeks.