



## Extensor Tendon Transfer (Wrist and/or Fingers) Therapy Instructions Laith Al-Shihabi, MD

### **2-4 weeks.**

Therapy is started to focus on recovery of motion, primarily to the interphalangeal joints of the fingers. In addition, two removable splints are fashioned.

#### Splint:

- Fashion a daytime extension splint with the following characteristics:
  - i. If only finger extension transfers were done, fashion a short-arm splint. If both wrist and finger extension transfers were done, fashion a long-arm splint holding the elbow in 90 degrees and wrist in 45 degrees of pronation.
  - ii. Wrist in 30 degrees of extension.
  - iii. Dorsal outrigger with dynamic suspension slings holding the MP joints in 0 degrees.
  - iv. Thumb spica holding CMC in radial abduction, MP in extension, outrigger with dynamic sling holding IP in neutral.
- Fashion a night resting splint with the following characteristics:
  - i. If only finger extension transfers were done, fashion a short-arm splint. If both wrist and finger extension transfers were done, fashion a long-arm splint holding the elbow in 90 degrees and wrist in 45 degrees of pronation.
  - ii. MP joints in neutral.
  - iii. Finger IP joints in slight flexion, thumb IP joint in extension.
- Splints may be removed for therapy.

#### Motion:

- AROM of the finger interphalangeal joints while wearing the dynamic splint.
- Active MP flexion within the splint; no active MP extension.
- Joint blocking and PROM of the IP joints with the MP joints supported at 0 degrees.
- AROM out of the splint to the operated joint 2 weeks (no extensor centralization) or 4 weeks (with extensor centralization).
- Active thumb IP flexion, passive IP extension within the splint.
- 1 lbs lifting restriction.

#### Edema Control:

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

### **4-6 weeks**

#### Splint:

- Cut long-arm splints to short-arm.
- Ok to come out of splint for therapy exercises, but continue otherwise.

#### Motion:

- Begin active wrist flexion and passive extension.
- Continue active IP flex/extension and active composite flexion with MP.

- Begin Isolated MP extension with IPs in flexion.
- Begin active thumb composite flexion and passive composite extension out of the splint.
- At 5 weeks, begin wrist and finger active composite flexion with passive extension.

Edema Control:

Per therapist.

**6-8 weeks**

Splint:

- Discontinue active splint during the day unless an extensor lag >20 degrees exists, then continue until 8 weeks.
- Continue night splinting until 10 weeks.

Motion:

- AROM exercises as above.
- Begin isolated PROM and AAROM for wrist flexion and finger flexion at 6 weeks.
- Begin composite PROM/AAROM for wrist and finger flexion at 7 weeks.
- Begin gentle strengthening at 8 weeks.
- 5 lbs lifting restriction at 8 weeks,

**8-10+ weeks**

Splint:

- Discontinue night splinting at 10-12 weeks.

Motion:

- Transition to home exercise program.
- 10lbs at 10 weeks.
- No restrictions at 12 weeks.