

FPL REPAIR THERAPY GUIDE

- Forearm based POP – wrist neutral/MCP flexed to 30° with IP @ 40° flexion
- To wear splint full time for 6/52
- Elevation 2/52 (longer if needed)
- Patient not to be discharged until seen by hand physiotherapist or if Bank Holiday then referred to Hand Physio next working day with daytime telephone number
- OPA next Hand Clinic
- 48 hours ↓ POP and wound check
- Splint. Wrist neutral / MCP 30° flexion, IP in 40° flexion. **No velcro across thumb**

EXERCISES – every hour in splint

Weeks 1-3

- **Passive** flexion of thumb into palm x10
- Passive full flexion of thumb then Isometric hold for 5 seconds. Active extension to splint level
- Active flexion/extension of other digits x 10
- Stitches out 10 days
- Scar massage (once wound healed) – 10 minutes every hour using hand cream
- Shoulder and elbow exercises. Scapulothoracic exercises

Look out for:

- Infection – if concerned, send to GP/SHO for AB's ASAP
- Rupture – always test tendon each session to ensure still intact. Weakest time around 10 days
- If IPJ is developing FFD then stretch with wrist and MP in full flexion

Weeks 3 – 6

- Continue all exercises
- Commence **active** flexion of thumb into palm x5 every hour (once hand warmed up **following** other exercises)

Weeks 6 – 8

- Splint is straightened
- Wean off splint but continue to wear **at night** for another 2 weeks and 'at risk' times
- Begin to stretch wrist backwards
- Commence light strengthening

Avoid

- Pushing hard against objects e.g., pushing doors open, getting out of the bath, pushing out of a chair
- No lifting anything heavier than a bag of sugar
- Do not drive yet

Weeks 8 – 12

- Can start light duties for short periods e.g., writing, light housework, using a keyboard
- Can drive at 10 weeks. It is up to the patient to make sure he/she is safe to do so. If it is his **left** hand, make sure that his thumb is strong enough to manage the button on the handbrake.
- Upper limb strengthening

Avoid

- Contact sports
- Lifting anything heavier than 6 lbs
- Static flexed postures for long periods e.g., writing, driving

Weeks 12 +

- If FFD still a problem then use dynamic extension splint (armchair/Capener)
- Return to heavy work and contact sports. Be careful if patient does extreme sports such as climbing – may need longer rehab/strengthening