

# Flexor Tendon Repair Occupational Therapy Protocol

## HTA Approach: Flexor Tendon Protocol

Orthoses: Dorsal Blocking – Wrist at 20° ext and MCPs at 40-50°, IPs straight  
Wrist Free – MCPs in 40-50 degrees flex and IPs in ext.



Weeks 0-4 Full time use of dorsal blocking orthosis,

- Hourly do HEP
  - PROM into flexion
  - Light short arc flexion around dowel at 1/3<sup>rd</sup> fist flexion
    - Progress dowel smaller each week



Flexor tendon repair occupational therapy protocol is a crucial aspect of rehabilitation following tendon repair surgery. The primary goal of occupational therapy in this context is to restore function, range of motion, and strength to the affected hand while ensuring that the repaired tendon heals properly. This article will explore the protocol used in occupational therapy for flexor tendon repair, including the stages of rehabilitation, specific techniques, and the importance of patient education.

## Understanding Flexor Tendon Injuries

Flexor tendons are essential for finger movement, allowing for gripping and grasping. Injuries to these tendons can occur due to lacerations, trauma, or other mechanisms, often leading to significant functional impairment. The surgical repair of flexor tendons is often necessary to restore movement and function.

# Types of Flexor Tendon Injuries

1. Lacerations: Cuts that sever the tendon, often requiring surgical intervention.
2. Ruptures: Tendons may rupture due to trauma or excessive strain.
3. Partial tears: These may cause pain and limited movement but might not require surgery.
4. Complete tears: These typically need surgical repair and are the focus of occupational therapy protocols.

## Importance of Occupational Therapy

Occupational therapy plays a critical role in recovery after flexor tendon repair. It focuses on:

- Restoring mobility and strength: Ensuring that patients regain full range of motion and strength in their fingers and hand.
- Preventing complications: Addressing issues such as scar tissue formation, stiffness, and tendon adhesion.
- Enhancing functional abilities: Helping patients return to daily activities and work.

## Stages of Rehabilitation

The rehabilitation process can be divided into several stages, each with specific goals and interventions. The protocol typically follows a timeline based on the type of repair and the surgeon's recommendations.

### Phase 1: Early Mobilization (Days 1-14)

- Goals: Protect the tendon, manage pain and swelling, and initiate passive range of motion.
- Interventions:
  - Immobilization: The hand is typically placed in a splint or cast to protect the repair.
  - Passive Range of Motion (PROM): Gentle movement of the fingers is initiated, guided by the therapist, to promote flexibility without stressing the tendon.
  - Edema control: Techniques such as elevation, cold therapy, and gentle compression are employed.

### Phase 2: Controlled Mobilization (Weeks 2-6)

- Goals: Gradually increase range of motion while continuing to protect the tendon.
- Interventions:
  - Active Assisted Range of Motion (AAROM): Patients begin to perform movements with assistance.

- Splint adjustments: The splint may be modified to allow for greater mobility while still protecting the tendon.
- Scar management: Techniques such as massage and silicone gel sheets can help minimize scar tissue formation.

## **Phase 3: Strengthening (Weeks 6-12)**

- Goals: Restore strength, improve functional use of the hand, and continue to enhance range of motion.
- Interventions:
  - Active Range of Motion (AROM): Patients progress to performing movements independently.
  - Strength training: Gradual introduction of resistance exercises, such as rubber bands or putty, to build strength.
  - Functional activities: Engaging in daily tasks that incorporate hand use, such as gripping objects or buttoning shirts.

## **Phase 4: Return to Function (Weeks 12+)**

- Goals: Achieve full function and readiness to return to work or sports.
- Interventions:
  - Advanced strengthening: More complex exercises and activities are introduced.
  - Vocational rehabilitation: Focus on specific job-related tasks that may require fine motor skills.
  - Home exercise programs: Patients are encouraged to continue exercises at home to maintain strength and mobility.

## **Specific Techniques in Occupational Therapy**

Occupational therapists utilize various techniques to enhance recovery and promote healing after flexor tendon repair.

### **Modalities**

- Thermotherapy: Heat application can help improve blood flow and reduce stiffness.
- Cryotherapy: Cold therapy is effective for managing swelling and pain.
- Electrical stimulation: May be used to promote muscle contraction and reduce atrophy.

### **Therapeutic Exercises**

- Tendon gliding exercises: These exercises promote tendon movement and prevent

adhesion.

- Flexibility exercises: Stretching the fingers and hand to maintain range of motion.
- Strengthening exercises: Focused on improving grip strength and overall hand function.

## **Patient Education**

Educating patients is a fundamental part of the occupational therapy protocol for flexor tendon repair. This includes:

- Understanding the healing process: Educating patients about the stages of healing and what to expect.
- Activity modification: Teaching patients how to adapt activities to avoid stress on the tendon.
- Home exercise programs: Providing clear instructions and demonstrating exercises that patients can perform at home.

## **Challenges and Considerations**

Rehabilitation following flexor tendon repair can present several challenges that therapists must address:

- Adhesion formation: Scar tissue can limit movement, making it essential to promote mobility early in the rehabilitation process.
- Patient compliance: Ensuring that patients adhere to their rehabilitation program is crucial for successful outcomes.
- Psychological factors: Addressing anxiety and fears related to reinjury can enhance patient motivation and engagement in therapy.

## **Conclusion**

The flexor tendon repair occupational therapy protocol is a structured and comprehensive approach to rehabilitation that emphasizes the importance of a gradual return to function. By following these stages and utilizing specific techniques, occupational therapists can help patients regain strength, flexibility, and the ability to perform daily activities. Education and communication between the therapist and patient remain vital components of this process, ensuring a successful recovery and improved quality of life. Ultimately, the goal is to facilitate a seamless transition back to the activities that patients enjoy and need to perform, helping them regain independence and confidence in their hand function.

## **Frequently Asked Questions**

## **What is the primary goal of a flexor tendon repair occupational therapy protocol?**

The primary goal is to restore function and range of motion in the affected fingers while protecting the repaired tendon from excessive stress during the healing process.

## **What are the typical phases in a flexor tendon repair occupational therapy protocol?**

The typical phases include an early protective phase, an active motion phase, and a strengthening phase, each focused on gradually increasing movement and functionality while minimizing the risk of tendon rupture.

## **How soon after surgery should occupational therapy begin for flexor tendon repair?**

Occupational therapy usually begins within 1-2 weeks post-surgery, depending on the specific surgical technique and the surgeon's recommendations.

## **What types of exercises are commonly included in the early protective phase?**

Common exercises include passive range of motion activities, tendon gliding exercises, and gentle wrist mobilization to enhance healing without stressing the repaired tendon.

## **What are the signs that a patient may be overdoing exercises during their rehabilitation?**

Signs of overdoing exercises include increased pain, swelling, stiffness that worsens, or any noticeable changes in the surgical site such as redness or discharge, indicating the need for a modified approach.

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