Zone VII-VIII Extensor Tendon Repair

This protocol is intended to provide the clinician with a guideline for the postoperative rehabilitation course of a patient who has undergone Zone VII-VIII (within compartments of extensor reticulum and/or proximal to retinaculum) extensor tendon repair. General time frames are given for reference to the average, but individual patients will progress at different rates depending on their age, comorbidities, pre-surgical range of motion, strength, health/functional status, rehabilitation compliance, learning barriers and complications. Specific time frames, restrictions and precautions are given to protect healing tissues and surgical reconstruction.

Zone VII-VIII Extensor Tendon Repair

Phase I (3- 5 days to 3 weeks after surgery)

Rehabilitation appointments	• Weekly
Rehabilitation goals and priorities	• Post op dressings removed, and orthosis fabricated • Activities of daily living (ADLs) per restrictions • Edema management • Wound management • Initiation of exercises
Orthotic	• Fabricate wrist cock up orthosis in 30- 40 degrees of extension, volar or dorsal. Dorsal orthotic can be used to allow for synergistic motion within the orthosis. (Strapping placement/ length can be used to allow for limited synergistic motion within the orthosis.) • Wear all time except exercises.
Suggested therapeutic exercises	• Wrist synergistic motion (tenodesis) to approximately 10 -20° of wrist flexion for EDC involvement and **less if any wrist extensors** are involved. • Finger AROM to prevent adhesion of the extensors at the retinaculum.
Precautions	• No Passive flexion of the digits • No composite wrist and finger flexion • Monitor for extension lag • No lifting, pushing, or pulling more than 2 pounds with involved upper extremity • No weightbearing of involved upper extremity

Zone VII-VIII Extensor Tendon Repair

Phase II (3 - 5 weeks post op)

Rehabilitation appointments	• Per therapist discretion
Rehabilitation goals and priorities	• Activities of daily living (ADLs) per restrictions • Edema management • Scar management
Orthotic	• Continue orthotic between exercise sessions and at night. Can remove for bathing within wrist in protected position (extension)
Suggested therapeutic exercises	• Synergistic wrist motion in mid-range of motion • PROM of fingers as needed • PROM of wrist within mid-range synergistic motion • Gravity resisted wrist extension starting the wrist in neutral • Consider light isometric strengthening for extensors at 5 weeks if good tendon excursion is present.
Precautions	• No composite passive flexion of the fingers and wrist • Monitor for extension lag • No lifting, pushing, or pulling more than 2 pounds with involved upper extremity • No weightbearing of involved upper extremity
Progression criteria	• Full AROM of the wrist and fingers with minimal to no extension lag.

Zone VII-VIII Extensor Tendon Repair

Phase III (5 – 8 weeks)

Rehabilitation appointments	• Per therapist discretion
Rehabilitation goals and priorities	• Activities of daily living (ADLs) per restrictions • Edema management • Scar management • Full composite AROM digits
Orthotic	• May discontinue orthosis during the daytime at 5 weeks except for heavy work • Static progressive splinting may be indicated if long extensor tightness is present.
Suggested therapeutic exercises	• Unrestricted wrist ROM • Progressive strengthening
Precautions	• Avoid forceful composite flexion of wrist and fingers until 6 weeks. • Monitor for extension lag • No lifting, pushing, or pulling more than 2 pounds with involved upper extremity • No weightbearing of involved upper extremity
Progression criteria	• Full composite ROM and functional grip strength without extensor lag = discharge from therapy. • Restrictions are lifted at 12 weeks