

## Extensor Pollicus Longus Repair Zone II+ Rehabilitation Protocol

Kelly Holtkamp, M.D.

Please fax initial evaluation and progress notes to 815-381-7498.

### 1-3 Days Postoperative

- Do not remove the surgical bandage.
- Restrictions: No heavy lifting or pulling greater than 0 lbs.
- The patient is to begin active and passive range of motion of the fingers to prevent stiffness and reduce swelling.

### 3 – 5 Days Postoperative

- The therapist will remove the surgical bandage.
- The therapist will fabricate a forearm-based volar orthosis with the wrist positioned at 20 degrees of extension. Position the thumb midway between palmar and radial abduction. Position the IP joint in slight hyperextension.
- The orthosis is to be worn at all times. The orthosis may be removed for hygiene purposes and to perform the exercise program.
- The therapist will instruct proper skin care to prevent skin breakdown. The skin should be completely dry before re-applying the orthosis.
- Educate the patient on anti-edema management. This includes, but not limited to, self-retrograde massage, cold therapy, and extremity elevation. The anti-edema management will continue for several weeks.

### 10 – 14 Days Postoperative

- The sutures are removed at Dr. Holtkamp's office.

### 3 Weeks Postoperative

- The therapist will begin scar tissue management to decrease sensitivity and density, which could include ultrasound and/or silicone gel pads per therapist discretion. The scar tissue management will continue for several weeks.

### 4 Weeks Postoperative

- Instruct the patient to begin active range of motion exercises of the wrist and thumb with emphasis on composite flexion and extension and EPL excursion exercises. Each exercise should be performed for 25 repetitions every 2 hours while awake.

### 6 Weeks Postoperative

- Instruct the patient to begin passive range of motion exercises of the wrist and thumb.
- The wearing time in the orthosis should be gradually reduced 1-2 hours each day. It is expected that the patient is completely out of the orthosis within 7-10 days.
- If an extensor lag is present for IP joint, then the therapist will fabricate a gutter splint to the IP joint in slight hyperextension.

### 7 Weeks Postoperative

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- If there is decreased MP joint active flexion, the therapist may fabricate a dynamic flexion orthosis to increase the range of motion. It is important to watch for the development of an extensor lag and reduce the dynamic orthosis if an extensor lag develops.

### **8 Weeks Postoperative**

- Instruct the patient to begin a progressive strengthening exercise program.

### **10 Weeks Postoperative**

- Instruct the patient to continue their home exercise program for range of motion and strengthening.
- If the patient has not achieved functional range of motion and strength, then continue with occupational therapy for an additional 2-4 weeks.

### **12 Weeks Postoperative**

- The patient may resume activities of daily living as tolerated.
- Work status: The patient is allowed to return to full duty status if the job requirements have been met. If not met, then a functional capacity evaluation and work hardening program may be recommended.
- The healing process can take up to a full year. Therefore, it is advised to continue with the home exercise program until goals have been met.