

THERAPY PROTOCOL

Lateral Band Tenodesis

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0-4 Weeks Post Op

- Orthosis:
 - Wear 24/7
 - Can be removed for hygiene if patient maintains splinted hand position
 - Fabricate hand-based dorsal blocking orthosis
 - IF/LF: Radial gutter with 15° PIP flexion
 - RF/SF: Ulnar gutter with 15° PIP flexion
 - Multiple fingers: place all fingers in 15° PIP flexion
 - Edema:
 - Provide edema management through compression and heat as needed
- ROM:
 - Instruct patient in AROM and PROM flexion exercises of affected digit(s) in orthosis
 - NOTE: Even during completion of exercises the patient must maintain 15° PIP flexion of the affected digit(s) in order to effectively form a functional PIP contracture

4-8 weeks Post Op

- Discharge orthosis
- No lifting/weight restrictions
- Continued AROM and PROM for flexion and AROM only for extension
- Begin scar mobilization as appropriate
- Instruct patient in functional dexterous exercises, and light strengthening as tolerated

NOTE: The goal of the surgery is to improve pain, prevent “triggering”, and improve functional use of the affected digit. The development of a slight PIP flexion contracture is the expected result