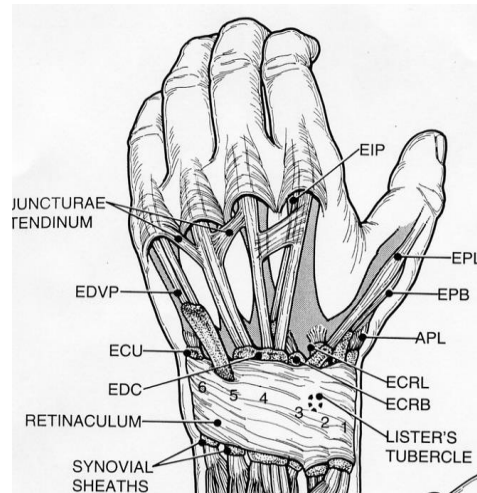


EXTENSOR POLLICIS LONGUS TENDON INJURY
THUMB ZONES II – VIII (EPL)

MOBILISATION REGIME



Please consult EPL rehabilitation guidelines prior to selecting this protocol. The protocol may be modified if appropriate with use of clinical reasoning. Please discuss with a senior therapist if unsure about selection of a particular protocol.

THUMB ZONE 1: Treat as mallet injury

THUMB ZONE II – VIII

DAY 1

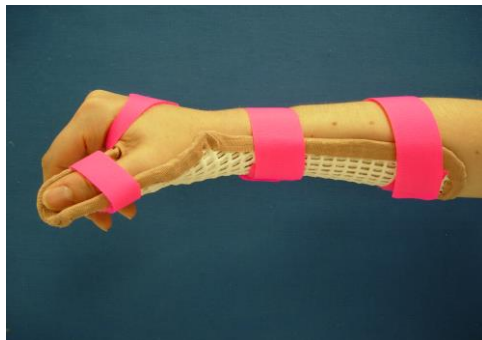
Notes as per protocol

Volar static splint – Thumb gutter, forearm based, fingers free.

Thumb supported in mid-circumduction

Wrist = 30° extension

Thumb = mid circumduction of thumb, full extension of MCPJ and IPJ



Give information leaflet and reinforce regarding elevation and gentle use of unaffected fingers.

Exercises:

Every 3 hours

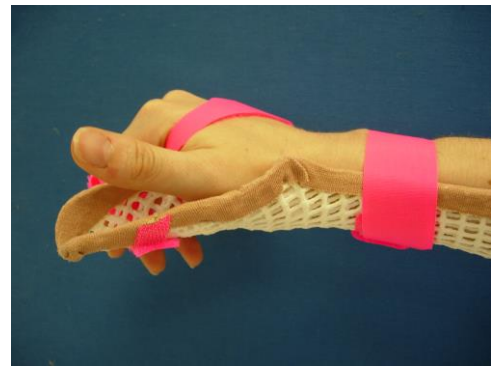
3 x passive extension of thumb away from splint

3 x active extension of thumb from splint

3 x passively lift thumb in to extension and then actively flex and extend IPJ only



1. Removal of strap over thumb
Passive extension of thumb
Control the lowering back to splint



2. Active extension of thumb away from splint
Make sure fingers and wrist are relaxed



3. Passively extend the wrist and base of thumb supporting the CMCJ and MCPJ of thumb.
Actively flex the IPJ



4. Passively extend the wrist and base of thumb supporting the CMCJ and MCPJ of the thumb
Actively extend the thumb

Ongoing Therapy

1/52

Remould splint as necessary post dressing change.

Check exercises

Confirm integrity of tendon repair by checking active extension from splint. Extension must be dorsal not lateral

2/52-4/52

Review in Therapy department

Once wound healed commence massage

- Continue exercises
May use ultrasound for scar if required
- 4/52 Review in Therapy
Remove splint during day. Continue at night and protection
Soak hand in warm water.
Give exercise sheet and teach standard exercises.
Teach tendon glide exercises
Measure ROM particularly EPL isolated extension
Cream hand with E45 / Nivea and reinforce scar massage.
Warn patient against passive flexion/resisted extension
Check for wrist stiffness-mobilise carpus if wrist is stiff (Physio)
Patient advised on graded increased use of hand.
- 6/62 Discard splint
If poor range of motion, consider commencing passive flexion
stretches if no healing issues, patient sensible and clinically
indicated
Measure any joints that have limited range of movement.
**Watch for extensor lag. If lag is developing – concentrate
on tendon glide and using wrist movement to increase
tendon glide**
Commence isolated EPL exercises
Advise patient to use hand for stronger activities
Advise patient that they may recommence driving.
Contact sports are not advisable until 12/52
Treat complications as necessary
- 8/52 Progressive scar management / ROM / oedema
? splinting for increasing span of 1st webspace
Concentrate on isolated EPL function and tendon glide
exercises
- 10/52 onwards

Continue with all therapy modalities as appropriate
Return to sport and heavy lifting