



**Flexor Tendon Repair: Tenodesis Program (early passive and active mobilization)  
Post Operative Rehabilitation Protocol**

**Following Surgery:**

- Expect a bulky compressive dressing and splint.
- Elevate and ice for at least 3 days.
- Continue to elevate as often as possible until your next clinic visit. (Elevate above your heart.)
- Shower with a plastic bag covering the splint and seal with tape.
- Take your pain medicine as needed and as prescribed. Call if any problems or questions arise.

**Precautions:**

- Do not straighten finger fully or flatten hand on table as this could rupture your repair.
- No gripping or lifting with the affected extremity to avoid rupturing the tendon.

**3-5 Days Post Op (at therapy):**

- Bulky compressive dressing is removed, and tenodesis splint is fitted for use *during* exercises.
- Dorsal blocking splint is fitted to be worn at all times *except* during exercises with:
  - **IPs** in full extension
  - **MPs** about 70 degrees of flexion
  - **Wrist** 20 degrees short of full flexion
- Initiate passive Range of Motion (ROM) exercises within restraints of splint and as directed by your therapist.

**2 Weeks Post Op:**

- Follow up appointment in clinic.
- Sutures will be removed and may begin scar massage within 48 hours after suture removal if wound is healed.

**6 Weeks Post Op (at therapy):**

- Initiate active ROM exercises; buddy tape involved digit to adjacent digit as reminder to avoid heavy lifting.
- Dorsal blocking splint discontinued.

**8 Weeks Post Op:**

- Follow up appointment in clinic.
- Gentle, progressive strengthening may be initiated with putty or light hand weights

**12 Weeks Post Op:**

- Normal use of hand in activities of daily living is encouraged.

**Considerations:**

- Repairs of tendons weakest at 3-4 weeks post-operative.
- No tight sustained gripping or heavy lifting with the affected extremity until 14-16 weeks.
- May continue to gain ROM for up to 6 months with everyday use.