

### FLEXOR POLLICIS LONGUS (FPL) REPAIR PROTOCOL

	0-3 Weeks	3 Week	4 Weeks	5 Weeks	6 Weeks	8 Weeks
<b>Splint</b>	1. Dorsal Blocking Splint <ul style="list-style-type: none"> <li>Wrist at neutral</li> <li>Thumb CMC flexed and abducted under second metatarsal</li> <li>Thumb MP in full extension</li> </ul> Zone 1 only: 2. Separate dorsal gutter thumb IP splint blocking IP in 30 degrees flexion, to be worn with above splint.		Convert splint to hand-based.	Discontinue splint	May initiate dynamic IP extension splinting if needed	
<b>Therapeutic Exercises</b>	Home Exercise Program <ol style="list-style-type: none"> <li>Passive composite thumb</li> <li>Passive IP flexion/active extension to limit of splint</li> <li>Gravity assisted wrist flexion/active extension to limit of splint</li> <li>Tendon gliding exercises for digits 2-5</li> </ol> <b>Early Active Motion Protocol:</b> *I cleared by MD and suture of adequate strength (four strand core repair with epitendinous suture augmentation). REMINDERS: Severe edema increases tendon drag and likelihood of rupture. Therefore, wait until 48-72 hours post-op prior to initiating ROM. Tendon tensile strength decreases from days 5 to 15 post-op. Place/hold thumb flexion with wrist extended.	Continue with all previous exercises. Under therapist supervision in clinic: Add place/hold for thumb flexion with wrist passive extended (if not already done via EAM). Gentle muscle contraction only.	Initiate active, non-resistive thumb flexion with wrist extended	Add gentle blocking exercises for thumb IP flexion.	May add putty scraping if needed.	Gradually add resistive exercise to home program.
<b>Precautions</b>	No active thumb flexion unless cleared for early active motion (EAM). No passive wrist extension. No passive thumb extension. No functional use of the involved hand.	Continue with all previous precautions.  Avoid co-contraction during place/hold exercises.				
<b>Other</b>	Wound care, Edema control, scar massage, may need pulley ring if pulley repair.		Light prehensile activities OK in therapy	Light prehensile activities OK at home	May initiate NMES, therapeutic heating via ultrasound if needed	Gradually allow resistive use of involved thumb in ADLs