TRANSVERSE SAGITTAL BAND REPAIR and PARTIAL EXTENSOR TENDON LACERATION [at the MP Joint]

3 – 5 Days Postop
The bulky dressing is removed and a light compressive dressing is applied to the hand and forearm, along with digital level edema control consisting of fingersocks or 1" Coban™.

A hand-based extension gutter splint is fitted with the MP and IP joints positioned in full extension to wear between exercise sessions and at night. The adjacent digit should be included in the splint.

AROM exercises are initiated to the uninvolved digits.

10 – 14 Days Postop
Within 48 hours following suture removal, scar massage with lotion may be initiated.

3 Weeks Postop
AROM exercises are initiated 6 times a day for 10 minute sessions.

The extension gutter splint is continued between exercise sessions and at night.

4 Weeks Postop
The splint is removed for light active use of the hand during the day. The splint is continued between exercise sessions and night.

6 Weeks Postop
PROM exercises may be initiated.

Taping and/or dynamic flexion splinting may be initiated to increase passive flexion, particularly at the MP joint.

The gutter splint is discontinued during the day. The splint is continued for night wear.

7 Weeks Postop
The extension splint is discontinued at night.

CONSIDERATIONS
When a single sagittal band has been lacerated and repaired, it is recommended that the patient remain immobilized for a period of 3 weeks before beginning unrestricted active ROM exercise to the digit.

For a partial tendon laceration, it is not uncommon to allow active motion and light use of the hand at the time of suture removal.