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Working hand in hand for a healthier you

Flexor Tendon Repair

After a flexor tendon repair there is a lot of therapy required. You will need to wear a splint, complete frequent specific exercises, modify activity, and adhere to precautions to ensure you get the best outcome from your surgical repair and optimal return of movement and function in the affected hand.

A tendon heals slowly, it will initially weaken after surgery, then get stronger gradually, with full healing after three months.

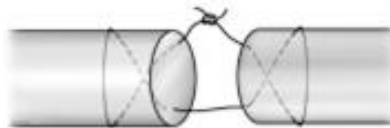
Each **finger** has two flexor tendons, the flexor digitorum superficialis (FDS) that bends the middle finger joint, and the flexor digitorum profundus (FDP) that bends the end finger joint. It is important to remember that the use of one finger creates tension in the adjacent fingers as they have common muscles.

The **thumb** has one long flexor muscle, the flexor pollicis longus (FPL).

The tendon is repaired with fine stitches that can be pulled apart if not protected appropriately post repair.

Rupture

Rupturing of the repaired tendon can occur from using the hand before the repair is strong enough, over or under exercising and from scar adhesions. There may be a loss of movement, or you may experience a springing feeling when the tendon ruptures. A ruptured tendon can sometimes be repaired, but to get the best outcome it is essential to care for the first repair.



Important precautions are:

- Finger repair: Do not use the fingers for any activity – even the unaffected fingers. The thumb may be used freely.
- Thumb repair: Do not use the thumb for any activity. The fingers may be used freely.
- Splint is worn 24 hours per day. Keep on for showers, sleeping, dressing etc.
- Only complete the exercises as practised in therapy. Doing more or less can increase the chance of rupture. The exercises will be changed to compliment the healing stage of the tendon.
- Do not play contact sports, do activities with risk of falling, or drive.
- Initially, exercises are to ensure the tendons continue to glide and do not get stuck down from scar tissue. Use of the hand and strengthening will come later.

Therapy will include:

- Education and splinting
- Wound management and oedema management
- Scar management
- Exercise and activity modification
- Strengthening

