



## FLEXOR TENDON INJURIES FAQ

### **1) What is a flexor tendon injury and what is a repair?**

Flexor tendons bend the finger or thumb into the palm. There are two flexor tendons for each finger and for the thumb. The surgeon approximated the ends of the cut tendon together and placed special designated stitches in the tendon. Following the repair, voluntary movement of the hand is limited. Active hand movement is limited to prevent the repaired tendon from 'stretching' and to allow scar tissue to develop to provide additional stability.

### **2) My hand is swollen. What should I do?**

Frequently, hand swelling is secondary to lack of voluntary movement in the hand and maintaining the hand in a position lower than the heart. Following the flexor tendon repair, the surgeon and therapist will request no to very minimal movement of the hand. Active muscle movement facilitates the function of the lymphatic system, which drains waste products. If there is very limited movement of the hand, the lymphatic system does not drain out waste products as efficiently and the hand can become swollen. In addition, keeping the hand lower than the heart increases the work of the lymphatic and venous-artery system resulting in a swollen hand.

Generally, before the end of the first therapy treatment session, your therapist will instruct in edema (swelling) control techniques. Some of the edema control techniques may include use of a light compression wrap/glove, hand elevation higher than the heart, and/or manual edema mobilization techniques.

### **3) Why do I have to wear the splint?**

The splint is designed to minimize pull on the newly repaired flexor tendons. In the early stage of the repair, consistent pull or stretch on the repaired tendon could result in poor motion. Usually, your therapist will request you to wear the splint at all times, except for designated dressing change or hand exercises.

#### **4) The doctor repaired my tendon, so why do I need to exercises?**

Performing the exercises, as directed by the therapist, will influence the amount of scar tissue development and how flexible the scar tissue will become. The exercises promote gliding of the sheath and tendon to each other and to other structures in the hand. The sheath is a housing that the tendon lies within. Scar tissue can develop around the sheath, between the tendon and sheath and, if the injury was very severe, may include muscle, fascia and skin. Scar tissue, if not properly exercised, will become very hard and immobile, not allowing the repaired, or fixed tendon to move. Therefore, it is very important to perform the exercises as directed by your therapist.

#### **5) How often will I be treated in therapy?**

Depending upon the number of tendons repaired, severity of the injury, amount of swelling or edema, the therapist and doctor will frequently recommend 2 to 3 times a week. Frequently, the therapy program can encompass up to 10-12 weeks, but this is dependent upon your age, and occupation. You may be required to assist your doctor and therapist in establishing the rationale and need for the treatment to your insurance company. Based upon an appropriate hand therapy program, an individual with a flexor tendon repair can usually expect good to great hand function.

#### **6) When can I return to playing basketball or performing my job duties?**

If you progress through the flexor tendon repair program as anticipated, you may expect to return to some basketball, noncompetitive, within 10-12 weeks. If your job duties do not require lifting, pushing, pulling, you may be able to return to

work within the first week of repair. If your job requires heavy work, use of hand and power tools, discuss with your physician and therapist when to anticipate return to work.

**7) What is scar tissue and can my doctor just remove it?**

Scar tissue develops following any injury or surgery. It can provide additional strength to the injured area. However, it can limit movement due to the organization of the fibers of the scar tissue. More than likely, your doctor will want you to work with the therapist to remodel and elongate the scar tissue. The process of remodeling the scar tissue gives it flexibility which improves movement.

**8) I'm concerned that any motion will cause my stitches to come out.**

Your doctor and therapist work closely together to minimize any potential problems from developing including stitch disruption. Movement can be performed without bothering the stitches. In addition, movement can assist with scar tissue remodeling and will enhance movement and improve your outcome.

**9) My surgeon has said that only one of my flexor tendons could be repaired. What does this mean in terms of my hand movement and function?**

Prior to the injury, two tendons, frequently working together, bent the finger. Now one tendon must bend all three joints of the finger. The power strength of the finger and hence whole hand may be slightly decreased from pre-injury. However, the hand power is dependent upon your job duties. The motion of the finger should be very similar to the movement present prior to the injury. I must stress, that you must follow the program outlined by your doctor and therapist to achieve the highest level of hand function.