BRITISH ASSOCIATION
OF HAND THERAPISTS

Standards of Hand Therapy Practice in the Rehabilitation of Surgically Repaired Flexor Tendon Injuries

Endorsed by:
British Association of Hand Therapists

Devised by the Flexor Tendon Injuries Standards Working Group, 2022
Further information is available from: https://www.hand-therapy.co.uk

This BAHT Standard has been developed to compliment the respective BSSH Standard of Care in Hand Trauma. It is based on research and expert opinion.

Definition:

These standards relate to the treatment of all digital flexor tendon injuries of the hand, wrist and forearm in children and adults.

Standards

1. Following surgery all patients should be referred to a specialist hand therapist or appropriately trained therapist with direct access to specialist support for assessment and formulation of a treatment plan. Access to accurate operative details is essential.

2. The selected rehabilitation regimen should be commenced between three to five days with a face-to-face appointment, and within a maximum of seven days.

3. Following a strong repair (in keeping with BSSH standards recommendation of a 4-strand repair: www.bssh.ac.uk/bssh_standards_of_care_in_hand_trauma_) the rehabilitation regimen should include a protective orthosis which permits passive and active motion exercises, ensuring joint mobility and effective tendon glide.

4. Patients should be offered Hand Therapy appointments face-to-face on a weekly basis dependent on clinical need. Virtual appointments could be commenced from week 3 based on clinician's discretion of clinical need.

5. The postoperative rehabilitation regimen should be supported by both written and verbal information.

6. Measurements should be taken of Total Active Motion (TAM), preferably at 6 & 12 weeks post-surgery, with grip strength measured at 12 weeks. A recognised patient satisfaction outcome measure and patient reported outcome measure ought to be utilised.

7. Children: Under 5 years old, children will continue to be managed in accordance with a static regime during the early phase of rehabilitation for 4 weeks; children over 5 years of age may be treated in a dorsal splint with protective volar 'cage' and individually assessed for progression of rehabilitation.

Implementation of these standards should be used to guide to advise therapists in the clinical setting. It is recognised that care may be influenced by factors including access to hand therapy, nature of injury, patient characteristics and surgical management. Professional judgement, based on clinical reasoning, will strongly influence the management and outcome following flexor tendon injury. There should be some shared decision making in selecting the treatment regimen.

Evidence and Supporting Literature;

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3. European Federation of Societies for Hand Therapy (EFSHT), Hand Therapist Profile, Education Committee May 2012

4. Neiduski,RL; Powell,RK (2019) Flexor tendon rehabilitation in the 21st century: A systematic review. *Journal of Hand Therapy 32:165-174.*

5. NHS institute for Innovation and Improvement, 2006-13. Quality and Service Improvement Tools Patient Information

6. Rudge,WBJ; James,M 920140 Flexor tendon injuries in the hand: A UK Survey of Repair Techniques and Suture Materials-Are we following the evidence? *ISBN Plastic Surgery Article ID 687128*.

7. Peck FH, Bucher CA, Watson JS, Roe AE (1996) An Audit of Flexor tendon Injuries in zone II and its influence on management. *Journal of Hand Therapy, Oct-Dec;9(4);306-8*

8. Valdes K, MacDermid J, Algar L, Connors B, Cyr LM, Dickmann S, Lucado AM, Naughton N. (2014) Hand therapist use of patient report outcome (PRO) in practice: A survey study. *Journal of Hand Therapy.* 27 (4*):* 299–308

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