<table>
<thead>
<tr>
<th>Day 1-5</th>
<th>Treatment supervised by therapist</th>
<th>Home programs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Splint position:</td>
<td>10 repetitions each hour:</td>
</tr>
<tr>
<td></td>
<td>• Wrist 30° extension, MCP blocked at 45° flexion, IP joints free, and no strap over proximal phalanges</td>
<td>• Composite active digit flexion and extension</td>
</tr>
</tbody>
</table>

Week 1: If the patient develops problems with Active MCP Lag due to attenuation:
- • Fabricate a resting splint with the wrist at 40–45°, MCP 0°, IP 0°
- • Active MCP flexion and extension

If the patient develops problems with stiffness:
- • 10 repetitions each hour
- • DIP and PIP joint blocking
- • The patient remains in the splint for all ADLS
- • Stop exercise if experience severe pain during exercise

Week 3 to 4: • MCP block position on splint is adjusted to allow 70° flexion (see variation if extension lag present)
- 10 repetitions each hour:
  - • With splint on, continue composite active digit flexion and extension
  - • Full active extension of the MCP with IP flexed

Week 5: • Splint discontinued
- • Light ADLS commenced
- 10 repetitions each hour:
  - • Commence active composite digit flexion and extension in and out of the splint
  - • Complete on table top, gently extending wrist as digits flex

Week 6 to 7: • Return to non-manual (desk-based) work
- 10-20 repetitions per hour:
  - Active exercises
  - • Active tendon gliding exercises
  - • Active wrist tenodesis is gradually increased to full motion
  - • Individual active finger extension on table top
  - • Intrinsic minus / claw position, with MP hyperextension
  - • Simultaneous active finger and wrist flexion
  - Passive exercises
  - • Progress to passive composite flexion of digits gradually
  - • Progress to passive flexion of the wrist gradually
  - • Progress to simultaneous passive finger and wrist flexion

Week 8 to 11: • Return to driving. Gradually increase resistive activities

Week 12: • Return to heavy manual work