# Appendix: EAM Treatment Guidelines for Patients With Zone V–VI Extensor Tendon Injury

| Day 1-5 | Splint position:  
| Wrist 30° extension, MCP blocked at 45° flexion, IP joints free, and no strap over proximal phalanges | 10 repetitions each hour:  
| Composite active digit flexion and extension |
| --- | --- |
| **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° | 10 repetitions each hour:  
| 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 |