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

### Treatment supervised by therapist

**Day 1-5**

- **Splint position:**
  - Wrist 30° extension, MCP blocked at 45° flexion, IP joints free, and no strap over proximal phalanges

**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°

- If the patient develops problems with stiffness:
  - 10 repetitions each hour
  - DIP and PIP joint blocking

**Week 3 to 4**

- MCP block position on splint is adjusted to allow 70° flexion (see variation if extension lag present)

**Week 5**

- Splint discontinued
- Light ADLS commenced

**Week 6 to 7**

- Return to non-manual (desk-based) work

**Week 8 to 11**

- Return to driving. Gradually increase resistive activities

**Week 12**

- Return to heavy manual work

### Home programs

**10 repetitions each hour:**

- • Composite active digit flexion and extension

**Active MCP flexion and extension**

**If the patient develops problems with stiffness:**

- The patient remains in the splint for all ADLS
- Stop exercise if experience severe pain during exercise

**10 repetitions each hour:**

- • With splint on, continue composite active digit flexion and extension
- • Full active extension of the MCP with IP flexed

**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

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