

CENTRAL SLIP REPAIRS

* For single lateral band repairs – no immobilisation is necessary

0-3 weeks Post-Repair/Post-Injury

Splintage

- Static extension cylinder applied by OT
- To immobilise PIP joint only
- Worn continuously for 3 weeks

Reduce oedema

Exercise

- Full active and passive DIP flexion hourly, to maintain the length of the lateral bands (support PIP joint in full extension)
- Full active MCP flexion and extension

Ensure mobility of unaffected fingers

3 weeks

Splintage

- Daytime - constant capner splintage – 8 weeks if traumatic, 3 weeks if RA
- ensure the dorsal pad is over the proximal phalanx
- Night-time - continue with static gutter splint

Exercise

- Continue hourly DIP flexion exercises
- Start gentle hourly active PIP joint flexion in capner splint (unless becoming stiff, then discuss with surgeon about early removal of splint)

6 weeks

Gradually increase active PIP flexion exercises

8 weeks

Splintage

- Gradually wean out of capner splint (monitor developing extensor lag)
- Discard night extension splint, unless PIP joint lag exists
- Pulvertaft board may be useful

Exercise

- Remove capner splint intermittently to perform active flexion and extension exercises to DIP and PIP joints

9 weeks

- Gradually increase active flexion and extension exercises
- Encourage functional use of the hand
- Wean out of all splintage, but monitor for developing lag or boutonniere deformity

Firmly repaired central slips may permit earlier mobilisation in a capner splint at the discretion of the surgeon and therapist