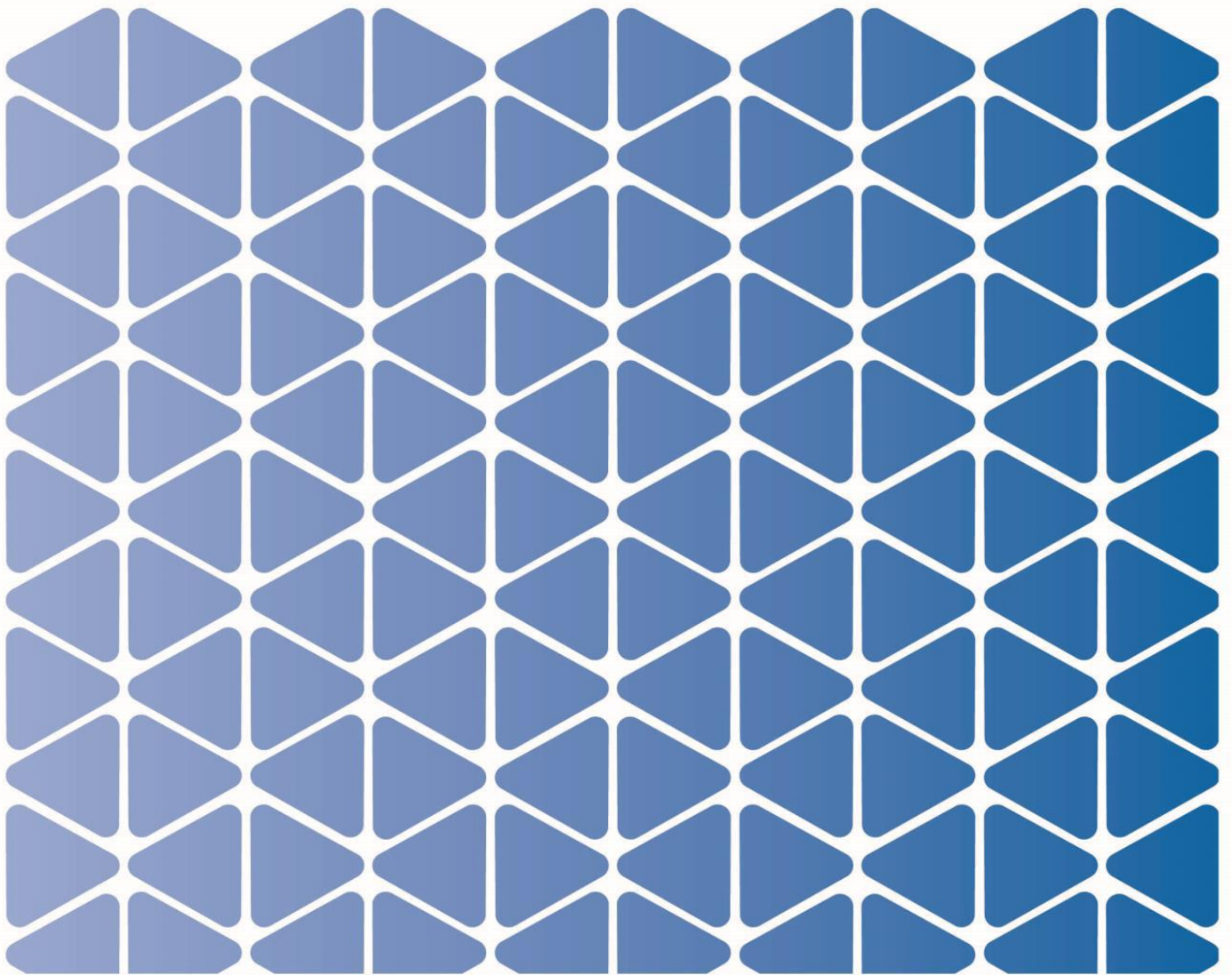




PATIENT INFORMATION

**OCCUPATIONAL THERAPY AND PHYSIOTHERAPY**

After care following  
**FLEXOR TENDON REPAIR**



## **ADVICE FOR PATIENTS**

You have damaged the tendons which run into your fingers and enable you to grip or make a fist. After repair they need to be protected whilst allowing the tendons to glide within the repaired tendon sheath. The following information allows this healing to occur, but you must also attend therapy treatment.

## **SPLINTING**

The splint you are wearing is called a “Flexor Hood” or a “Belfast Splint”. You will wear the splint for 24 hours per day for 6 weeks after your operation. (See your splinting leaflet for cleaning information).

## **PRECAUTIONS**

Please take pain killers before your treatment sessions as we will be moving your fingers and hand. You must only remove your splint for hand hygiene or for exercises (as instructed).

## **HAND HYGIENE**

- To wash your arm/hand, place your forearm on the draining board, remove the splint keeping the wrist in the position as when in the splint.
- Using unperfumed soap or unperfumed wipes, wash the arm down (still with it supported on the draining board) from the elbow towards the fingers. Keeping your arm in the position as when in the splint.
- Do not wash across any unhealed wounds. Use wipes to clean between the fingers.
- Ensure the arm is dry before reapplying the splint.
- Do not extend the wrist.
- Shower wearing the splint (covered by plastic bags)

## **Daily Activities**

When you are sleeping or sitting, rest your arm on cushions or pillows for support. Try to ensure that your arm is supported higher than the level of your heart - this helps the swelling go down.

## **For the first six weeks after the operation:**

- Do not use your operated hand for ANY activity.
- Do not drive, you may damage the repair. Inform your insurance company of your injury.

## **Week 6:**

- Splint will be removed
- Light grip will be introduced

## **Week 7 - 12**

- You may drive.
- You will be instructed to start to use the hand for gentle then progressively heavier tasks.
- Return to work if your job is sedentary.

## **Week 12 Onwards**

- You can return to manual work.
- You may return to some sports (Please discuss with your therapist).

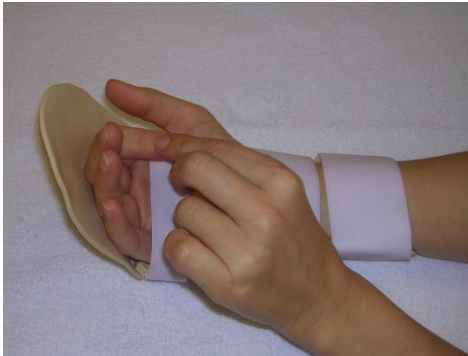
## **Exercises**

These will be demonstrated to you by your Therapist.

### **Week 1**

Wear your splint for these exercises.

Use the index finger of your other hand to gently and slowly push each finger down into flexion 5 times each finger per hour.



Without using your other hand, flex the fingers towards the palm of your hand with the fingers curled into a grip. 5 times each hour.



Straighten all your fingers to reach up to touch the top of the splint "hood". 5 times each hour.



Freely move your elbow and shoulder to prevent stiffness.

## **Week 2**

As week one, but all exercises will be carried out 10 times each hour.

## **Week 3-5**

Continue last weeks exercises plus:

Remove the splint, with the arm supported on a table, keeping the wrist and fingers flexed.

Place your unaffected hand over the operated one to “cup” the fingers and knuckles.

With your arm still on the table, gently rock your wrist up and down.

Repeat this 10 times three times a daily.

## **Week 6**

Remove the splint during the day (continue to wear at night or for protection in crowded situations).

Continue with week 5's exercises.

Introduce light lifting, but nothing heavier than a mug of liquid.

## **Week 7 - 12**

Continue with all exercises and add in heavier activities such as lifting jugs, books and light housework.

## **Week 12 Onwards**

Return to all function.

During the course of your treatment, other exercises or advice may be given dependant on your injury and progress. This may include scar management and/or alternative methods. These will be explained fully by your therapist.

## **CONSENT TO TREATMENT**

Following assessment, your Occupational Therapist will discuss treatment options with you explaining the benefits and any risks (if any).

Your occupational Therapist will ask for your verbal consent before commencing assessment and treatment and in certain situations, you may be asked for written consent.

Information about you is recorded and used to support planning, delivery and monitoring of your care. This information, typically anonymised, may also be used to support NHS planning, teaching and research.

Produced by the Occupational Therapy and the Physiotherapy Department at Worcestershire Acute Hospitals.

### **Worcestershire Royal Hospital**

Occupational Therapy 01905 760683

Physiotherapy 01905 760187

### **Alexandra Hospital**

Occupational Therapy 01527 512146

Physiotherapy 07527 512114

### **Kidderminster Hospital**

Occupational Therapy 01562 826348

Physiotherapy 01562 823424 ext 53701

**If your symptoms or condition worsens, or if you are concerned about anything, please call your GP, 111, or 999.**

### **Patient Experience**

We know that being admitted to hospital can be a difficult and unsettling time for you and your loved ones. If you have any questions or concerns, please do speak with a member of staff on the ward or in the relevant department who will do their best to answer your questions and reassure you.

### **Feedback**

Feedback is really important and useful to us – it can tell us where we are working well and where improvements can be made. There are lots of ways you can share your experience with us including completing our Friends and Family Test – cards are available and can be posted on all wards, departments and clinics at our hospitals. We value your comments and feedback and thank you for taking the time to share this with us.

### **Patient Advice and Liaison Service (PALS)**

If you have any concerns or questions about your care, we advise you to talk with the nurse in charge or the department manager in the first instance as they are best placed to answer any questions or resolve concerns quickly. If the relevant member of staff is unable to help resolve your concern, you can contact the PALS Team. We offer informal help, advice or support about any aspect of hospital services & experiences.

Our PALS team will liaise with the various departments in our hospitals on your behalf, if you feel unable to do so, to resolve your problems and where appropriate refer to outside help.

If you are still unhappy you can contact the Complaints Department, who can investigate your concerns. You can make a complaint orally, electronically or in writing and we can advise and guide you through the complaints procedure.

### **How to contact PALS:**

**Telephone Patient Services: 0300 123 1732 or via email at: [wah-tr.PET@nhs.net](mailto:wah-tr.PET@nhs.net)**

### **Opening times:**

The PALS telephone lines are open Monday to Thursday from 8.30am to 4.30pm and Friday: 8.30am to 4.00pm. Please be aware that a voicemail service is in use at busy times, but messages will be returned as quickly as possible.

If you are unable to understand this leaflet, please communicate with a member of staff.