

GUIDELINE FOR THERAPY INTERVENTION POST REPAIR EXTENSOR POLLICIS LONGUS (EPL)

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

INTRODUCTION

This guideline covers the post operative care of patients with an extensor tendon repair to the thumb for patients attending therapy departments within Worcestershire.

All patients following an extensor tendon repair should be referred to occupational therapy /physiotherapy (as soon as is practical) after surgery for hand rehabilitation. The referral should describe the full patient diagnosis, the operation details and level of injury.

THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

Therapists who have undertaken a period of supervised practice in this field within the previous 2 years.

Supervising/senior therapists to work towards British Association of Hand Therapists (BAHT accredited training at Level II in Elective, Trauma and Hand Therapy).

Lead Clinician(s)

An Van Hyfte

Clinical specialist OT

Guideline reviewed and approved by Hand
Therapy Clinical Governance:

18th June 2025

Review Date:

18th June 2028

This is the most current document and is to be
used until a revised version is available

Key Amendments made to this Document:

Date	Amendment	By:
24/08/11	To start course of ultrasound as appropriate from week 2 onwards	An Van Hyfte
15/05/2013	Guideline reviewed at Therapy Hands Clinical Governance Group. No changes to document required.	Alison Hinton
30/04/2015	Guideline reviewed at Therapy Hands Clinical Governance Group. No changes to document required.	An Van Hyfte
August 2017	Document extended for 6 months in line with TMC approval	TMC
December 2017	Sentence added in at the request of the Coroner	
March 2018	Document extended for 3 months as approved by TLG	TLG
7 th March 2018	Document reviewed and re-approved for use by the Therapy Hands Clinical Governance Group	Alison Hinton
September 2020	Document reviewed and re-approved for use by the Therapy Hands Clinical Governance Group. Alteration made to timing of removal of splint	An Van Hyfte
June 2022	Guideline reviewed at Therapy Hands Clinical Governance Group. Alteration made to scar management to include the use of dissolvable sutures.	An Van Hyfte
June 25	Reviewed in line with latest research, no alterations required. Ultrasound treatment for scar management removed because this is no longer available as a treatment option in the Trust. List hand surgeons in the Trust updated. Circulated to new hand surgeons on the list.	An van Hyfte

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INTRODUCTION

This guideline covers the post operative care of patients with an extensor tendon repair to the thumb for patients attending therapy departments within Worcestershire. Thumb extensors are divided into 8 zones. Characteristics of the extensor tendon vary at each level, dictating variations in treatment.

All patients following an extensor tendon repair should be referred to occupational therapy /physiotherapy (as soon as is practical) after surgery for hand rehabilitation. The referral should describe the full patient diagnosis, the operation details and level of injury.


COMPETENCIES REQUIRED

- Therapists who have undertaken a period of supervised practice in this field within the previous 2 years.
- Supervising/senior therapists to work towards British Association of Hand Therapists (BAHT accredited training at Level II in Elective, Trauma and Hand Therapy).
- Adherence to the Trusts guidelines on wound management and infection control aseptic technique for Therapists.

PATIENTS COVERED

- Any patient able to comply with the Early Controlled Motion (ECM), following an extensor tendon repair to the thumb within zones III-VIII.
- For longitudinal extensor division no protective splinting is necessary. Start early gentle mobilisation.
- Injuries of the extensor tendon of the thumb in zone I/II are fitted with a mallet splint immobilising the IP joint in neutral for 6 weeks, leaving the CMC and MP joint free for mobilisation.

DETAILS OF GUIDELINE

Time	Intervention
In theatre	<ul style="list-style-type: none"> Following the repair, a volar based POP is applied to the forearm and covering the full extent of the thumb. Wrist: 30° extension Thumb CMC: abduction MP joint: 20° flexion IP joint - full extension If there is a clinical reason for a variation in the positioning, it must be clearly documented on the therapy referral.
As soon as possible after surgery (ideally 24-48 hrs)  Advice and education General Considerations Concerning splinting	<ul style="list-style-type: none"> To be seen by a therapist. Remove the surgical dressing and theatre POP. Apply a lighter dressing to any of the wound areas using aseptic technique. Removable thermoplastic splint constructed- positioned as per theatre instructions, on operation notes and/or referral. Patient is advised to position the forearm in elevation when sitting/sleeping using pillows. Patient is advised to maintain range of movement on elbow/shoulder regularly. Patient is advised to keep splint on at all times. Patient is advised not to use the affected hand for any activity i.e. work/ driving/lifting/housework Splinting information leaflet to be given to the patient Follow up appointment to be booked in 1 week's time. Hand hygiene advice given Cotton stockinette (not tubigrip) can be worn under the splint to absorb perspiration. Be aware that patients can be allergic to the splint materials, and this requires monitoring. If the patient has nerve involvement and sensation/reduction loss care is required when applying materials which can be over 60°
Exercises From splint application – up to 6 weeks post op	Early Active Regime – <ul style="list-style-type: none"> All exercises will be demonstrated by a therapist and the patient will receive written instructions on their exercise regime for home use. Exercises to be carried out within the splint: Regularity of exercises to be at therapist discretion, taking into consideration any post surgery inflammation and oedema. Week 1 (up to 7 days from the splint application) <ul style="list-style-type: none"> Passive extension of the thumb Active extension of the thumb Active flexion/extension of the IP joint with MP joint and wrist held in extension.
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	<ul style="list-style-type: none"> Maintenance exercise of unaffected joints <p>Week 2-4 Week 1 exercises to be upgraded to x10 every hour as tolerated. <i>If non-dissolvable, sutures should be removed at Consultant / Fracture Clinic at the Consultants discretion – between 10 – 14 days. If dissolvable sutures in place, scar management can commence 14 days post surgery if the wounds are closed.</i></p> <p>Post suture removal or 14 days post surgery:</p> <ul style="list-style-type: none"> Scar management advice: To commence once the wound is closed (with no signs of infection). Scar massage is introduced using a non perfumed moisturiser. Patients are taught to use circular motions along the scar working distal to proximal to help the reduction of oedema. <p>Review every two weeks.</p>
5-6 weeks	<ul style="list-style-type: none"> Splinting during the day can be reduced at therapist discretion at week 5: If a patient has developed stiffness or if a patient has very strong / stable extension and no extension lag a therapist can consider to reduce splinting during the day at week 5. The patient should continue with night splinting. Discontinue all splinting during the day at week 6. If extension lag exists continue with splinting at night for another 2 weeks. Introduce light use of the hand in ADL's. The patient can return to work if he has a sedentary job. The patient may drive at week 7 Exercises: Commence active thumb flexion/ thumb opposition
12 weeks onwards	<ul style="list-style-type: none"> The patient should have full active wrist and digit flexion. Introduce stretching exercises if this is a problem. The patient can return to manual work. Playing sports as recommended by the consultant/therapist.

It is the responsibility of every individual to check that this is the latest version/copy of this document.

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	General adherence to the guideline.	As part of the out-patient notes audit in therapy	Yearly	Senior therapists in physio and occupational therapy out-patients departments	Clinical governance for therapies and clinical governance for hand therapy.	Once per year, after the notes audit.

REFERENCES

- Occupational Therapy splinting and hand therapy procedure. WAHNHST (2000); Elliott J.
- Occupational Therapy Risk Assessment COSSH; WAHNHST (1999). Elliott J.
- Selly Oak Hospital Birmingham: Hand Protocols
- Queen Victoria Hospital NHS Trust, Hand Therapy Protocols
- Derby Royal Infirmary, Hand Therapy guidelines
- Frenchay Hand Centre, Bristol, Hand Therapy Guidelines
- Hereford NHS Trust, Hand Therapy Guidelines.
- Brigham and Women's hospital, hand therapy guidelines.
- Hand Therapy Protocols Alexandra Hospital/Worcester Royal Hospitals; WAHNHST (2002) Worcestershire Hand Therapies Group
- Journal of hand surgery, May 2005, p 175-179; "Extensor tendon rehabilitation: a prospective trial comparing 3 rehab regimes"; N.W. Bulstrode, N. Burr, A.L. Pratt, A.O. Grobbelaar.
- British Journal of hand therapy, Volume 5 no1, 2000, p 10-15; "Early controlled motion following extensor tendon repair: a critical review"; Jacki Hunt.
- University Hospital Coventry and Warwickshire, hand therapy protocols
- <http://handtoelbow.com/>, therapy guides
- British Association of Hand Therapist – Trauma standards 2022, <https://www.hand-therapy.co.uk>
- Miller, L and Crosbie, J. The Benefits of Early Active Motion on Thumb Range of Motion following Extensor Pollicis Longus tendon repair in zones TIII-TV: A prospective comparison pilot study. Hand Therapy (2013) 18; 4; 109-117.

CONTRIBUTION LIST

Key individuals involved in developing the document

Name	Designation
An Van Hyfte	Clinical specialist OT
Collette James	Senior OT
Mandy Rawlings	Clinical specialist physio
Jane Simons	Senior OT
Suzette botha	OT Hereford NHS Trust

Circulated to the following individuals for comments

Name	Designation
Miss Sarah Henning	Orthopaedic Consultant
Mr Matthew Weston	Orthopaedic Consultant
Mr Simon Gabor	Orthopaedic Consultant
Physiotherapy Departments (outpatients)	WRH, Alex, Kidderminster
OT Departments (outpatients)	WRH, Alex, Kidderminster

Supporting Document 1 - Equality Impact Assessment Tool



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	An Van Hyfte
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	An Van Hyfte	Clinical specialist OT	a.vanhifte@nhs.net
Date assessment completed	07/07/2022		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: WHAT-OCT-009 'GUIDELINE FOR THERAPY INTERVENTION POST REPAIR EXTENSOR POLLICIS LONGUS (EPL)'			
What is the aim, purpose and/or intended outcomes of this Activity?	This is an evidence based guideline for the rehabilitation of patients who have had a surgical repair of the EPL tendon.			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User <input type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other N/A		

Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	We have compared our guideline with the practice of specialist hand therapy units in Queen Elisabeth Birmingham, UHCW, Pulvertaft centre Derbyshire and have revisited the existing literature available on the British Association of Hand Therapists (BAHT) website
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed with the main consultants and reviewed in the therapy clinical governance meeting held on 23/09/2020
Summary of relevant findings	The guideline is up to date

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	V			
Disability	V			
Gender Reassignment	V			
Marriage & Civil Partnerships	V			
Pregnancy & Maternity	V			
Race including Traveling Communities	V			
Religion & Belief	V			
Sex	V			
Sexual Orientation	V			

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	V			
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	V			

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
How will you monitor these actions?	By regular audit of notes, observed practice (please see monitoring section of the document)			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	June 2028			

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

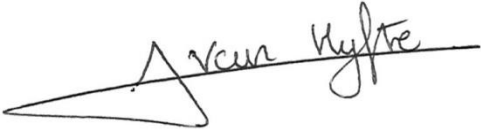
1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat

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them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	An Van Hyfte 
Date signed	18/06/2025
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.