PROCEDURE SPECIFIC HAND CPM THERAPY

$\begin{array}{c} \textbf{Flexor Tendon Repair} \\ 1,2,5,6,7,8,9,10,12,16,17,18,21 \end{array}$

Set-Up

- If possible the patient should be instructed on hand CPM use preoperatively to improve compliance. 2,17,19
- CPM should be initiated 48-72 hours postoperatively. ^{2,17,19}
- A Kinex 8091Hand CPM is used with a Kinex palmless CPM glove. This allows easy application and removal to improve compliance of passive and active ROM programs. 2,19
- The wrist is flexed at 30 degrees and the MP joints are flexed at 45 degrees in a dorsal blocking splint. ¹⁷ This set up is achieved with the Kinex CPM splint with the MCP block attached.
- Palmer support straps the forearm, wrist, palmer arch and proximal phalanges.

Wearing Schedule

- The CPM is used 8-12 hours per day or as directed for 4 weeks followed by alternating CPM with active exercise weeks 5 and 6. 17
- CPM is typically discontinued at 6 weeks. 17
- The patient will wear the protective extension-blocking splint alone when not using CPM. ¹⁷





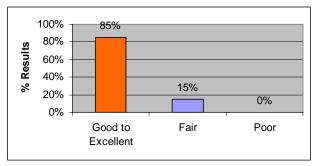






PROM Goals

- CPM is set to produce a 60 degree arc at the PIP and 30-40 arc at the DIP. ROM settings may be less based on patient tolerance and physician standard of practice. 17
- A CPM program may be combined with a controlled active mobilization program. 17
- The end goal is 90-100 % of passive and active ROM. 17



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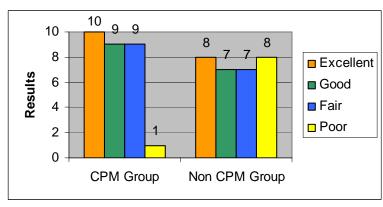
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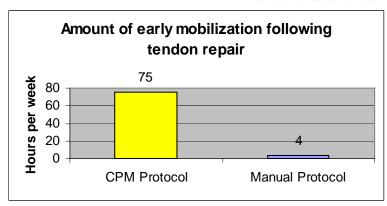
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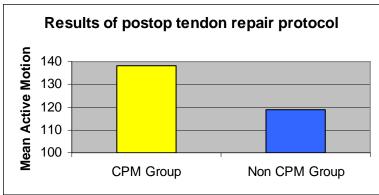
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Modified from Gelberman et al.



Gelberman et al.



Gelberman et al.

CONTRAINDICATIONS

Acute inflammation of the joints, unless explicitly recommended by the doctor, spastic paralysis, unstable fractures. This device must be used under the advice and care of a physician.