

Finger Surgery – Rehabilitation Protocol

This protocol guides your recovery after finger surgery with Dr Kieran Hirpara at Mater Private Hospital Rockhampton. It explains what to expect in the weeks after your operation and sets out the exercise program that helps you regain movement and function in your finger and hand. Bring this page or its PDF to your first physiotherapy or hand therapy visit so your rehabilitation stays coordinated – your therapist may adjust the plan depending on your operation and how your recovery progresses.

If you have any concerns about your wound after surgery, get in touch with the rooms. It is often helpful to take a photo of the wound and email it for review.

What to expect

Care of your wound is explained on the practice's wound care handout. The exercises below are crucial for regaining movement and optimising function in your finger and hand.

Once your wound is healed, apply heat to your hand for 15 minutes before performing these exercises. After completing the exercises, apply ice to settle any swelling or inflammation.

Once the wound is fully healed, commence scar massage – firm circles over the incision. Please refer to the wound care handout for more information on scar management.

Please monitor swelling, and call the rooms or speak to a hand therapist if you have concerns.

Three principles underpin recovery from most finger operations, and the exercises below put each into practice. The first is **controlling swelling**: persistent hand swelling stiffens the soft tissues and limits how well the tendons and joints can move, so elevation, gentle movement and (where needed) retrograde massage and compression are priorities in the early weeks [1]. The second is **early, gentle movement**: moving the fingers within the limits set for your particular operation keeps the joints supple and helps the tendons glide rather than stick down to the healing tissues around them. The third is **tendon gliding**. The different finger positions in your handout – straight, hook, tabletop and full fist – are not arbitrary: each position moves the deep and superficial finger tendons by a different amount relative to one another and to the tendon sheath, which is what keeps them sliding freely [2]. The DIP and PIP blocking exercises target this same gliding joint by joint. Steady, frequent, gentle practice does more for your recovery than occasional hard effort.

Precautions and limitations

Light functional use of your hand is encouraged for daily living tasks such as self-care, feeding, dressing, writing and typing (unless advised otherwise). You will be advised against lifting, gripping, weight bearing and impact for up to 6 weeks after surgery, depending on the injury and the surgery performed. You will be given more guidance on your precautions and limitations at your post-operative review.

For your physiotherapist:

Management

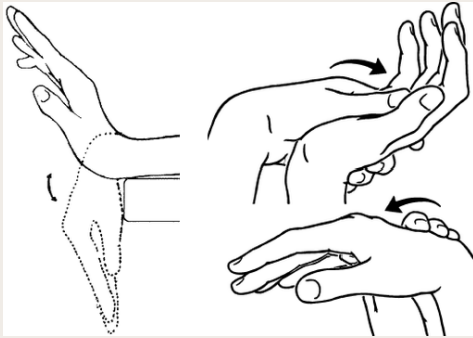
- Wound and scar care as per the practice's wound care handout; commence scar massage (firm circles over the incision) once the wound is fully healed
- Once the wound is healed, heat to the hand for 15 minutes before the exercise program; ice after exercises to settle swelling and inflammation
- Monitor swelling; escalate to the rooms or a hand therapist if concerns arise
- Oedema control is a priority where swelling is excessive or slow to settle – elevation and active movement first line, with retrograde massage, compression and manual oedema mobilisation as adjuncts in conjunction with standard therapy [1]
- Home exercise program as per the cards below: wrist flexion/extension; distal interphalangeal (DIP) and proximal interphalangeal (PIP) joint blocking; tendon glides (Series A and Series B)
- The tendon glide and joint-blocking sequences are designed to maximise differential excursion of the flexor tendons relative to one another and to the sheath – vary the positions (straight, hook, tabletop, fist) rather than repeating a single position [2]

Precautions

- Light functional use of the hand is encouraged for daily living tasks – self-care, feeding, dressing, writing, typing – unless advised otherwise
- No lifting, gripping, weight bearing or impact for up to 6 weeks post surgery (depending on injury / surgery performed)
- Specific precautions and limitations are confirmed at the post-operative review
- This is a general post-operative finger program; where the specific operation carries its own protected range, motion limits or splinting (for example after a tendon repair), the operation-specific instructions take precedence

These are the exercises from your handout, continued at home as guided by your physiotherapist or hand therapist.

Your exercises



Wrist flexion / extension

Rest your elbow on a table and gently rock your wrist back and forth (or rest it over the edge of a table or armchair, as pictured). Once more comfortable, grasp the palm with your other hand and push your wrist backwards so your fingers point towards the ceiling, then the other way so they point to the floor. Keep your fingers loose — they will bend or straighten on their own. Hold each stretch for 15 seconds; repeat 5 times in each direction.

10 reps, 4–5 times daily

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DIP joint blocking

Begin with the palm up, supporting your involved hand with your other hand just below the end joint — the distal interphalangeal (DIP) joint. Bend and straighten the end joint, holding each position for 3–5 seconds. Support the middle joint only enough so it does not bend. It is okay if the other fingers move during this exercise.

10 reps, 4 times a day, daily

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PIP joint blocking

Begin with the palm up, supporting your involved hand with your other hand just below the second joint — the proximal interphalangeal (PIP) joint. Bend and straighten your finger at the middle joint, holding each position for 3–5 seconds. It is okay if the other fingers move as well.

10 reps, 4 times a day, daily

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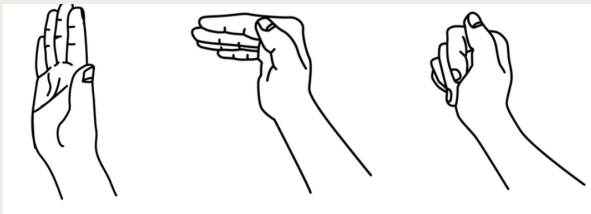


Tendon glides — Series A

With your hand in front of you and your wrist straight, fully straighten all of your fingers (1). Bend the tips of your fingers into the "hook" position with your knuckles pointing up (2). Make a tight fist with your thumb over your fingers (3).

5–10 reps, 2–3 times a day, daily

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Tendon glides – Series B

With your hand in front of you and your wrist straight, fully straighten all of your fingers (1). Make a "tabletop" with your fingers by bending at your bottom knuckle and keeping the fingers straight – ensure your wrist does not drop forward (2). Bend your fingers at the middle joint, touching your fingers to your palm (3).

5–10 reps, 2–3 times a day, daily

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After your protocol

This protocol works alongside the practice's general recovery advice – see [managing post-operative pain](#), [wound care](#) and [hand therapy basics](#). For operations this program is commonly used after, see [trigger finger release](#) and [Dupuytren's fasciectomy](#).

This exercise program was written in association with Sarah Farrell, BOccThy, Accredited Hand Therapist.

REFERENCES

1. Miller LK, Jerosch-Herold C, Shepstone L. Effectiveness of edema management techniques for subacute hand edema: a systematic review. *J Hand Ther.* 2017;30(4):432–446.
2. Wehbé MA, Hunter JM. Flexor tendon gliding in the hand. Part II. Differential gliding. *J Hand Surg Am.* 1985;10(4):575–579.

CQ HAND + UPPER LIMB

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