THE USE OF RELATIVE MOTION SPLINT IN MANAGEMENT OF EXTENSOR TENDON ON ZONE 5-7 USING INTERMEDIATE CONTROLLED MOBILIZATION

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ABSTRACT

Extensor tendon injuries can be challenging to manage due to their complex anatomy, which can lead to functional deficits after surgery. Treatment options include non-operative approaches, primary repair, or tendon grafting. After surgery, a well-structured postoperative program is essential for successful outcomes. This program includes immobilization, early passive motion, and early active motion. This study evaluates the level of acceptability of the relative motion splint in managing extensor tendon repair of Zone 5-7. The respondents are Occupational Therapists- Certified Hand Therapist from Qatar. The study looked into the applicability, functionality, and range of motion of the relative motion splint. Descriptive developmental designs were used, including cross-sectional, longitudinal, and sequential designs. The findings revealed that Hand therapists had a high level of acceptability of the management of the extensor tendon of Zone 5-7 in terms of its applicability, functionality, and range of motion. They perceived the RME/ICAM splint as easier to utilize and construct, which could be a preferred approach for addressing extensor tendon repair in Zone 5-7. The respondents also found that patients can engage in light and heavy activities while wearing the ICAM splint. Additionally, the ICAM splint enables satisfactory total active motion (TAM) in affected digits compared to early controlled mobilization. To enhance the relative motion splint for managing extensor tendon repair in Zone 5-7 using Intermediate Controlled Mobilization (ICAM), key considerations include refining the splint design for comfort and functionality, providing thorough training to therapists and patients, ongoing monitoring of outcomes, and fostering collaboration between stakeholders for continuous improvement.

Keywords: Extensor tendon, Relative Motion Splint, ICAM splint