

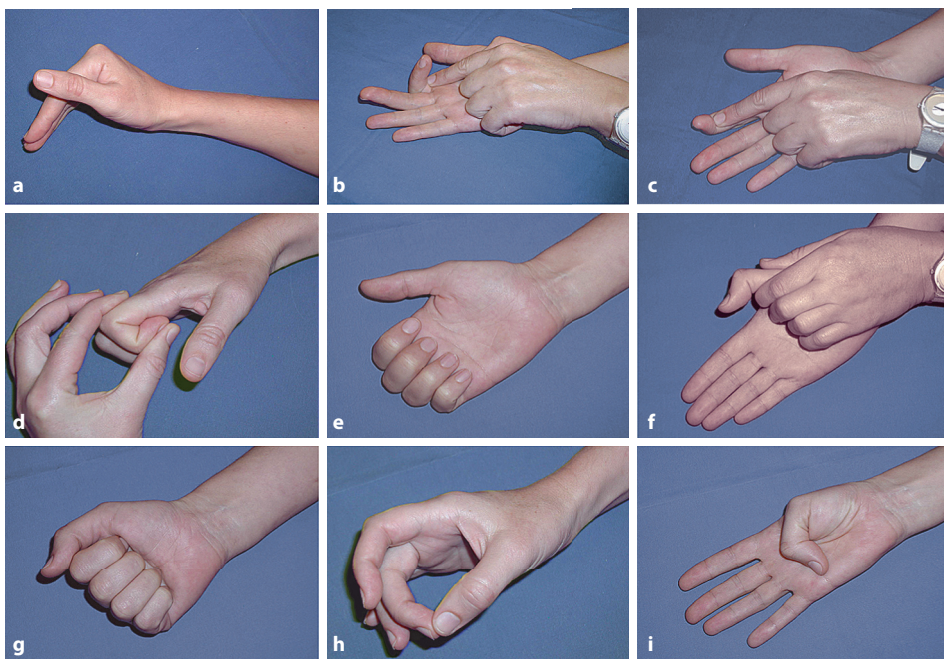
of the third to fifth fingers deteriorate most. Often it is not possible to regain the flexion in the fourth and fifth fingers. Flexion here is then performed using the lumbrical muscles.

In principle it is easier to regain certain forms of grasp than to retain the extension in the fingers.

The necessity of regular exercising presents a certain barrier. The majority of patients have said in a questionnaire to evaluate the efficacy of OT (Pölzleitner 2007) that they do not do their exercises regularly.

With small children it is best to encourage exercising by using finger rhymes, as recommended above. With adolescents and adults, board games in various sizes and forms can be used as described in the chapter on preventative measures.

### POSTOPERATIVE EXERCISES FOR FINGER FLEXION



**Fig. 8.37** **a** Lumbrical position. **b** Flexion PIP joint with resistance. **c** Flexion DIP joint with resistance. **d** Hook grip (passive). **e** Hook grip (active). **f** Flexion IP joint of the thumb with resistance. **g** Power grip. **h** Opposition to each fingertip. **i** Maximal thumb opposition with IP flexion

### Stretching Exercises

Contractures of the flexor muscles of the forearm develop and the postoperative immobilisation reinforces this. There is an imbalance between the flexors and extensors which can be successfully treated with stretching exercises of the flexors and functional exercises of the antagonists. The most suitable way is to use the 'contract-and-relax' method. Any sort