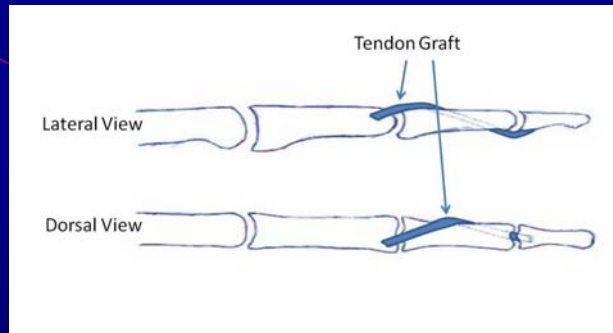


A Novel Tenodesis for *Unrepairable* Zone I FDP Injuries

Tamir Pritsch, M.D. – Sourasky Medical Center, Israel

Douglas M. Sammer, M.D. – UT Southwestern Medical Center at Dallas



Introduction

Methods

Results

Conclusions

| | | | |
|---|---|---|--|
| <ul style="list-style-type: none"> Options for <i>unrepairable</i> zone I FDP injury (e.g. late-presenting jersey finger) <ul style="list-style-type: none"> Tendon graft DIP arthrodesis DIP capsulodesis/tenodesis Nothing/observation No reconstructive option is ideal | <ul style="list-style-type: none"> 16 cadaveric digits FDP divided in zone I Tenodesis performed (see figure) Pre- and post-tenodesis testing: <ul style="list-style-type: none"> ROM Force required for full flexion Force required for full extension | <ul style="list-style-type: none"> DIP flexion with traction on FDS tendon only $2^\circ \rightarrow 57^\circ$ ($p < 0.05$) Composite finger flexion with traction on FDS tendon only $186^\circ \rightarrow 233^\circ$ ($p < 0.05$) No increase in force required to achieve full flexion (fingertip/palm contact) No increase in force required to achieve full PIP extension | <ul style="list-style-type: none"> In a cadaveric model of zone I FDP injury, the tenodesis procedure successfully restored coordinated PIP and DIP flexion Clinical/in-vivo results are unknown, and may be influenced by multiple untested factors |
|---|---|---|--|