|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Level of Evidence, Number of patients | Flexor Zones | Rehabilitation Method(s) | Total Time Splinted, Follow-up | Suture Repair Method | Functional Results  (Classification System) | Complications |
| Adolfsson, L et al., “The effects of a shortened postoperative mobilization program after flexor tendon repair in zone 2” | Level II – Randomized controlled trial  82 patients  91 digits | Zone II | First six weeks: passive flexion-active extension  Next six weeks: randomized into full activity after 8 weeks or full activity after 10 weeks | 6 weeks  Follow up at 6 months | Modified Kessler | Louisville:  Group A: 71% good-excellent  Group B: 67% good-excellent  Tsuge:  Group A: 77% good-excellent  Group B: 73% good-excellent  Buck-Gramcko:  Group A: 91% good-excellent  Group B: 91% good-excellent  No significant difference in functional results, grip strength, or subjective assessment.  Absence from work was reduced by 2.1 weeks with shorter mobilization program. | 6 ruptures  No significant difference in rupture rates |
| Baktir, A et al., “Flexor tendon repair in zone 2 followed by early active mobilization” | Level II – Prospective, comparative  71 patients  88 tendons | Zone II | 33 patients: Kleinert rubber band passive flexion/active extension method  38 patients: early active mobilization | 6 weeks  Follow up at 1 year | Modified Kessler | Strickland:  Passive flexion group: 78% good-excellent and 84% mean grip strength  Active mobilization group: 85% good-excellent and 90% mean grip strength | 2 ruptures in each group  Extensor deficit: 10 in Kleinert and 5 in early active mobilization group (no significance) |
| Bal S et al., “Anatomic and functional improvements achieved by rehabilitation in zone II and zone V flexor tendon injuries” | Level II – Prospective, comparative  31 patients  78 digits | Zone II, V | Modified Kleinert protocol | 3 weeks  Average follow up at 52 weeks for zone II and 55 weeks for zone V | Modified Kessler | American Society for Surgery of the Hand (ASSH):  52% good-excellent in zone II  83% good-excellent in zone V  Grip strength:  71% zone II  53% zone V | 2 Zone II ruptures  1 Zone V ruptures |
| Bainbridge, L et al. “A comparison of post-operative mobilization of flexor tendon repairs with ‘passive flexion-active extension’ and ‘controlled active motion’ techniques” | Level III – Prospective, comparative  Group 1:  52 patients  68 digits  Group 2:  56 patients  67 digits | Zones I, II | Group 1: passive flexion-active extension  Group 2: controlled active motion | 6 weeks  Follow up at 4 months | Modified Kessler | Buck-Gramcko:  Group 1:  -Zone I: 90% good-excellent  -Zone II: 50% good-excellent  Group 2:  -Zone I: 89% good-excellent  -Zone II: 90% good-excellent | Group 1:  -2 ruptures  -27 extensor deficit  Group 2:  -5 ruptures  -7 extensor deficit |
| Braga-Silva, J et al., “Early active mobilization after flexor tendon repairs in zone two” | Level IV – Retrospective, case-series  82 patients  136 tendons | Zone II | Early active mobilization | 3 weeks  Follow up 12-36 month range | Modified Kessler | International Federation of Societies for Surgery of the Hand (IFSSH) and Strickland criteria:  Long fingers: 98% good-excellent (Strickland), 82% good (IFSSH)  Thumb: 96% good-excellent (Strickland), 96% good-excellent (IFSSH) | 5 ruptures |
| Bunker T, “Continuous passive motion following flexor tendon repair.” | Level IV – Prospective, case-series  20 patients  35 digits | Zones I-V | Toronto Mobilimb Continuous Motion machine for 4.5 weeks | 6 weeks  Follow up averaged 10.6 months | Modified Mason-Allen | Buck-Gramcko:  85% good-excellent  Kleinert criteria:  70% good-excellent | 2 ruptures |
| Cetin, A et al., “Rehabilitation of flexor tendon injuries by use of a combined regimen of modified Kleinert and modified Duran techniques” | Level IV – Prospective, case series  37 patients  74 digits | Zones I-V | Controlled mobilization: combine modified Kleinert and modified Duran techniques - Kleinert splint with a palmer pulley | 4 weeks  Follow up averaged 12.9 weeks | Modified Kessler | Buck-Gramcko:  97% good-excellent | 1 rupture |
| Chai, S et al., “Dynamic traction and passive mobilization for the rehabilitation of zone II flexor tendon injuries: a modified regime” | Level IV – Retrospective, case-series  8 patients  15 digits | Zone II | Dynamic traction and passive motion | 6 weeks  Follow up at 3 months | Modified Kessler | Strickland:  93% good-excellent  Grip strength 50% of uninjured hand | 0 ruptures |
| Chan, T et al., “Functional outcomes of the hand following flexor tendon repair at the ‘no man’s land’” | Level IV – Retrospective, case-series  16 patients  21 digits | Zone II | 7 week rehab: 3 weeks active extension/passive flexion, 2 weeks active flexion without resistance, 2 weeks active flexion with resistance | 3 weeks  Follow up at 130 days | Modified Kessler | Buck-Gramcko:  81% good-excellent | 1 rupture |
| Chow, J. "A combine regimen of controlled motion following flexor tendon repair in 'no man's land'." | Level IV – Prospective, case-series  37 patients  44 digits | Zone II | Washington regimen: active extension against rubber band passive flexion combined with controlled passive flexion/extension | 6 weeks  Follow up range from 6 – 40 months | Modified Kessler | Strickland:  98% good-excellent | 3 ruptures  6 extension deficits |
| Chow, J et al., “Controlled motion rehabilitation after flexor tendon repair and grafting” | Level IV – Prospective, case-series  66 patients  78 digits | Zone II | Washington regimen: active extension against rubber band passive flexion combined with controlled passive flexion/extension | 6 weeks  Follow up ranged from 6 months – 5 years | Modified Kessler | Strickland:  98% good-excellent | 3 ruptures |
| Cullen, K et al. “Flexor tendon repair in zone II followed by controlled active mobilization” | Level IV – Prospective, case-series  27 patients  31 digits  56 tendons | Zone II | Controlled active mobilization: four active and two passive every four hours | 4 weeks  Follow up averaged 10.2 months | Modified Kessler | Strickland:  77% good-excellent | 2 ruptures  2 adhesions  1 contracture |
| Edinburg M, “Early postoperative mobilization of flexor tendon injuries using a modification of the Kleinert technique” | Level IV – Retrospective, case-series  36 patients  99 digits | Zones I-V | Modified Kleinert | 6 weeks  Follow up averaged 3.2 months | Modified Kessler | Buck-Gramcko:  61% good-excellent | 2 ruptures |
| Elliot, D et al., “The rupture rate of acute flexor tendon repairs mobilized by the controlled active motion regimen” | Level IV – Prospective, case-series  233 patients  317 tendons | Zones I, II | Controlled active motion | 4 weeks  Follow up at 3 months | Tajima, Kirchmayr or Kessler techniques | Strickland:  77% good-excellent | 18 ruptures |
| Gelberman, R et al., “Influences of the protected passive mobilization interval on flexor tendon healing. A prospective randomized clinical study” | Level II – RCT  51 patients  102 tendons | Zones I-V | Passive-motion:  -Group 1: greater intervals of passive-motion with continuous passive-motion device – 75hrs/week with 12,000 cycles (48 tendons)  -Group 2: traditional early passive motion – 4hrs/week with 1000 cycles (54 tendons) | 6 weeks  Follow up at 6 months | Kessler and Missim techniques | Strickland:  Group 1 ROM: 138 +/- 6 degrees.  Group 2 ROM: 119 +/-8 degrees | 0 ruptures in group 1  1 ruptures in group 2 |
| Gerard, F et al., “Immediate active mobilization after flexor tendon repairs in Verdan’s zones I and II. A prospective study of 20 cases” | Level IV – Prospective, case-series  20 repairs | Zones I, II | Early active mobilization – “patient encouraged to actively and synchronously flex all fingers as many times as possible starting day five” | 4 weeks | Double loop suture of Tsuge with PDS4/0 with peritendinous overrun using Prolene 6/0 | Strickland:  Mean active mobility 70% for zone I and 85% for zone II | 0 ruptures |
| Gerbino, P et al., “Complications experienced in the rehabilitation of zone I flexor tendon injuries with dynamic traction splinting” | Level IV – Retrospective, case-series  20 tendons | Zone I | 12 week rehabilitation protocol: controlled active extension against passive flexion by rubber band and the use of controlled passive extension and flexion | 6 weeks  Follow up from 6-42 months | Modified Kessler | Strickland:  65% good-excellent | 1 rupture  7 adhesions |
| Hatanaka, H et al., “Aggressive active mobilization following zone II flexor tendon repair using a two-strand heavy-gauge locking loop technique” | Level IV – Prospective, case-series  7 digits | Zone II | Active mobilization | 5 weeks  Follow up at 6 months | Two-stranded locking loop using heavy 2/0 braided polyester suture | Strickland:  86% good-excellent | 1 rupture |
| Hung et al., “Active mobilization after flexor tendon repair: comparison of results following injuries in zone 2 and other zones” | Level IV - Prospective, case-series  32 patients  46 digits | Zone I, II, III, V | Early active mobilization: passive flexion then active flexion | 3 weeks  Follow up at 3, 6, 9, 12 weeks | Modified Kessler | ASSH:  71% good-excellent in zone II  77% good-excellent in other zones  Pinch grips were similar between groups with 95% that of uninjured hand | 2 Zone II ruptures  1 ruptures in other zones |
| Kitis, A et al., “Comparison of two methods of controlled mobilization of repaired flexor tendons in zone 2” | Level IV – Prospective  192 patients  263 digits | Zone II | Group 1: Modified Kleinert (Washington regimen) - 137 digits)  Group 2: Controlled passive movement - 126 digits | Group 1: 6 weeks splinted  Group 2: 5 weeks splinted  Follow up ranged from 6-20 months | Modified Kessler | Buck-Gramcko:  Group 1: 87% excellent total active movement, 89% grip strength, DASH 30  Group 2: 75% excellent total active movement, 81% grip strength, 42 DASH | Group 1:  16 extension deficits  0 ruptures  Group 2:  26 extension deficits  1 rupture |
| Kitsis, C et al., “Controlled active motion following primary flexor tendon repair: a prospective study over 9 years” | Level IV – Prospective, case-series  130 patients  339 tendons | Zones I-V | Active motion combined with modified Kleinert dynamic traction splint | 5-6 weeks  Follow up at 6 months | Modified Kessler core and Halsted peripheral stitch | Strickland:  92% good-excellent | 6 ruptures  17 adhesions |
| Klein, L et al., “Early active motion flexor tendon protocol using one splint” | Level IV – Retrospective, case-series  40 digits | Zones I-III | Active motion – dorsal blocking splint with fingers in rubber band traction for five weeks | 5 weeks  Follow up at 12 weeks | Four strand | Strickland:  95% good-excellent in zone II  88% good-excellent in zones I, III | 1 rupture |
| May, E et al., “Controlled mobilization after flexor tendon repair in zone II: A prospective comparison of three methods” | Level IV – Prospective  140 patients  159 digits | Zone II | Group 1: Modified Kleinert - 54 digits  Group 2: Combination modified Kleinert and passive movement – 51 digits  Group 3: Dynamic flexion traction, short splint with free IP joints, and nighttime extension splint – 54 digits | 4 weeks  Follow up at 6 months and 1 year | Modified Kessler | Strickland:  Group 1: 72% good-excellent  Group 2: 62% good-excellent  Group 3: 83% good-excellent | Group 1:  2 ruptures  15 extension deficits  Group 2:  1 rupture  14 extension deficits  Group 3:  2 ruptures  3 extension deficits |
| May, E et al., “The correlation between controlled range of motion with dynamic traction and results after flexor tendon repair in zone II” | Level IV – Prospective  48 patients  51 digits | Zone II | Early controlled mobilization with dynamic traction via pulley – active extension with passive flexion | 4 weeks  Follow up at 6 months and 1 year | Modified Kessler | Strong correlation between tendon excursion and DIP and PIP controlled ROM and active ROM during rehabilitation | 2 ruptures |
| Peck, F et al., “A comparative study of two methods of controlled mobilization of flexor tendon repairs in zone II” | Level II – Prospective  52 patients  52 digits  92 tendons | Zone II | Group 1: Controlled active motion - 26 patients  Group 2: Modified Kleinert regime – 26 patients | 6 weeks  Follow up at 12 weeks | Modified Kessler | Strickland:  Group 1: 85% good-excellent  Group 2: 69% good-excellent | Group 1:  12 ruptures  Group 2:  2 ruptures |
| Saini et al., “Outcome of early active mobilization after flexor tendons repair in zones II-V in hand” | Level IV – Prospective, case-series  75 digits | Zones II-V | Modified Kleinert’s regimen and Silfverskiold regimen: active extension with initial active flexion and later passive flexion | 12 weeks  Follow up at 14 weeks | Modified Kessler | Louisville:  82% good-excellent | 2 ruptures  2 contractures |
| Saldana, M et al., “Further experience in rehabilitation of zone II flexor tendon repair with dynamic traction splinting” | Level IV – Retrospective, case-series  57 patients  60 digits | Zone II | 12 week protocol from US military combined regimen of controlled motion: active extension against rubber band with passive flexion, passive extension with passive flexion | 6 weeks  Follow up at 12-48 months | Modified Kessler | Strickland:  93% good-excellent | 3 ruptures |
| Savage, R et al., “Flexor tendon repair using a “six strand” method of repair and early active mobilization” | Level IV – Prospective, case-series  36 tendons | Zones I, II | Early active mobilization | 3-4 weeks  Follow up at 3 months | “six strand” method | Buck-Gramcko:  100% good-excellent in zone I  69% good-excellent in zone II | 1 adhesion |
| Silfverskiold, K et al., “Flexor tendon repair in zone II with a new suture technique and an early mobilization program combining passive and active flexion” | Level IV – Prospective, case-series  46 patients  55 digits | Zone II | Active extension and passive/active flexion | 6 weeks  Follow up at 6 weeks and 6 months | Cross-stitch | DIP and PIP had 82% and 88% of ROM compared to other hand, respectively | 2 ruptures |
| Small J et al., “Early active mobilization following flexor tendon repair in Zone II” | Level IV – Prospective, case-series  114 patients  138 tendons | Zone II | Early active mobilization | 6 weeks  Follow up at 6 months | Profundus tendons: Kessler-Mason-Allen  Superficialis tendons: horizontal mattress suture | ASSH:  77% good-excellent | 11 ruptures |
| Strickland, J et al. “Digital function following flexor tendon repair in zone II: a comparison of immobilization and controlled passive motion techniques” | Level III – Prospective, comparative  37 patients  50 digits | Zone II | Group 1: immobilization – 25 digits  Group 2: passive motion – 25 digits | 5.5 weeks  Follow up averaged 4.5 months | Modified Kessler | ASSH:  Group 1: 12% good-excellent  Group 2: 56% good-excellent | Group 1:  4 ruptures  Group 2:  1 rupture |
| Su, B et al. “Device for zone-II flexor tendon repair. A multicenter randomized, blinded, clinical trial.” | Level I – RCT  67 patients  85 digits | Zone II | Modified Kleinert with active flexion starting at four weeks postop | 6 weeks  Follow up at 6 months | 34 digits treated with Teno Fix  51 digits with four-stranded cruciate suture repair – control group | Strickland:  67% good-excellent in TenoFix  70% good-excellent in control  No difference in ROM, DASH, grip strength, pain, swelling, or neurologic recovery. | TenoFix:  0 ruptures  Control:  9 ruptures |
| Trumble et al., “Zone-II Flexor Tendon Repair: A Randomized Prospective Trail of Active Place-and-Hold Therapy Compared with Passive Motion Therapy” | Level I – RCT  103 patients  119 digits | Zone II | Passive motion - 51 patients with 58 digits  Active motion - 52 patients with 61 digits | 6 weeks  Follow up at 6, 12, 26, 52 weeks | Strickland method | Strickland:  Active motion: IP joint motion was 156®+/-25® with 94% good-excellent  Passive motion: IP joint motion was 128®+/-22® with 62% good-excellent | Passive motion:  2 ruptures  Active motion:  2 ruptures |
| Yen, C et al., “Clinical results of early active mobilization after flexor tendon repair” | Level IV – Prospective, case-series  20 patients | Zone II | Active extension, progressive passive full flexion - 10 patients  Kleinert splint (active hold in dorsal block splint) - 10 patients | 6 weeks  Follow up at 4 months | Four-strand core sutures plus circumferential sutures | Mayo Wrist Score:  Active extension/passive flexion – 70% good-excellent  Kleinert splint – 0% good-excellent | Active extension:  0 complications  Kleinert splint:  1 rupture |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Rehab method | Digits | Tendons | Patients | Ruptures (#/total) | Extensor Deficit (>15 deg) | Significant loss of motion in joint | Contracture/Adhesion | Total complications (%) |
| Adolfsson | Passive/Active | 91 |  | 82 | 6 (6.6%) | - |  |  | X |
| Baktir | Passive/Active | 41 | 41 | 33 | 2 (4.9%) | 10 |  |  | 29.3 |
|  | Active | 47 | 47 | 38 | 2 (4.3) | 5 |  |  | 14.9 |
| Bal | Passive | 78 | x | 31 | 3 | - |  |  |  |
| Bainbridge | Passive/Active | 68 |  | 52 | 2 (2.9%) | 27 |  |  | 42.6 |
|  | Active | 67 |  | 56 | 5 (7.5%) | 7 |  |  | 17.9 |
| Braga-Silva | Active |  | 136 | 82 | 5 (3.7%) | - |  |  | x |
| Bunker | Continuous motion machine | 35 |  | 20 | 2 | x |  |  |  |
| Centin | Passive | 74 | x | 37 | 1 | 13 |  |  |  |
| Chai | Passive | 15 |  | 8 | 0 | - |  |  |  |
| Chan | Passive/Active | 21 |  | 16 | 1(4.8%) |  |  | 2 | 14.3 |
| Chow | Passive/Active | 78 |  | 66 | 3 (3.8%) | - |  |  | x |
| Chow (1987) | Passive/Active | 44 |  | 37 | 3 (6.8%0 | 6 |  |  | 20.5 |
| Cullen | Active | 31 | 56 | 27 | 2 (3.6%) | 2 |  | 1 | 8.9 |
| Edinburg | Passive/Active | 99 |  | 36 | 2 | - |  |  | 2 |
| Elliot | Active |  | 317 | 233 | 18 (5.7%) |  | 8 |  | 8.2 |
| Gelberman | Passive (more intervals) |  | 48 | 51 total btwn both groups | 0 | - |  |  |  |
|  | Passive (less intervals) |  | 54 |  | 1 | - |  |  |  |
| Gerard | Active |  | 20 |  | 0 (0%) | - |  |  | 0 |
| Gerbino | Passive/Active |  | 20 |  | 1 (5.0%) |  | 7 |  | 40 |
| Hatanaka | Active | 7 |  |  | 1 (14.3%) | - |  |  | X |
| Hung | Passive/Active | 46 |  | 32 | 3 (6.5%) | - |  |  | x |
| Kitis | Passive/Active | 137 |  | 98 | 0 (0%) | 16 |  |  | 11.7 |
|  | Passive | 126 |  | 94 | 1 (1%) | 26 |  |  | 21.4 |
| Kitsis | Passive/Active |  | 339 | 130 | 6 (1.8%) |  |  | 17 | 6.8 |
| Klein | Active | 40 |  |  | 1 (2.5%) | - |  |  | X |
| May (Controlled) | Passive/Active | 54 |  |  | 2 (3.7%) | 15 |  |  | 31.5 |
|  | Passive/Active | 51 |  |  | 1 (2.0%) | 14 |  |  | 29.4 |
|  | Passive/Active | 54 |  |  | 2 (3.7%) | 3 |  |  | 9.3% |
| May (The) | Passive/Active | 51 |  |  | 2 (3.9%) | - |  |  | 3.9% |
| Peck | Active | 52 total | 92 total | 26 | 18 (19.6%) |  |  | 11 | 31.5 |
|  | Passive |  |  | 26 | 4 (7.7%) |  |  | 8 |  |
| Saini | Passive/Active | 75 |  |  | 2 (2.7%) |  |  | 2 | 5.3 |
| Saldana | Passive/Active | 60 |  | 57 | 3 (5.0%) | - |  |  | X |
| Savage | Active |  | 36 |  | 1 (2.8%) |  |  | 1 | 5.6 |
| Silfverskiold (1994) | Passive/Active | 55 |  | 46 | 2 (3.6%) |  |  |  | x |
| Small | Active |  | 138 | 114 | 11 (8.0%) | 28 |  |  | 28.3 |
| Strickland | Immobilization | 25 |  |  | 4 (16%) | x | x | x |  |
|  | Passive | 25 |  |  | 1 (4%) | x | x | x |  |
| Su | Passive/Active | 85 |  | 67 | 9 (10.6%) | - |  |  | x |
| Trumble | Passive | 58 |  | 51 | 2 | - |  |  |  |
|  | Active | 61 |  | 52 | 2 (3.3%) | - |  |  | X |
| Yen | Passive/Active |  |  | 10 | 0 | - |  |  | x |
|  | Passive |  |  | 10 | 1 | - |  |  |  |

COMPLICATIONS DIVIDED BY REHABILIATION METHODS:

Passive:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Rehab method | Digits | Tendons | Patients | Ruptures (#/total) | Extensor Deficit (>15 deg) | Significant loss of motion in joint | Contracture/Adhesion | Total complications (%) |
| Bal | Passive | 78 | x | 31 | 3 | - |  |  |  |
| Centin | Passive | 74 | x | 37 | 1 | 13 |  |  |  |
| Chai | Passive | 15 |  | 8 | 0 | - |  |  |  |
| Gelberman | Passive (more intervals) |  | 48 | 51 total btwn both groups | 0 | - |  |  |  |
|  | Passive (less intervals) |  | 54 |  | 1 | - |  |  |  |
| Kitis | Passive | 126 |  | 94 | 1 (1%) | 26 |  |  | 21.4 |
| Peck | Passive |  |  | 26 | 4 (7.7%) |  |  | 8 |  |
| Strickland | Passive | 25 |  |  | 1 (4%) | x | x | x |  |
| Trumble | Passive | 58 |  | 51 | 2 | - |  |  |  |
| Yen | Passive |  |  | 10 | 1 | - |  |  |  |

Active:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Rehab method | Digits | Tendons | Patients | Ruptures (#/total) | Extensor Deficit (>15 deg) | Significant loss of motion in joint | Contracture/Adhesion | Total complications (%) |
| Baktir | Active | 47 | 47 | 38 | 2 (4.3) | 5 |  |  | 14.9 |
| Bainbridge | Active | 67 |  | 56 | 5 (7.5%) | 7 |  |  | 17.9 |
| Braga-Silva | Active |  | 136 | 82 | 5 (3.7%) | - |  |  | x |
| Cullen | Active | 31 | 56 | 27 | 2 (3.6%) | 2 |  | 1 | 8.9 |
| Elliot | Active |  | 317 | 233 | 18 (5.7%) |  | 8 |  | 8.2 |
| Gerard | Active |  | 20 |  | 0 (0%) | - |  |  | 0 |
| Hatanaka | Active | 7 |  |  | 1 (14.3%) | - |  |  | X |
| Klein | Active | 40 |  |  | 1 (2.5%) | - |  |  | X |
| Peck | Active | 52 total | 92 total | 26 | 18 (19.6%) |  |  | 11 | 31.5 |
| Savage | Active |  | 36 |  | 1 (2.8%) |  |  | 1 | 5.6 |
| Small | Active |  | 138 | 114 | 11 (8.0%) | 28 |  |  | 28.3 |
| Trumble | Active | 61 |  | 52 | 2 (3.3%) | - |  |  | X |

Passive/Active:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Study | Rehab method | Digits | Tendons | Patients | Ruptures (#/total) | Extensor Deficit (>15 deg) | Significant loss of motion in joint | Contracture/Adhesion | Total complications (%) |
| Adolfsson | Passive/Active | 91 |  | 82 | 6 (6.6%) | - |  |  | X |
| Baktir | Passive/Active | 41 | 41 | 33 | 2 (4.9%) | 10 |  |  | 29.3 |
| Bainbridge | Passive/Active | 68 |  | 52 | 2 (2.9%) | 27 |  |  | 42.6 |
| Chan | Passive/Active | 21 |  | 16 | 1(4.8%) |  |  | 2 | 14.3 |
| Chow | Passive/Active | 78 |  | 66 | 3 (3.8%) | - |  |  | x |
| Chow (1987) | Passive/Active | 44 |  | 37 | 3 (6.8%0 | 6 |  |  | 20.5 |
| Edinburg | Passive/Active | 99 |  | 36 | 2 | - |  |  | 2 |
| Gerbino | Passive/Active |  | 20 |  | 1 (5.0%) |  | 7 |  | 40 |
| Hung | Passive/Active | 46 |  | 32 | 3 (6.5%) | - |  |  | x |
| Kitis | Passive/Active | 137 |  | 98 | 0 (0%) | 16 |  |  | 11.7 |
| Kitsis | Passive/Active |  | 339 | 130 | 6 (1.8%) |  |  | 17 | 6.8 |
| May (Controlled) | Passive/Active | 54 |  |  | 2 (3.7%) | 15 |  |  | 31.5 |
|  | Passive/Active | 51 |  |  | 1 (2.0%) | 14 |  |  | 29.4 |
|  | Passive/Active | 54 |  |  | 2 (3.7%) | 3 |  |  | 9.3% |
| May (The) | Passive/Active | 51 |  |  | 2 (3.9%) | - |  |  | 3.9% |
| Saini | Passive/Active | 75 |  |  | 2 (2.7%) |  |  | 2 | 5.3 |
| Saldana | Passive/Active | 60 |  | 57 | 3 (5.0%) | - |  |  | X |
| Silfverskiold (1994) | Passive/Active | 55 |  | 46 | 2 (3.6%) |  |  |  | x |
| Su | Passive/Active | 85 |  | 67 | 9 (10.6%) | - |  |  | x |
| Yen | Passive/Active |  |  | 10 | 0 | - |  |  | x |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Rehab | Passive | Active | Passive/Active | Immobilization | Continuous Motion |
| Total tendons | 514 | 1017 | 1479 | 25 | 35 |
| Total complications | 61 (11.9 %) | 129 (12.7%) | 171 (11.6%) | 4 (16%) | 2 (5.7%) |
| Ruptures | 14 (2.7%) | 66 (6.5%) | 52 (3.5%) | 4 (16%) | 2 (5.7%) |
| Decreased ROM | 47 (9.1%) | 63 (6.2%) | 119 (8.0%) | 0 | 0 |