

# Hand function 7 - 10 years after surgical repair of flexor tendon ruptures.

No registrations found.

<b>Ethical review</b>	Positive opinion
<b>Status</b>	Recruiting
<b>Health condition type</b>	-
<b>Study type</b>	Observational non invasive

## Summary

### ID

NL-OMON20114

### Source

Nationaal Trial Register

### Health condition

Flexor tendon rupture. Flexor tendon injury. Buigpeesruptuur. Buigpeesletsel.

## Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Universitair Medisch Centrum Groningen

## Intervention

## Outcome measures

### Primary outcome

Passive and active joint mobility.

### Secondary outcome

1. Strength;
2. Patient Satisfaction;

3. Fine manual dexterity;
4. Self-measured handiness;
5. Response Time Test.

## Study description

### Background summary

Flexor tendon injury is one of the most common hand injuries and usually happens as an accident with a sharp object. Surgical repair is necessary to allow the patient to flex their fingers again. A dynamic splint is placed after the procedure to prevent adhesions and re-rupture at the same time. The longterm outcome of flexor tendon injury is still unclear. This study could be considered as a follow-up of Dr. M.W. Stenekes "Cerebral Reorganization and Motor Imagery after Flexor Tendon Repair, 2009" The same patients (n=28) will be used for a last measurement of hand function consisting of: range of motion, grip- and pinchstrength, MHQ, 9-hole Peg Test, VAS and response time test. The results will allow us to determine the overall hand function of flexor tendon patients. The patients hand function with will also be compared with normative data based on literature. The testing will take place in the University Medical Center Groningen in The Netherlands. Knowing more about the long term outcome could provide doctors with better patient education.

### Study objective

To determine the outcome of hand function of (ex)patients with flexor tendon rupture 7 - 10 years after surgical repair. We expect that subjects with flexor tendon injury have significantly worse hand function than healthy subjects.

### Study design

One moment of testing (follow-up of a study performed 7 years ago).

### Intervention

Hand function test consisting of:

1. Range of motion;
2. Grip- and pinchstrength;
3. Michigan Hand Questionnaire;
4. 9-hole Peg test;

5. Visual Analogue Scale;

6. Response Time.

## Contacts

### Public

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### Scientific

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## Eligibility criteria

### Inclusion criteria

1. Patients who had flexor tendon injury from August 1, 2003 until December 31, 2005;
2. Complete sharp transsection of at least a flexor digitorum superficialis (FDS) or flexor digitorum profundus (FDP) tendon;
3. Age 18 – 65;
4. Patient was eligible for tenorrhaphy and postoperative dynamic splint therapy.

### Exclusion criteria

1. Subjects with fractures, tendon ruptures and impaired motor function due to a nerve lesion or (pre-existent) upper extremity disorders that can influence the outcome measures;

2. Legally incapacitated patients.

## Study design

### Design

Study type:	Observational non invasive
Intervention model:	Parallel
Allocation:	Non controlled trial
Masking:	Open (masking not used)
Control:	N/A , unknown

### Recruitment

NL	
Recruitment status:	Recruiting
Start date (anticipated):	01-02-2013
Enrollment:	28
Type:	Anticipated

## Ethics review

Positive opinion	
Date:	28-01-2013
Application type:	First submission

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

## Other (possibly less up-to-date) registrations in this register

No registrations found.

## In other registers

Register	ID
NTR-new	NL3550
NTR-old	NTR3832
Other	METC UMCG : 2012/348
ISRCTN	ISRCTN wordt niet meer aangevraagd.

## Study results

### Summary results

N/A