Thumb extension is fundamental to ensure hand function and should be independent from long fingers. Common tendon transfer technique for thumb extension are EPI and PL. Some complex lesions involving zone 8 extensor or NIP lesion cannot be repaired with traditional technique. 8 patients treated by transposition of BR tendon to ELP, in 7 cases for trauma and 1 neuroma of NIP. Functional result have been evaluated with Geldmacher scale, Kapandji value and Quick DASH.

**CONCLUSION:** Described first by Milford in 1980, the transfer of BR tendon for ELP was not evaluated as 1st option because of short run. Even if a small sample, our results suggest that in selected cases as ELP rupture in zone 8 or NIP palsy BR tendon transfer for ELP could be the 1st choice for treatment.

**PROS:** preservation hand tendon; direct traction line; same surgical access; no surgery in the volar aspect of the wrist; constant anatomy.

**CONS:** wide incision in the forearm; neither useful in ELP lesion distal to Lister nor in high radial palsy.

**RESULTS:** 8 patients achieved excellent extension; good functional results in 2, satisfactory in 1 case.

**Case 1** – Right NIP Schwannoma
- Excision and sural graft without recovery
- Tendon transfer: FUC pro ECD; ERCB pro EUC; BR pro ELP
- 2 years f-up

**Case 2** – Complex left arm trauma involving NIP
- Gracilis for long fingers extensor
- ALT for skin coverage
- BR transposition and functional result