Rehabilitation Protocol
Dupuytren’s Subcutaneous Fasciotomy

Department of Orthopaedic Surgery
Lahey Hospital & Medical Center, Burlington 781-744-8650
Lahey Outpatient Center, Lexington 781-372-7020
Lahey Medical Center, Peabody 978-538-8650

Department of Rehabilitation Services
Lahey Hospital & Medical Center, Burlington 781-744-8645
Lahey Hospital & Medical Center, Wall St, Burlington 781-744-8617
Lahey Danvers 978-739-7400
Lahey Outpatient Center, Lexington 781-372-7060
Overview

- Indications for surgical intervention include any patient with a simple, midline fascial cord primarily affecting the MP joint. Patients who prefer this simple procedure, must understand that recurrence of the MP joint contracture may develop and that more extensive procedures may be necessary at a later date.

- Each variable should be considered when formulating a post-operative therapy plan, and it is important for surgeons and therapists to recognize that surgical and patient specific factors can vary substantially. Considerations such as extent of disease, extent of surgical procedure, and any other complications. Ongoing communication and coordination of care between the orthopaedic surgeon and occupational hand therapist should enable optimal functional outcomes.

- Initially, a post operative dressing maintains the digit(s) in full extension until the MD follow-up appointment, usually within 1-3 days.

- Patient-related factors, such as prior surgery, smoking, patient age, activity level, duration of symptoms, extent disease, and co-morbidities, influence healing, rehabilitation, and ultimate clinical outcomes.

Phase I Early Mobilization One to Three Days Postop

Goals

- Protection of surgical site
- A light compressive dressing is applied to the hand, forearm, along with finger socks or coban
- Gradual increase of active and passive range of motion of involved and uninvolved digits. *Performed gently and slowly every 1-2 hours while awake, repeat each exercise 10 times, holding in each direction for 3-5 seconds
- Elevation of involved extremity to decrease pain and inflammation
- Maintain full elbow, wrist and hand motions
- Hand based static extension splint fabricated
- Gradual increase participation in ADL’s while protecting repair

Precautions

- Splint on between exercises and at night
- Avoid excessive gripping, squeezing, and pinching

Phase II Mobilization Ten to Fourteen Days Postop
Goals

- Scar massage initiated within 48 hours following suture removal
- Scar pads, such as otoform or silicone gel sheets may be recommended.
- Manual Desensitization techniques may be initiated if hypersensitivity is present along the scar
- Decrease pain and inflammation
- Gradual increase in function and strength

Precautions

- Avoid sudden, jerking motions
- Resume light functional activities
- Avoid heavy housework/yard work – No vacuuming/shoveling

Phase III Four to Eight Weeks Postop

Goals

- Splint used for one to two hours each day and/or at night (surgeon preference)
- Obtain full ROM for all digits
- Progressive strengthening using putty, foam, or hand exercisor

Precautions

- Respect pain and avoid motions and exercises that produce pain
- Joint protection and ergonomics