

Dupuytren's Subtotal Palmar Fasciectomy Rehabilitation Guidelines

| Phase 1 Precautions: Maintain postoperative splint for 10-14 days after surgery. Avoid lifting, pushing, pulling or forceful gripping with the surgical arm. Balance relative rest for recovery with appropriate amounts of general activity for health, avoiding fear-avoidance behaviors. | | | |
|--|--|---|--|
| Phase 1: Starts after Surgery | Emphasis on | Orthosis | Exercise |
| 1-2 weeks | Protection Keep the postoperative splint clean and dry Minimize swelling Prevent finger stiffness and loss of motion for the unaffected joints Avoid upper quadrant pain from holding arm in a guarded position | Postoperative splint: volar wrist and hand, maintaining extension of the involved fingers A sling may be used when out in the community, removing at home to allow for elevation and therapeutic exercises | Suggested Therapeutic Exercise <ul style="list-style-type: none"> ● Finger flexion and extension AROM and AAROM for joints not immobilized in the postoperative splint ● AROM thumb if not immobilized in the postoperative splint ● Active elbow flexion and extension ● If not contraindicated by a non related shoulder dysfunction: active and active assisted shoulder range of motion through full available motion, glenohumeral ER with scapular retraction ● Forward and backward shoulder circles moving the scapula on the thorax ● Abdominal breaths/deep breathing Encourage staying active throughout the day as able, good sleep hygiene, good hydration and nutritional intake |

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.



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Phase 2 Precautions: Protect any wounds.

Avoid vigorous use or weight bearing through the surgical hand until the wound is well healed.

| Phase 2 | Emphasis on | Orthosis | Exercise |
|-----------|--|--|---|
| 2-4 weeks | <p>Postoperative care: 2-week post involved appointment with the surgical team for wound assessment and suture removal</p> <p>Balance relative rest with appropriate amounts of therapeutic activity for recovery</p> <p>Protect wounds and promote wound healing</p> <p>Restore range of motion for fingers, thumb, and wrist</p> <p>Restore dexterity</p> <p>Scar management</p> | <p>Hand, finger orthosis positioning the involved fingers in extension without tensioning open wounds</p> <p>Orthosis at night for positioning</p> | <p>Edema control with compression</p> <p>Wound care for areas healing by secondary intention</p> <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Joint blocking for ACTIVE DIP flexion and extension of the involved finger(s) • Joint blocking for ACTIVE hook flexion of the involved finger(s) • AROM for finger tendon glides (tabletop, hook, straight and composite fists), emphasis on ACTIVE hook fisting • Place and hold for tendon glide positions above • Gentle PROM to promote full flexion and extension of the involved finger(s) • Active finger ABD/ADD, assisted by lacing fingers with contralateral hand • Dexterity/hand manipulation tasks • Extrinsic flexor stretch (prayer stretch) • AROM for the wrist, forearm, elbow and shoulder <p>Scar management activities when wounds are well healed</p> |

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Phase 3 Precautions: Avoid shearing and pressure forces on any remaining wounds.

Manage scar contracture.

Avoid pain when strengthening and when progressing ADL's and functional use of the surgical hand.

| Phase 3 | Emphasis on | Orthosis | Exercise |
|-----------|--|--|---|
| 4-8 weeks | <p>Promote healing of any remaining wounds</p> <p>Begin gradual strengthening for functional activities</p> <p>Continue restoration of range of motion if ROM deficits persist</p> <p>Encourage light functional use of the surgical hand</p> <p>Restore dexterity</p> | <p>Hand, finger orthosis positioning the involved fingers in extension</p> <p>Orthosis at night for positioning for 2-3 months post op</p> <p>May use LMB dynamic PIP extension orthosis for persistent PIP contractures less than 35 degrees (if wound healing is complete)</p> | <p>Suggested Therapeutic Exercise</p> <ul style="list-style-type: none"> • Continue previous ROM • Progressive resisted grip and pinch strengthening • Dexterity activities for functional skills <p>Scar management</p> |

Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.

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