



**Rehabilitation Protocol:
Dupuytren's
Subcutaneous Fasciotomy**

Department of Orthopaedic Surgery

Lahey Clinic Burlington 781-744-8650

Lahey Lexington 781-372-7020

Lahey Clinic North Shore 978-538-8650

Department of Rehabilitation Services

Lahey Clinic, Burlington 781-744-8645

Lahey Clinic Wall St, Burlington 781-744-8617

Lahey Clinic Danvers 978-739-7400

Lahey 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 otoplasty 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