

Dupuytren's Contracture Open Release Rehab Protocol

The surgeon must specify on the referral any specific recommendations or deviations outside this protocol.

-Patient instructed to keep wound dry for 2 weeks -Wound care as needed -Mound care as needed -No resistive activities or activities that apply shear forces until wounds are healed -Post-op Plaster Splint: -Wear until 7-10 days post-op then remove -Clinical Implications: -Utilize edema reduction techniques including tubigrip and/or co-ban, UE elevation and active ROM -Static hand-based extension splint (to be worn for 3 months at night) -Begin active and gentle passive ROM of digits: - "place and hold" exercises for digit flexion and extension - "place and hold" exercises for digit flexion and extension - "place and hold" exercises for digit flexion and extension - "place and hold" exercises for digit flexion and extension	Phase I	Phase II	Phase III	Phase IV
-Remove post-op dressings -Patient instructed to keep wound dry for 2 weeks -Wound care as needed General Precautions: -No resistive activities or activities that apply shear forces until wounds are healed Post-op Plaster Splint: -Wear until 7-10 days post-op then remove Clinical Implications: -Utilize edema reduction techniques including tubigrip and/or co-ban, UE elevation and active ROM -Static hand-based extension splint (to be worn for 3 months at night) -Begin active and gentle passive ROM of digits: o "place and hold" exercises for digit flexion and extension -First MD post-op visit -Suture removal (possibly ½ of sutures based on wound healing) -Continue night extension splinting with adjustments as needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -Continue night extension splinting with adjustments as needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -Elevation splinting with adjustments as needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -If wounds are healed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -If wounds are healed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -If wounds are needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -If wounds are needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to increase ROM -If wounds are needed -If using elastomer insert, fabricate new inserts as ROM -If using elastomer insert, fabricate new inserts as ROM -If using elastomer insert, fabricate new inserts as ROM -If using elastomer insert, fabricate new inserts as ROM -If using elastomer insert, fabricate new inserts as ROM -If using elastomer insert,	3-5 Days Post-Op	7-10 Days Post-Op	3 Weeks Post-Op	12 Weeks Post-Op
O Intrinsic stretches -Provide patient education regarding stages of wound healing, effect of scarring on tendon gliding, need to minimize edema, and signs of infection Frequency of Therapy: -1-2 times per week	General Information: -Remove post-op dressings -Patient instructed to keep wound dry for 2 weeks -Wound care as needed General Precautions: -No resistive activities or activities that apply shear forces until wounds are healed Post-op Plaster Splint: -Wear until 7-10 days post-op then remove Clinical Implications: -Utilize edema reduction techniques including tubigrip and/or co-ban, UE elevation and active ROM -Static hand-based extension splint (to be worn for 3 months at night) -Begin active and gentle passive ROM of digits: "place and hold" exercises for digit flexion and extension Intrinsic stretches -Provide patient education regarding stages of wound healing, effect of scarring on tendon gliding, need to minimize edema, and signs of infection	General Information: -First MD post-op visit -Suture removal (possibly ½ of sutures based on wound healing) -Remove post-op plaster splint Clinical Implications: -Continue ROM, edema control, wound care -If wounds are healed, consider use of elastomer insert for splint. *No need for silicone gel pad if using elastomer -Begin scar mobilization when	Clinical Implications: -Continue night extension splinting with adjustments as needed -If using elastomer insert, fabricate new inserts as ROM increases -May begin light theraputty to	,