

Dr. Robert Wysocki

Dupuytren's Percutaneous Release

3-4 days:

Patient is seen in hand therapy and the post-operative dressing is removed and a light dressing and edema control with coban on the fingers is applied as needed. Elevation is emphasized.

Splint: A forearm-based static volar extension splint with the MCP's and IP's in extension is fabricated for night-time use only. *just for the affected digits*

Motion: Active and Passive Range of Motion exercises are initiated two to four times daily, with special emphasis on restoring MCP flexion while splinting in extension. If patient is having problems regaining MCP flexion, alteration in splinting position for additional resting MCP flexion can be considered

3 weeks:

- Consideration can be given for dynamic splinting if evidence of a recurring PIP or MCP contracture
- Return to activities of daily living as tolerated is strongly encouraged

6 weeks:

Splint: Splinting is discontinued if patient has progressed well.

Motion: Active and passive range of motion exercises are continued if necessary. Begin strengthening when FROM.