## Dupuytren’s Contracture Open Release Rehab Protocol

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

<table>
<thead>
<tr>
<th>Phase I</th>
<th>Phase II</th>
<th>Phase III</th>
<th>Phase IV</th>
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</table>
| **General Information:**
  - Remove post-op dressings
  - Patient instructed to keep wound dry for 2 weeks
  - Wound care as needed
| **General Information:**
  - First MD post-op visit
  - Suture removal (possibly ½ of sutures based on wound healing)
| **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
| **Clinical Implications:**
  - Continue night extension splinting with adjustments as needed
  - If using elastomer insert, consider use of elastomer insert for splint. *No need for silicone gel pad if using elastomer
  - Begin scar mobilization when wounds are well-healed
| **Clinical Implications:**
  - Continue ROM, edema control, wound care
  - If wounds are healed, consider use of elastomer insert for splint.
  - Begin scar mobilization when wounds are well-healed
| **Clinical Implications:**
  - If using elastomer insert, fabricate new inserts as ROM increases
  - May begin light theraputty to increase ROM
| **Clinical Implications:**
  - Begin strengthening if needed

**General Precautions:**
- No resistive activities or activities that apply shear forces until wounds are healed

**Frequency of Therapy:**
- 1-2 times per week