

PALMAR FASCIECTOMY WITH EXCISION OF DUPUYTREN'S CORDS

WEEKS 0-1

- A hand-based volar resting hand splint is fabricated placing the MP's at 0-20 degrees flexion, PIP'S/DIP'S in full extension.
- The splint is worn at all times with removal for exercise.
- The patient is seen 1-2 times per week for AROM/AAROM to the fingers and wrist
- Patient is to perform digit AROM exercises 4-5 times per day
- Wound progression and wound healing is monitored. Whirlpools, dressing changes, and debridement as needed.
- Initiate edema management through elevation, massage edema gloves, and coban wrapping.

WEEKS 1-2

- Continue wearing the volar resting hand splint.
- MP'S should be adjusted to 0 degrees
- Continue with wound care PRN
- Continue with AROM and AAROM exercises
- Patient may remove splint and use involved extremity for light ADL's; no resistive activities

WEEK 2-3

- Sutures removed
- If any part of the incision line is slow to heal, continue wound care
- If wound is closed, initiate scar management including scar molds, scar massage, mini-massager
- May initiate continuous ultrasound for scarring as needed
- Patient to discharge splint for day wear; patient to continue wearing splint and scar mold at night

WEEK 3-6

- May initiate splinting as needed or flexion or extension
- Continue scar and edema management and modalities PRN
- Initiate gentle strengthening and progress to progressive strengthening as tolerated
- Patient to resume normal ADL's

HOME EXERCISE PROGRAM

- Continue splint wear and scar mold wear at night indefinitely
- Continue all ROM, strengthening, scar management, and edema management
- If MP's develop a 20 degree or greater extension lag, initiate splint wear during the day for 2-4 hours in addition to PM wear

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CONSIDERATIONS

- If patient presents with a skin graft, delay AAROM or PROM until approved by MD
- Alert MD if abnormal pain, unusual edema, or stiffness persists and modify protocol as needed
- Patient may be allowed to remove splint for ADL's within the first week if approved by MD
- Note that usually a primary closure is utilized and the patient's sutures remain for 2 weeks unless further time is indicated upon physician's follow-up.