

## **Post-Operative Hand & Wrist Rehabilitation**

These multidisciplinary guidelines form the basis of a progressive rehabilitation programme. These are general guidelines for the most common hand & wrist surgical procedures and are not designed to replace sound clinical reasoning. Any specific instructions from the consultant orthopaedic team either verbally or in post-operative notes must take precedence.

Despite the guidelines having timeframes and management suggestions it is important to “support the philosophy that every patient must be managed according to their individual needs and the variable characteristics of injury, surgical findings and lifestyle”.

## Dupuytren's fasciectomy

Advise

Day 1	2 weeks	4 - 6 weeks	6 - 12 weeks	12 weeks
<ul style="list-style-type: none"> <li>• Oedema control- high elevation in broad arm sling</li> <li>• Gentle active exercises for unaffected digits and proximal joints to maintain full range</li> <li>• Shoulder, elbow and wrist exercises.</li> <li>• No ADLs for affected hand.</li> </ul> <p><b>1 week</b></p> <ul style="list-style-type: none"> <li>• Post-operative dressings taken down and dressing applied to wound.</li> <li>• Thermoplastic hand based splint fabricated, volar positioned with MCPJ at 0 degrees and supporting PIPJs at full extension or angle of extension gained 'on table'.</li> <li>• Wear splint day and night</li> <li>• Active full GCF to PPC to be encouraged of all fingers, assisting with other hand if required, followed by finger GCE NTT, 20 times</li> <li>• Thumb radial abduction and opposition.</li> </ul>	<ul style="list-style-type: none"> <li>• Removal of sutures</li> <li>• Splint at night only if wound dry, otherwise night &amp; day</li> <li>• Scar massage</li> <li>• Use for light ADLs</li> <li>• Compression wrap if excessive oedema and no circulatory compromise</li> <li>• Full active nail to table extension, assisting with other hand if required.</li> <li>• Full passive GCF stretches if unable to achieve actively.</li> <li>• MCPJ adduction / abduction</li> <li>• PIPJ mobilisation if extension range gained on table not maintained.</li> </ul>	<ul style="list-style-type: none"> <li>• Silicon based pad/gel provided for use inside splint if scar red, raised or lumpy</li> <li>• Continue in splint at night</li> </ul>	<ul style="list-style-type: none"> <li>• Return to normal ADLs</li> <li>• Begin strengthening exercise if appropriate</li> <li>• Continue ROM exercises as scar matures</li> <li>• Add full MCPJ extension and hook.</li> </ul>	<ul style="list-style-type: none"> <li>• Work to regain full function and limit development of scar contracture.</li> <li>• Can discard splint if full movement achieved and maintained</li> <li>• Return to full activities as able</li> </ul>

Avoid

<p><b>AVOID:-</b></p> <ul style="list-style-type: none"> <li>• Avoid heavy activities.</li> </ul>	
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<p><b>Hints</b></p> <ul style="list-style-type: none"> <li>• In cases where the wound continues to bleed at rest after taking down post-operative dressings, exercises should be delayed for 48 hours and the wound reassessed.</li> <li>• In cases where there is significant pain and swelling, exercises should be kept within comfortable limits during the initial post-operative weeks.</li> </ul>
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