



Dupuytren's Fasciectomy Rehabilitation Protocol



A Dupuytren's fasciectomy is a surgical procedure to remove thickened connective tissue (fascia) in the palm and fingers that causes the fingers to bend toward the palm, limiting motion. The goal of surgery is to restore hand function, improve finger extension, and reduce contracture. This rehabilitation guide outlines the recovery process and recommended post-operative care to support optimal healing and function.

Rehabilitation Goals

- Protect surgical site and promote wound healing
- Restore finger extension and hand function
- Reduce swelling and manage scar tissue
- Improve strength and dexterity of the hand
- Prevent recurrence and promote long-term hand health



Expected Recovery Time

Milestone	Timeframe Range
Wound healing complete	10–14 days
Begin full range of motion	3–6 weeks
Return to light daily tasks	4–6 weeks
Resume normal grip strength	8–12 weeks
Return to manual labour	10–16 weeks

Phase 1: Early Post-op (0–2 weeks)

Goals

- Protect the surgical site
- Control swelling and pain
- Maintain finger and hand movement where permitted

Instructions

- Keep the hand elevated above heart level whenever possible
- Keep the wound clean and dry
- Follow your surgeon's instructions on dressing and splint care
- Ice may be applied indirectly (not directly on incision) for 10–15 minutes as needed to reduce swelling
- Avoid forceful gripping, lifting, or pressure through the hand

Exercises

- Begin gentle range of motion (ROM) exercises for uninvolved fingers and wrist
- Passive and active finger extension and flexion of the operated digits as permitted by your therapist
- Tendon gliding exercises (if cleared by therapist/surgeon)
- Nerve gliding exercises (if recommended)



Phase 2: Mobilization Phase (2–6 weeks)

Goals

- Continue improving ROM and reduce stiffness
- Initiate scar management
- Begin light functional use of the hand

Instructions

- Continue hand elevation and gentle activity
- Scar massage with a moisturizing cream (once incision is fully healed)
- Wear night splint (if prescribed) to maintain finger extension
- Avoid strong gripping or pinching activities

Exercises

- Active and passive ROM exercises to improve finger extension and flexion
- Intrinsic stretching and blocking exercises
- Continued tendon and nerve gliding exercises
- Use of therapeutic putty or light hand therapy tools for dexterity

Phase 3: Strengthening and Function (6–12 weeks)

Goals

- Restore hand strength
- Improve endurance for daily tasks
- Maximize ROM and fine motor control

Instructions

- Resume light household activities as tolerated
- Continue wearing night splint if advised
- Begin light strengthening activities with guidance

Exercises

- Strengthening with putty, hand grips, or resistance bands
- Progressive weight-bearing through the hand
- Coordination and fine motor control drills (e.g. picking up small objects, buttoning)
- Continue ROM and stretching exercises as needed



Phase 4: Advanced Functional Recovery (12+ weeks)

Goals

- Return to full functional use of the hand
- Resume work, sports, or hobbies
- Minimize risk of recurrence

Instructions

- Resume most normal activities, avoiding heavy or repetitive tasks until cleared
- Discontinue splints unless advised to continue
- Continue independent home exercise program

Exercises

- Higher-resistance strengthening
- Job or task-specific training
- Dynamic and functional movement practice
- Ongoing scar tissue mobilization if needed

When to Contact Your Surgeon

- Signs of infection: redness, warmth, increased swelling, or pus
- Fever above 38°C
- Severe or increasing pain not controlled by medication
- Wound dehiscence or reopening of the incision
- Numbness, tingling, or persistent weakness in the hand
- Difficulty extending fingers despite exercises

Disclaimer:

Note: This is a general guideline. Your physiotherapist or surgeon may adjust the protocol based on your specific condition and progress.