



# ORTHOPEDICS & SPORTS MEDICINE

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## **Xiaflex for Dupuytren's Contractures**

Xiaflex is used for treatment of Dupuytren's disease. It involves the injection of clostridium collagenase histolyticum into the cord to weaken it so the digit can be manipulated. The patient returns the following day for the manipulation.

### **Goals for therapy**

- Maximize hand ROM
- Minimize risk of scar adhesions
- Pain and edema control

### **Procedure:**

- **Day 1- Injection-** Xiaflex injection will be done by the doctor. Patient will be instructed to avoid physical activities and keep hand elevated
- **Day 2- Manipulation-** typically patient will return to doctor's office within 24 hours for manipulation. Patient will be given local anesthetic and digits will be extended. Patient will be scheduled for first therapy session the day of manipulation.

### **Other considerations**

- Typically, patient is seen for one therapy visit but may require more visits depending for wound care needs or excessive swelling and contractures

### **Orthosis**

- Hand-based digit extension splint including involved contracted digits plus an adjacent finger as needed
  - Splint fabricated on day of manipulation
  - Splint to be worn when patient is sleeping (nights and if napping). If flexion contractures appear to be returning, may increase daytime use in between exercises
  - Splint will be worn at night for the next 4 months
  - PIP contractures may require additional dynamic or static progressive splinting

### **ROM**

- Home Exercise Program issued by therapist on day of manipulation
  - A/PROM- tendon glides, abduction/adduction, DIP and PIP joint blocking, MCP extension, reverse blocking to increase PIP extension, ORL stretching if PIP joint contractures are present

### **Wound Care**

- Skin tears may occur during the manipulation process- wound care as indicated
  - Educated patient on daily dressing changes if skin tear occurs

### **Manual Therapy**

- Soft tissue massage to volar hand
  - If skin tears present, wait until healed
  - Educated patient on self-massage- fingertips to wrist
  - Educate on scar management when appropriate
- Edema management education

### **Activity Restrictions**

- No lifting over 10 pounds for the first week
- To minimize risk of tendon rupture, patient should avoid forceful closure of treated digits for 6 weeks, including lifting heavy objects with these digits



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## References

Skirven ,T. M.,Ostermans, A. L., Fedorczyk, J . M., & Amadio, P. C. (2011). *Rehabilitation of the Hand and Upper Extremity* (Vol. 1 ). Philadelphia, PA: Elsevier.

This protocol was reviewed and updated by Brian Klika, MD, Lacey Jandrin, PA, Andrew Kirkpatrick, MD, Tiffany Terp, PA, and the Hand Therapy Committee 8/9/2021.