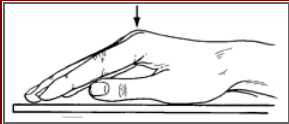


## Dupuytren's Disease

ger to straighten it out secondary to ligament contraction



When to consider treatment for

Dupuytren's disease?

Anytime you are not able to put your hand flat on the table, or have difficulty with shaking hands, holding objects due to the bent finger getting in the way.



### What does Hand Therapy entail?

Hand therapy includes restoring your ROM and preventing recurrences. Your therapist will provide you with different splints based on the need. They will work on you to gain the remaining motion, keep the swelling down and finally get the strength back. To prevent recurrences they will recommend splinting usually for 6 months at night time.



If you had the surgery, they will work on the scar, provide a scar mold to help flatten out the scar, minimize adhesions, improve ROM and strength etc.

*Ms. Kamal was invited to participate in a round table discussion with prominent physicians from*

**around the country on DUPUYTREN'S DISEASE AND ITS EMERGING PRACTICES.**

**You can read the transcript by [CLICKING HERE](#) .**

o We accept all Private PPO insurance, Workers Compensation and Medicare patients along with cash payment.

Just bring your prescription from your insurance to ensure coverage by the insurance companies

**Saba Kamal** has over 18+ years of experience as a clinician. She has worked as an Occupational Therapist and a Certified Hand Therapist. In addition, she did her Fellowship in Hand Therapy from Texas Woman's University, in Houston with Baylor alliance.

o She has presented several talks at Local and National level conferences (ASHT: American Society of Hand Therapists and IFSHT: International Federation of Societies of Hand Therapists).

o She has contributed to a book on Arthritis, presented to support groups etc.

o She was the President of the California Chapter of ASHT & has won the best chapter award for her term in 2010 & 2011.

o She is a partner/principal in Advanced Rehab Seminars & provides continuing education seminars to other hand & upper extremity therapists nationwide.

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# Dupuytren's Disease



Dupuytren's disease is an abnormal thickening of the tissue just

beneath the skin known as fascia. This thickening occurs in the palm and can extend into the fingers. Firm cords and lumps may develop that can cause the fingers to bend into the palm, in which case it is described as Dupuytren's contracture. Although the skin may become involved in the process, the deeper structures—such as the tendons—are not directly involved. Occasionally, the disease will cause thickening on top of the finger knuckles (knuckle pads), or nodules or cords within the soles of the feet (plantar fibromatosis).

## What causes Dupuytren's disease?

The cause of Dupuytren's disease is unknown but may be associated with certain biochemical factors within the involved fascia. The problem is more common in men over age 40 and in people of northern European descent. Dupuytren's may be associated with people with diabetes and alcoholism, occupation history of vibration.

## What are the treatment options for Dupuytren's disease?

In mild cases, especially if hand function is not affected, a hand based orthotic may be advised to prevent progression.

For more severe cases, various treatment options are available in order to straighten the finger(s). These options may include

- 1) Collagenase injection,
- 2) Needle aponeurotomy or
- 3) Open surgery.

**Collagenase injection** is a technique where a small amount of medicine is injected into the Dupuytren's tissue, weakening it so that the finger can be manipulated manually to make it straighter. Risk includes tendon rupture if not handled correctly. This procedure may or may not be covered by your insurance company.



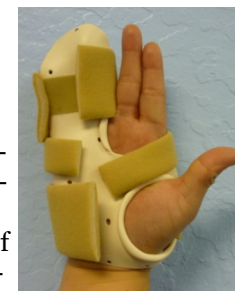
**Needle aponeurotomy** is a method where a needle is placed through the skin and used to cut the Dupuytren's tissue. With needle aponeurotomy the cord is just cut but not removed.



Chances of recurrence is greater, tendon/nerve ruptures can still occur but less likely. It is cheaper and covered by insurance companies. Both collagenase injection and needle aponeurotomy are office procedures.

Your doctor may send you to a **certified hand therapist** to get a custom orthosis made to prevent recurrence. You may need therapy to maximize your results.

**Surgery:** Correction of finger position is best accomplished with milder contractures or contractures that affect the base of the finger. Complete correction sometimes can not be attained, especially of the middle and end joints in the finger.



Skin grafts are sometimes required



to cover open areas in the fingers if the skin is deficient. The nerves that provide feeling to the fingertips are often intertwined with the cords.

**Splinting and hand therapy** are required 3-5 days after surgery in order to maximize and maintain the improvement in finger position and function. Night splinting is continued for 6 months after surgery to prevent recurrences. In severe cases

your doctor may choose to put a digit wig on your

