

Hand Therapy Protocol after Xiaflex Injection



Treatment of Dupuytrens 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.

Dupuytren disease can be treated in many different ways. The 3 most commonly used methods are

- 1) Collagenase injection,
- 2) Needle aponeurotomy or
- 3) Open surgery.
- 4) Some surgeons may choose a combination of Collagenase and Needle aponeurotomy based on the case they are treating.

Collagenase injection is the most recent in Dupuytren's Therapy. In this technique 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.



Round table discussion

Saba Kamal OTR, CHT was the invited therapist in the round table discussion with Dr. Prosper Benhaim, Dr. Charles Eaton, Dr. Neil Jones and Dr. Vincent Hentz. They discussed the latest treatments in the management of dupuytrens disease.

To get a full transcript please email us at Saba@hocine.us

Hands-on-Care

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Hands-On-Care

Specializing in Shoulder Elbow Wrist & Hand Therapy

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Recurrence rates are common with both Xiaflex injection and Needle aponeurotomy. Recurrence is generally less severe than the initial contracture.

However, they do occur, and in-order to minimize the contracture recurrence the patients can be fitted with a custom molded Hand based finger splint.

At Hands-On-Care, we splint the patient on the first visit right after the Xiaflex procedure when the tendon is popped or after the needle aponeurotomy.

The doctor's office can call Hands-On-Care and make the appointment for the patient for immediately after the procedure.

We normally see the patient for 2 visits in milder cases, and a max of 4 visit in severe cases. If wound care is involved we may see the patient 2x week for 3 weeks.

On the first visit, the patient is fitted with a custom Hand based finger splint. The patient is asked to wear the brace 23/7 until the 2nd visit to allow for reduction in swelling. Pt. can remove the brace for ADLs.

Pt. is then seen for the 2nd visit in a week. ROM, tendon glide exercises are given at this point. Pt. is then instructed to wear the brace at night time only for 6 months to prevent recurrence.



If an open area is present after the cord is popped the patient may be seen for more visits for wound care.

PIP contractures may require additional visits for manual therapy, exercises and LMB splinting.

If you have any further questions please feel free to contact us at Info@hocinc.us

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

Just send us a prescription and the date the procedure will be performed and we will call the patient and schedule the appointment.

Saba Kamal, OTR, CHT
Director Hands-On-Care

Partner/Principal Advanced Rehab Seminars

Providing specialized continuing education for the Upper Extremity

Past President California Chapter of American Society of Hand Therapists

Event Chair for ASHT-Ca Chapter Conferences 2011, 2012, 2013 and 2014

Winner of 2010 and 2011 ASHT Chapter awards

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