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Intrinsic/joint/periarticular pathology

- **Tendon injury, RA, Dupuytren's, Burns etc. treated according to those specific diagnoses**

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#10

Stiffness is a complaint;
Pathoanatomy leads to contractures

- Vast majority of patients with stiffness as a complaint don't have a sig contracture that surgery is indicated.

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#9

Patient Selection

- Treatment failures are common
- Tenoarthrolysis

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8
Exam

- Fixed or vary with adjacent joint
- PROM>AROM: Problem with tendon power at that joint.

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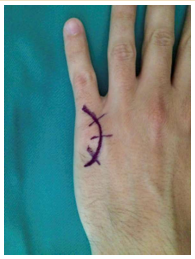
7
Surgery in steps

- MP Extension contracture Surgery
- Dorsal, step wise.
  - Extensor tenolysis
  - Dorsal capsule
  - Both Collateral 50/100%
  - Volar pouch



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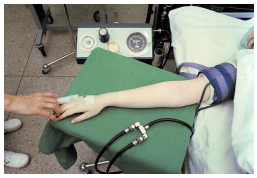
#6
Anesthesia Matters

- WALANT
- IV Regional
- Don't leave the OR until ACTIVE rom is distinctly improved
- Show patient



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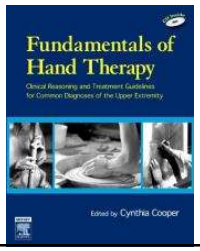
5
Therapy

- Preop in many cases
- Schedule Therapy
  - Some of these I will not do on Friday
- Early ROM (POD #1-2)



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#4
Splinting (counterintuitively) important

- Static splints acute phase (edema, inflammation)
- Static progressive late phase

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#3
PIP Flexion contracture

- Patho anatomy
  - Check rein
  - Collaterals
  - Flexor sheath (Dups)
- Lateral (2 incisions)
  - Release extensor (transverse retinacular ligament)
  - Excise collateral both sides
  - Volar pouch with Freer
  - Active motion test
  - Splint in OR but therapy within 48 hours

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- Blazar PE, Floyd EW, Earp BE. The quantitative role of flexor sheath incision in correcting Dupuytren proximal interphalangeal joint contractures. J Hand Surg Eur Vol. 2016 Jul;41(6):609-13. doi: 10.1177/1753193415602189. Epub 2015 Sep 4.PubMed PMID: 26342010.

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#2
Digit Widget

- Surgery Simple
- Extension tourque
- More force to P2 than traditional splints

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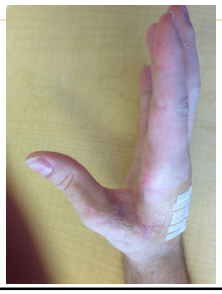
#1
Intrinsic problems are complex

- Distal Release (PIP only)
- Proximal Release (MP and PIP)

- Intrinsic slide
- Rare, MP and PIP contracture with functioning intrinsics



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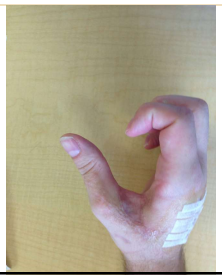

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PIP Extension contracture

- IV regional
- Possible flexor tenolysis

- Surgery Dorsal approach
- Release TRL
- Extensor tenolysis
- Excise Dorsal capsule
- Dorsal collaterals 33/66/100
- Pflexion=>Aflexion
- Check for intrinsic tightness