Physical Therapy & Sports Rehab, Inc.

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Dupuytren's Contracture

What You Need to Know

What Is Dupuytren's Contracture?

Dupuytren's contracture is a progressive condition of the palm in which the connective tissue layer beneath the skin (the palmar fascia) gradually thickens and tightens, forming firm cords under the skin that pull one or more fingers into a bent position. Over time, the affected fingers — most commonly the ring and little fingers — cannot be straightened fully, significantly impairing the ability to grip, shake hands, wear gloves, or place the hand flat on a surface.

Dupuytren's is far more common in men, in people of Northern European descent, and in those with a family history of the condition. It is associated with diabetes, alcohol use, smoking, and epilepsy. The disease progresses at highly variable rates — some people notice very little change over many years, while others develop significant contracture within months.

What Does It Feel Like and Look Like?

- A firm nodule or lump in the palm — usually at the base of the ring or little finger
- A visible cord under the skin running from the palm toward the finger
- Gradually increasing inability to straighten the affected finger(s)
- The condition is typically not painful — unlike most other hand conditions
- Difficulty placing the hand flat on a table (positive "tabletop test")
- Problems with grip, gloves, handshaking, and some sporting activities

How Is It Treated?

Non-surgical options:

- Collagenase injection (Xiaflex): enzyme injected into the cord; physically disrupts and breaks it; FDA-approved
- Needle aponeurotomy (NA): percutaneous needling to cut the cord; minimally invasive, done in office

Surgical option:

- Fasciectomy: surgical removal of the diseased tissue; most comprehensive, lowest recurrence rate; longer recovery

Role of Physical Therapy:

- PT after any procedure: splinting, scar management, range of motion restoration, and grip strengthening
- Night extension splinting after treatment maintains the corrected finger position

When Should I See a Specialist?

- When you can no longer lay your hand flat on a table
- When the contracture reaches 30° or more — this is typically the threshold for intervention
- When the hand function is noticeably limited in daily activities

The Good News

Dupuytren's contracture is very effectively treated. Minimally invasive options like needle aponeurotomy and collagenase injection have dramatically changed the treatment landscape — many patients achieve dramatic correction in a single outpatient visit. Physical therapy after any intervention plays a critical role in maintaining the corrected position and rebuilding hand strength.

Minimally invasive treatments can achieve dramatic finger straightening — often in a single outpatient visit — followed by PT to maintain the result.