

## Dr. Robert Wysocki

### Mallet Finger – Acute or Chronic

The protocol for treating mallet fingers is the same whether the patient has required open reduction and internal fixation, percutaneous pin fixation, or is being treated nonoperatively. The patient with a chronic deformity is splinted longer than the patient with an acute deformity. If the patient does have the phalanx pinned, and the pin is not buried, the patient is instructed on pin care as soon as the pin is accessible.

0 - 8 weeks:

A Mallet splint is fitted holding the DIP in slight hyperextension for continual wear. If the patient has an acute deformity, the patient is splinting in this fashion for six weeks. If the deformity is chronic, (over a month old), then the patient is splinted continuously for eight weeks.

The patient is instructed never to let the DIP joint flex when removing the splint for cleaning.

6 - 8 weeks:

The splint is discontinued during the daytime, but is worn at night. The patient is started on active exercises only. The patient is checked the day following initial mobilization and if extensor lag is present, then the patient is resplinted for an additional two weeks. The patient is checked again at one week with the same decision protocol. The patient will continue to wear a night splint until 12 weeks for acute injuries, 14 weeks for chronic. Two weeks following mobilization, gentle passive range of motion exercises and blocked active range of motion exercises are instituted.

12 weeks:

If necessary, dynamic flexion splinting is instituted.

NOTE:

Skin problems are common with splinting, and the patient needs to be monitored for splint related skin problems.