

Dr. Robert Wysocki

Phalangeal Fractures – Closed Treatment

0 - 3 weeks:

STANDARD PROTOCOL

Splint: The patient is immobilized in a cast or hand-based dorsal splint in the intrinsic plus position that immobilizes out to the joint distal to the fracture.

Motion: Joints which are not immobilized by a cast or splint are put through active range of motion beginning on the first day.

STABLE PROTOCOL

Splint: These fractures can begin buddy-taping immediately for day use. They are provided a hand-based dorsal splint in the intrinsic plus position that immobilizes out to the joint distal to the fracture to be worn at night so DIP/PIP extension is maintained

Motion: All joints are allowed full active range of motion, no resistance or passive range of motion

3-4 weeks:

Splint: Patients wear a resting safe position splint in between exercises.

Motion: Active range of motion exercises are initiated to all joints, if not having already begun as part of STABLE protocol.

When clinical healing has occurred (4-6 weeks), scar control electrical stimulation and progressive passive range of motion exercises are instituted as needed.

Two weeks after clinical union, the patients are allowed light prehension, lifting five pounds or less.

Four weeks after clinical union, the patients are started on resistive exercises and can return to light work duties lifting less than 25 pounds. Protective splinting is discontinued at this point except for sports level activities.

Eight weeks after clinical union, patients are released to sports level activities and medium or heavy work.