

Dr. Robert Wysocki

Phalangeal Fractures – Proximal or Middle Phalanx s/p Perc Pinning

Week 0 - 4:

Splint: The post-operative dressing is removed and the patient is maintained in a safe position with intrinsic plus splinting full time across the PIP joint for proximal phalanx fractures across the DIP joint for middle phalanx fractures. The affected finger is buddy taped to an adjacent finger

Motion: Active range of motion exercises of all unsplinted joints are instituted four times a day, this would be considered STANDARD protocol. For particularly stable fracture configurations, active motion of the affected PIP (for P1 fx's) or DIP (for P2 fx's) joints may be allowed as directed. This would be considered STABLE protocol.

3-4 Weeks:

Pins are removed

Splint: Patients continue splint for protection except during exercises

Motion: Gentle active and passive range of motion is performed to all joints of the injured finger

2 weeks following clinical union (6-7 weeks):

Splint: Continuous protective splinting and buddy taping is discontinued. Protective splinting is maintained for sports level activities. Dynamic splinting is instituted as needed.

Motion: As above, and electrical stimulation is instituted as needed.

4 weeks after clinical union (8-9 weeks):

Soft putty resistance exercises are instituted. The patient is released to light work duties to lift less than 25 pounds.

12 weeks (or 7-8 weeks following clinical union):

The patient is returned to full unrestricted activities at work and recreation.