

Dr. Robert Wysocki

PIP Dislocation – Unstable/Bony Avulsion

Initial Treatment:

Splint: A dorsal blocking splint is fashioned with a 40 deg extension block of PIP

Motion: Active and Passive Range of Motion exercises are initiated 15 min/hr. within the splint, with emphasis on full finger flexion. Edema control to the digit is emphasized with finger socks or Coban.

Week 3-4:

Splint: The Dorsal Blocking splint is adjusted to increase PIP extension 10-15 degrees each week, with plan to reach full extension at 6 weeks

Motion: Same as above, consider dynamic flexion splinting starting at 2 weeks, but if digital swelling is cause for lack of passive flexion focus on edema control

After 6 weeks:

Splint: The Dorsal Blocking splint is discontinued. Extension splints may be applied as needed.

Motion: Active and passive extension exercises are continued to the PIP and DIP joints.

The patient should have protective splinting worn during sports level or heavy labor activities until 12 weeks after injury.