

CHRONIC BOUTONNIERE DEFORMITY (CONSERVATIVE MANAGEMENT)

CHRONIC INJURY :_Full passive extension is not present. Injury has been present for 3-4 weeks with no therapeutic intervention

0-6 WEEKS

- A static-progressive, dynamic, or serial cast may be utilized to achieve full passive PIPJ extension
 - o Patient is to perform MPJ flexion and extension
 - o DIPJ may be splinted or left free, pending therapist's discretion. If DIPJ is included in the splint, the therapist should fabricate an exercise splint that holds the PIPJ in extension, but allows DIPJ flexion/extension.
 - o No active PIPJ flexion at this time

- When full passive extension is achieved, a static extension or cylindrical serial is applied and worn continuously leaving the MCPJ and DIPJ free for movement.
 - o The MCPJ and the DIPJ are moved frequently through full range of motion, actively and passively. Emphasis is placed on DIPJ flexion

- Patient may be splinted anywhere from 6 to 8 weeks, pending MD recommendation.
- Initiate use of edema management PRN; i.e. coban wrapping, finger sleeves, icing, etc.

6-8 WEEKS

- Initiate gentle AROM/PROM to the PIPJ 4-6/day, 20 repetitions.
- Patient is to wear the extension splint in between exercise sessions and at night.
- If flexion of the PIPJ is limited, buddy straps may be utilized and patient is to perform PIPJ flexion exercises more frequently during the day.
- If there is an extension lag greater than 20 degrees, delay passive flexion or dynamic flexion splinting of the PIPJ
- Initiate therapeutically extension and intrinsic strengthening exercises. Intrinsic strengthening exercises may include making a cone with the putty, finger abduction/adduction with the putty.
- Initiate use of therapeutically strengthening for hook fisting; no composite fisting with use of the therapeutically.

10 Weeks

- Patient may perform gentle ADL's requiring resistive gripping
- Exercise should focus on end range composite flexion; i.e. place and hold and isolated tendon gliding exercises.
- Continue extension splinting at night
- Initiate use of therapeutically strengthening exercises focusing on composite flexion.

- May initiate use of a dynamic flexion splint or static progressive flexion splint for PIPJ flexion if needed

12 Weeks

- Resume full ADL's
- May continue night splinting for up to 6 months post initiation of treatment if an extension lag greater than 20 degrees is present. .

CONSIDERATIONS:

- If serial casting is utilized in the beginning phase of the protocol, the DIPJ should be included and placed in slight flexion.

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