

Mallet Finger

1. Fabricate and Fit with (2) volar static splints to the middle and distal phalanx. The DIP joint is positioned between (0) to (15) of hyperextension.
2. The splints are secured with (3) strips of 1/2 inch tape.
 - a. longitudinally to P1 and P2.
 - b. Circumferentially at the proximal end of the splint. (allowing full PIP ROM) .
 - c. Circumferentially at the DIP joint.
3. Instruct the Pt. to maintain DIP extension, at all times.
4. Alternate/ change splints daily, after bathing. Special care should be taken for the patient to maintain full DIP extension while changing the splint. It is important to keep the splint dry to maintain good skin integrity. Baby powder may be used to absorb moisture.
5. The patient may participate in coban wraps to decrease edema.
6. Instructions are given to participate in ROM of the MCP and PIP joints.
7. The patient is to follow up with therapy every (2) weeks to:
 - monitor the fit of the splint;
 - monitor skin integrity;
 - monitor edema.
8. The Pt will begin to wean from the splint at 6-8 weeks. Depending on the extent of the injury, the physician may decide to increase the duration of the use of the splint.

Weaning Process

- Weaning 1st Week : Splint use 2hours (BID), and at night;
Gentle Composite flexion exercise.
- Weaning 2nd Week: Splint use 2 hours (QD) and at night;
Continue composite flexion exercise.
- Weaning 3rd Week: Splint use at night;
Composite flexion exercise;
Light Strengthening as tolerated.
- Weaning 4th Week: Discontinue splint use;
Progress with strengthening as tolerated.

Note:

1. Expect some minimal amount of lag to develop during the weaning process.
2. The therapist may decide to slow the weaning program if the lag increases too quickly or if it is greater than 20 degrees.