



Mallet Finger Repair & Pinning

Therapy Instructions

Laith Al-Shihabi, MD

1-8 weeks

Therapy is started to focus on recovery of motion to the finger joints adjacent to the injured DIP joint. In addition, a removable splint is fashioned for the affected joint. Perform pin site care instruction if there are K-wires outside of the skin.

Splint:

-Fashion a dorsal or volar mallet splint holding the DIP joint in its pinned position.

Motion:

- AROM/AAROM/PROM of the fingers and finger joints adjacent to the injured DIP.
- Flexor and extensor tendon gliding exercises.
- Wrist/forearm motion unrestricted.
- 2 lbs lifting restriction.

Edema Control:

Coban, digit sleeves, ACE wrap, edema modalities per therapist.

8 -12 weeks

Continue to focus on finger ROM. Transition to home exercise program by 8-10 weeks as symptoms allow.

Splint:

- Ok to remove splint with therapy and during home exercises.
- Continue daytime use of the splint until 8 weeks, then use at night only until 12 weeks.
- If an extensor lag >10 degrees re-develops, resume use of the splint full-time for two weeks.

Motion:

- Begin AROM only during therapy at 8 weeks.
- PROM and active blocking exercises can be started at 10 weeks.
- 5 lbs lifting restriction starting at 8 weeks.
- 10lbs lifting restriction at 10 weeks.

Edema Control:

Per therapist

10-12+ weeks

Continue therapy past 10 weeks only if additional work conditioning is required.

Splint:

-Wean from the splint, with goal to discontinue use by 12 weeks.

Motion:

-No restrictions at 12 weeks.