



Partial Finger Removal Therapy Instructions Laith Al-Shihabi, MD

3-5 days

Therapy is started to focus on recovery of motion to the remaining fingers and adjacent finger joints. In addition, a padded alumafoam splint is fashioned for the affected joint. Instruct the patient on techniques to prevent tip hypersensitivity.

Splint:

-Remove the surgical dressings and apply a padded alumafoam splint crossing only the most distal joint along with new dry dressings.

Motion:

-Remove splint with therapy exercises.
-AROM/AAROM/PROM of the fingers and finger joints adjacent to the surgery site.
-Flexor and extensor tendon gliding exercises.
-Wrist/forearm motion unrestricted.

Edema Control:

Coban along with dry surgical dressings.

1 -2 weeks

Continue to focus on finger ROM. Once the finger tip is dry, transition to Coban or a silicone digit cap. Continue with desensitization techniques.

Splint:

-Discontinue splint and transition to a soft tip protector.

Motion:

-Continue AROM/AAROM/PROM to the fingers.

Edema Control:

Coban, silicone digit cap per therapist.

2-6 weeks

Splint:

-Wean from use of soft finger tip protector by 3-4 weeks.

Motion:

-Begin grip/strength training with putty at 3 weeks.
-Transition to a home therapy program by 6 weeks.