CLINICAL PROTOCOL FOR MALLET FINGER (CONSERVATIVE)

**PRECAUTIONS:** DO NOT let fingertip bend. Always support finger in extension.

**FREQUENCY:** As needed for splint adjustment, wound care, and/or hygiene care if needed.

**DURATION:** Average estimate of formal treatment at least 6-12 weeks based on Occupational Therapy evaluation findings.

**DOCUMENTATION:** Progress Note to physician at each follow-up appointment. Follow treatment calendar for treatment requirements. Discharge Summary within two weeks of discharge.

**TREATMENT GUIDELINES**

**VISIT ONE:**

GOALS: 1) Educate patient regarding precautions.
           2) Splint with DIP in at least 0° extension. (Do not put DIP in hyperextension.)
           3) Maintain skin integrity.

**SELF-MANAGEMENT CRITERIA:**
If the patient presents with the following Self-Management Criteria:
   1) Compliant with precautions.
   2) Self donning/doffing splint safely for hygiene care.
   3) Maintains full active range of motion of all uninvolved joints.

The patient can then be placed on a home program with rechecks in six, eight, or twelve weeks (depending upon physician’s orders). Follow-up appointments to be made until Discharge Criteria has been met. If the patient does NOT meet the above criteria, then a course of formal rehabilitation will be initiated one to two times per week until above criteria has been met.

**DISCHARGE CRITERIA:**
   1) No increase in extension lag based on initial measurements.
WEEK 1 TO WEEK 6 OF SPLINTING (pending physician orders):

GOALS:
1) Maintain DIP in extension.
2) Maintain skin integrity.
3) Maintain PIP active range of motion.*
4) Patient education regarding importance of splinting and precautions with positioning during independent hygiene care.

(*If the PIP joint develops a posture of hyperextension, the PIP joint should be splinted at 30-45° of flexion with the DIP held in full extension. This advances the lateral bands and could assist with better approximation of the torn extensor tendon.)

WEEKS 6 TO 12:

GOALS:
1) Maintain DIP in extension.
2) Maintain skin integrity.
3) Gradually increase active DIP flexion.

- Measure extension of DIP joint.
- Begin with 20-25° active DIP flexion. If no lag develops, gradually increase DIP flexion (10° per week) using a template exercise splint up to 45° of flexion. Splint in extension between exercises during the first 2-3 weeks of mobilization. Exercises to be completed X 10 repetitions every 2 hours.
- If an extension lag develops, resplinting is indicated, and exercises are delayed a few weeks as ordered by the physician.
- Night splinting up to 14 weeks unless different orders are received from the physician.
- Begin to wean from extension splint; continue splint wear during high risk activities.

REFERENCES: