



● *Frisbie Memorial Hospital*

● *Marsh Brook Rehabilitation Services*

● *Wentworth-Douglass Hospital*

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:

1. Rosenthal, EA. The Extensor Tendons: Anatomy & Management. In: Hunter JM, Mackin EJ, Callahan AD, et. al. (eds.). Rehabilitation of the Hand, 5th ed. St. Louis, MO: Mosby, 2002: 552-554.