

Hand Therapy Guide (I)



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This is a quick reference to guide you on referrals for common hand injuries and conditions in general practice. The theme for this issue is **finger injuries - mallet finger**.

Finger Injuries - Mallet Finger

◆ Mechanism of Injury

Injuries occur with flexion force while actively extending the DIP joint.

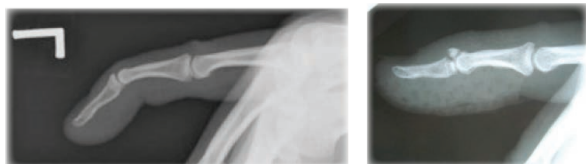


◆ Symptoms

Loss of active DIP joint extension.

◆ Diagnosis

X-ray to confirm if the mallet finger is a bony or tendon injury.



◆ Referral

Early referral is key to successfully managing these injuries, preferably 1-7 days post-injury. Injuries are considered chronic beyond three weeks post-injury, however, can still be successfully treated.

◆ Management

Literature favours conservative management; however, orthotic preference and wearing regimes differ greatly.

Finger Injuries - Mallet Finger

◆ Management of Bony Mallet Injury

- Maintain DIP extension full time for 6-8 weeks.
- Mobilise PIP joint.
- Skin hygiene.
- Graded flexion mobilisation when bone healed.



◆ Management of Tendon Mallet Injury

- Maintain DIP extension/hyperextension full time for 6-8 weeks.
- Mobilise PIP joint.
- Skin hygiene.
- Graded flexion mobilisation as tolerated by the tendon.
- If lag occurs, reinstate splinting.
- Watch for swan neck deformity.



◆ Splinting

- No orthosis is superior to another; however, a customised orthosis can result in less complications.
- DIP extension splint full time 6-8 weeks then a further 2 weeks at night time.



◆ Stay Tuned!

Next issue will be about *Finger Injuries - PIP Joint Injuries*.