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This is a guick reference to guide you on referrals for common hand injuries and conditions in general practice. The theme for this issue is finger injuries - PIP Joint Injuries.

Finger Injuries - PIP Joint Injuries (including dislocation, ligament and avulsion fractures)

Mechanism of Injury

A dorsal dislocation occurs through hyperextension and axial load.

A volar dislocation or central slip injury occurs with a flexion force.

> Symptoms

PIP joint instability or mal-alignment, or both.

If the central slip is injured there will be a loss of active extension or boutonniere deformity, or both.



Dorsal dislocation / Volar plate injury



Boutonniere deformity following central slip injury

Diagnosis

Diagnosis is made by assessing joint laxity, range of motion and with an x-ray.

Referral

Referrals shall be made as soon as possible. If the PIP joint was dislocated, a referral should be made immediately post-reduction.

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Management

For a volar plate avulsion fracture or dorsal dislocation, the PIP joint is protected with a splint or buddy taping depending on the stability of the joint. Volar plate avulsion fractures are stabilised in flexion and may require to be splinted in this position.

As soon as comfortable or stability allows, commence active PIP joint extension to prevent a fixed flexion deformity.

For volar dislocations, central slip injuries or collateral ligament injuries the PIP joint is splinted in extension.

Mobilise into flexion if no central slip avulsion fracture.

Oedema management and joint protection are imperative to a good outcome.

Splinting Options



Dorsal finger splint for volar plate avulsion fracture



Oval 8 splint for dorsal dislocation



Buddy splint



Extension splint for central slip injury



stiffness

>> Stay Tuned!

Next issue will be about Carpal Tunnel syndrome.



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