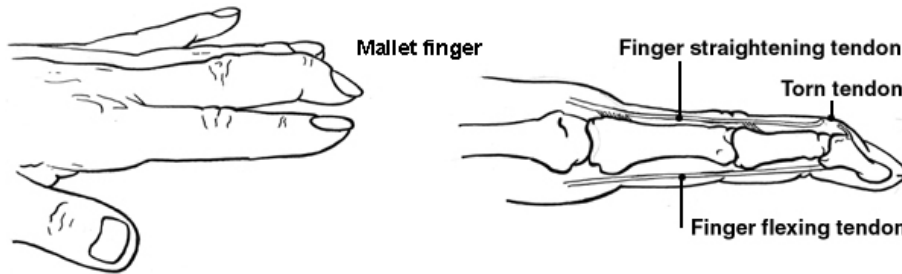


UVA-HEALTHSOUTH HAND REHABILITATION CENTER

Mallet finger program

You have injured the tendon that straightens the tip of your finger. This is commonly done by jamming the tip of your finger, causing the tendon to rupture for a number of reasons. The common symptom most people first notice is that the tip of their finger “droops”, or does not straighten fully.

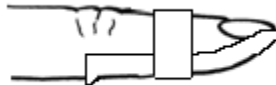


If you take care of this in the proper manner, you can minimize the permanent effects of this injury. If not taken care of, it can lead to permanent deformity, and may require surgery to correct the problem in the future.

Luckily, most Mallet Finger injuries respond to non-surgical treatment, if the patient obeys a few simple rules. Unfortunately, the process of healing takes up to 9 weeks of strict immobilization.

The first rule of treating mallet finger is:

KEEP THE FINGER SUPPORTED IN EXTENSION (STRAIGHT) AT ALL TIMES!!!!



You will receive a splint today that keeps your finger as straight or slightly bent backwards as possible. You must keep this splint on 100% of the time for 6-9 weeks to allow the tendon to heal. ***If you allow the finger to droop at any time during the 6-9 weeks, the clock starts on another 6-9 weeks of immobilization!***

You should remove your splint once a day to care for the skin under the splint. When you take the splint off, you must keep the tip of the finger fully extended using your other hand – as your therapist has shown you today. Support the fingertip on a tabletop as you wash the skin with an alcohol pad and let it dry thoroughly before reapplying your splint.

When you apply the splint it should keep you fingertip straight or slightly bent backward to keep the tendon in a position that it will heal.

Once your doctor feels you may start to come out of your splint, you will begin therapy to restore the ability to bend the tip of the finger again. This is typically a process of wearing the splint less, while doing specific exercises to regain the motion at the tip of the finger.

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