# Extensor Tendon (Mallet) Zone I and II (non-surgical) Rehabilitation Guidelines

**Phase 1 Precautions: Orthosis must be worn at all times, even during hygiene.**
**Anytime the orthosis is removed for skin care, the DIP joint must be maintained in full extension.**
**Avoid lifting, pushing, pulling or forceful gripping with the injured hand.**
**Avoid composite fisting and hook fisting with the uninvolved fingers of the injured hand.**
**Monitor skin for irritation and breakdown beneath the orthosis.**

| Phase 1: after initiating orthosis immobilization | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| Day 1 - 6-8 weeks | Protection<br><br>Maintaining the DIP joint of the injured digit in 0°extension to slight hyperextension full time without fail<br><br>Prevent PIP ROM loss/stiffness | Custom, static FO: DIP in 0°extension to slight hyperextension full time without fail<br><br>If hyperextension of the PIP joint is noted, include a dorsal blocking component maintaining the PIP joint in 20-30° flexion, allowing flexion AROM until hyperextension posture of the PIP resolves (typically first 3-4 weeks of treatment) | Suggested Therapeutic Exercise<br>• Active FDS straight fist for the affected finger (holding the unaffected fingers in extension, actively flexing the affected finger)<br>• Passive PIP flexion of the affected finger<br>• Passive composite flexion for the unaffected fingers<br><br>Light use of the affected hand for tasks that do not require hook fisting or tight composite fisting |

**Phase 2 Precautions: Monitor for an extensor lag. If noted, resume wearing immobilization FO full time for an additional 2 weeks.**
**No PROM for DIP flexion of the affected finger**

| Phase 2 | Emphasis on | Orthosis | Exercise |
|---|---|---|---|
| 6-8 weeks - 9-10 weeks | Gradual weaning of the orthosis<br><br>Slow gradual restoration of DIP flexion ROM without an increasing extensor lag<br><br>Patient education for monitoring for an extensor lag | Custom, static FO: DIP in 0°extension to slight hyperextension<br><br>First week of weaning: remove for light AROM, continue full time otherwise<br><br>Second week of weaning: rotate 2-3 hours off:on, continue to wear at night | Continue previous recommendations<br><br>*Progress only if there is not an increasing active extension lag<br><br>First week of weaning:<br>• Active composite fisting through a comfortable range without forcing motion or eliciting pain<br>• Gentle active hook fisting through partial ROM without forcing motion or eliciting pain |

Please scan QR code for the UVA school of Medicine website where you can find additional protocols.

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| | | **Third week of weaning: wean as tolerated during the day, discharge at night**<br><br>*** Weaning should be adjusted if an active extensor lag is noted.** | • **Intrinsic extension/reverse blocking**<br><br>**Second week of weaning:**<br>• **Continue ROM recommended for the first week of weaning**<br>• **Gentle joint blocking**<br><br>**Third week of weaning:**<br>• **Continue ROM recommended for the first and second week of weaning**<br>• **Hook ←→ composite fisting with a dowel** |

**Note: These instructions are to serve as guidelines and are subject to physician discretion. Actual progress may be faster or slower depending on the individual. Return to work and sport/recreation per surgeon discretion.**

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