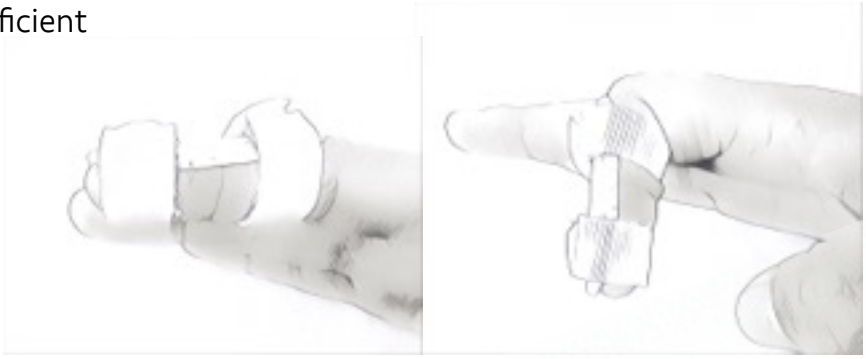
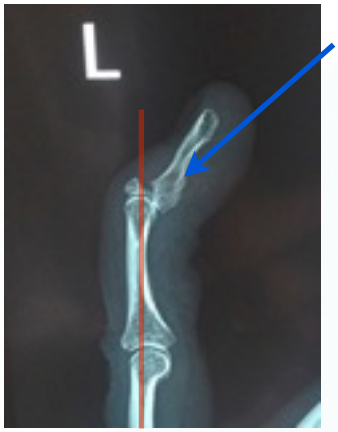
# Mallet Finger Management

- History of finger hit end on and forced bent
- Injury to terminal extensor tendon or avulsion fracture, resulting in extensor lag (either results in loss of active finger extension)
- Untreated mallet may lead to swan-neck deformity
- Most can be treated with **constant splinting** of the DIP joint for a period of time (6 weeks for a mallet fracture, 8 weeks if no fracture) , followed by a slow wean program out of the splint. PIP joint should be free to move
- Poor outcomes often due to inadequate splinting (e.g. off for showers/finger not held in adequate position in splint )
- An X-ray is important, look for a **large bony fragment (>30% joint surface)** or **subluxed joint** which may need **surgical opinion**.An X-ray will also guide timeframes for splinting (6 weeks constant splint if fracture or 8 weeks if no fracture). No need for ultrasound - X-ray sufficient

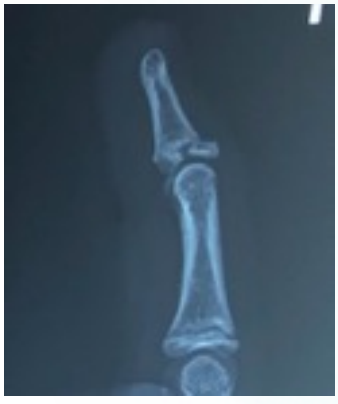


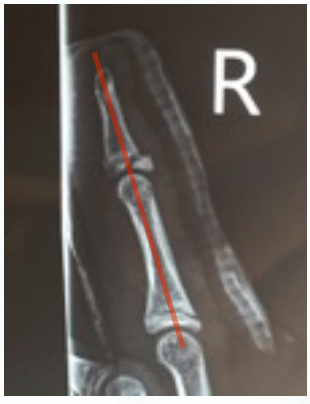



The distal phalanx has 'slid off' the front of the middle phalanx - this is bad

- X-ray on L shows large fragment with main part of the bone volarly subluxed, Then splint DIP joint in neutral and re X-ray with **the splint on & check if still subluxed**

- If main part of the distal phalanx is still subluxed, then refer to hand surgeon for an opinion. Sometimes surgery is necessary to prevent long term pain and deformity






- This X-ray in splint shows satisfactory alignment of the middle and distal phalanges on the lateral view

- Follow up X-rays in splint at 1 or 2 weeks if alignment questionable.

- Splint constantly for 6 weeks, then check for lag & start wean program if no lag present

Reference:Shesh, U. (2015) Mallet Finger, www.orthobullets.com