



**NICHOLAS J NEWSUM, M.D.**  
**ORLANDO HAND SURGERY ASSOCIATES**  
**801 N. ORANGE AVE SUITE 600B**  
**ORLANDO, FL 32801**  
**PHONE (407)-841-2100**  
**FAX (407)-841-5705**

### **Mallet Finger – Acute or Chronic**

The protocol for treating mallet fingers is the same whether the patient has required open reduction and internal fixation, percutaneous pin fixation, or is being treated non-operatively. The patient with a chronic deformity is splinted longer than the patient with an acute deformity.

#### **0 - 8 weeks:**

A Mallet splint is fitted holding the DIP in slight hyperextension for continual wear. If the patient has an acute deformity, the patient is splinting in this fashion for six weeks. If the deformity is chronic, (over a month old), then the patient is splinted continuously for eight weeks.

The patient is instructed never to let the DIP joint flex when removing the splint for cleaning.

#### **6 - 8 weeks:**

The splint is discontinued during the daytime, but is worn at night. The patient is started on active exercises only. The patient is instructed that if they notice an extensor lag after initial mobilization to go back into their splint for an additional two weeks. The patient will continue to wear a night splint until 12 weeks for acute injuries, 14 weeks for chronic. Two weeks following mobilization, gentle passive range of motion exercises and blocked active range of motion exercises are instituted.

#### **12 weeks:**

Discontinue splinting. If necessary, dynamic flexion splinting is instituted.

#### **NOTE:**

Skin problems are common with splinting, and the patient needs to be monitored for splint related skin problems.



Please call with questions or concerns at the phone number above.