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Phalangeal Fractures – Closed Treatment

0 - 3 weeks:

- Distal Phalanx: Tip protector or volar gutter digital splint to the level of the PIP joint
- Middle and Proximal Phalanges:
    - STANDARD PROTOCOL
        - Splint: The patient is immobilized in a cast or hand-based dorsal splint in the intrinsic plus position that immobilizes out to the joint distal to the fracture.
        - Motion: Joints which are not immobilized by a cast or splint are put through active range of motion beginning on the first day.
    - STABLE PROTOCOL
        - Splint: These fractures can begin buddy-taping immediately for day use. They are provided a hand-based dorsal splint in the intrinsic plus position that immobilizes out to the joint distal to the fracture to be worn at night so DIP/PIP extension is maintained
        - Motion: All joints are allowed full active range of motion, no resistance or passive range of motion

3-4 weeks:

- Distal Phalanx: continue gutter splint for 6 weeks but can come out for ROM
- Middle and Proximal Phalanges:
    - Splint: Change cast to a gutter splint
    - Motion: Active range of motion exercises are initiated to all joints, if not having already begun as part of STABLE protocol.
    - When clinical healing has occurred (4-6 weeks), scar control electrical stimulation and progressive passive range of motion exercises are instituted as needed.

Two weeks after clinical union, the patients are allowed light prehension, lifting five pounds or less.

6-8 weeks: Can begin strengthening and can return to light work duties lifting less than 25 pounds but this may be modified for each patient as needed. Protective splinting is discontinued at this point except for sports level activities.

8-10 weeks: Patients may return to heavy work and sporting activities without restriction

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