Mid-America Orthopedics

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Bony Mallet (Closed reduction or ORIF)

3-5 days post op

Initial dressing is removed and replaced with appropriate edema control; finger sock or 1" coban

With a closed reduction, a mallet splint is fitted positioning the DIP joint in slight hyperextension (approx..15º) for continual wear. If an ORIF was performed, a tip protector splint is fitted for continual wear.

Active and PROM exercises to the MP and PIP joints is initiated.

6 weeks post op

Splint/pin removed to begin ROM exercises
AROM exercises initiated to the digit, emphasizing the affected DIP joint; 6 times a day for 5-10 minute sessions.

Mallet splint is to be worn between exercise sessions and at night.
Patients who received a pin fixation will require a mallet splint fabricated at this time and is to be worn in place of the tip protector.

7 weeks post op

Gentile PROM exercises initiate to the DIP joint. Passive flexion only if extensor lag is 10º or less at the affected DIP joint.

With minimal extensor lag, taping and/or dynamic flexion may be initiated to achieve increased passive flexion.

Continue use of mallet splint between exercise sessions and at night.
Inspect mallet splint at each visit to ensure it is maintaining the desired extension of the DIP joint.

8 weeks post op

Gradually reduce the wearing time for the mallet splint by one hour each day. Should be able to completely discontinue use within 10-14 days. The splint is continued for night wear.

10-12 weeks post op

Discontinue use of the mallet splint altogether.

Considerations:

An extensor lag $<10^{o}$ is the goal of therapy. Commonly achieving extension to neutral is accomplished.

For individuals with "lax" PIP joints, be sure to monitor for PIP joint hyperextension. Occasionally, hyperextension occurs due to an imbalance of the extensor mechanism.

It is common for the DIP joint to be stiff when the mallet splint is removed to begin AROM. It is important to gradually increase passive flexion at the DIP joint. Over zealous efforts in increasing passive flexion will likely result in a significant extensor lag.

Once AROM is initiated, limit the number of exercise sessions if the patient develops an extensor lag.