



Mid-America Orthopedics

Ryan W. Livermore, M.D.

1923 N. Webb Rd, Wichita, KS 67206 – (316) 630-9300

Mallet Finger; Terminal Tendon Repair

Indications

On rare occasions, a patient may request an actual repair of the terminal extensor tendon opposed to conservative management.

Surgical Procedure

An incision is made along the distal phalanx. The terminal extensor tendon is reapproximated with the distal most portion of the extensor tendon. The two tendon ends are sutured. A percutaneous wire may be applied across the DIP joint to ensure the DIP joint remains in an extended position.

3 Days post op

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

A tip protector splint is fitted to the DIP joint for continual wear.

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

6 weeks post op

If a pin was used to fixate the DIP joint, it is pulled by the physician.

AROM exercises initiated to the digit, emphasizing the affected DIP joint; 6 times a day for 5-10 minute sessions.

Mallet splint is fitted and is to be worn between exercise sessions and at night.

7 weeks post op

Gentle PROM exercises initiate to the DIP joint.

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.

9 weeks post op

The mallet splint should be discontinued during the day.

10 weeks post op

Discontinue use of the mallet splint as long as an extensor lag is not present, or the residual lag is acceptable by the patient ($<10^\circ$).