



Boutonniere Deformity (Conservative)

Dr. Staiger

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat	Edema control
Initial Visit	Client's active range of motion of PIP joint into extension	Full PIP ext in client
	determines treatment:	
	 If passive range of motion is 0 degrees, then 	
	fabricate a custom finger-based thermoplastic	
	orthosis or serial cast PIP joint (L3933) into	
	extension for 6 weeks if acute, 8 weeks for	
	chronic deformities. Client may return for new	
	serial cast as needed due to cast break down.	
	 If passive range of motion is less than 0 degrees, 	
	then custom fabricate a finger-based	
	thermoplastic orthosis or serial cast into	
	extension with DIP joint free (L3933).	
	 OT typically sees these client 1-2x/week for 	
	casting/splinting, range of motion for finger extension,	
	and edema control until client achieves 0 $^\circ$ of passive PIP	
	extension. Then client is casted in extension for 6-8 weeks,	
	as instructed by physician.	
	Instruct client on exercises:	
	 Active isolated blocking of DIP joint into flexion. 	
	These are important because they stretch the	
	ORL ligament.	
	 Edema control techniques. 	
	 Client should NOT take cast off at home without keeping 	
	his/her finger completely straight.	
	 May use modalities as indicated 	
	 Modalities may include Ketoprofen, 	
	Dexamethasone, or Potassium lodide as	
	indicated.	
Phase II	Active and gentle PROM exercises are initiated to the PIP	Functional AROM of
If Needed 6-8	joint.	finger
Weeks After Initial	Continue with DIP active and passive exercises.	
Full Ext Was	• Continue custom extension orthosis/serial cast at night,	
Achieved	for an additional 2-4 weeks, then only when extension lag	
	is present.	
	• Prefabricated LMB orthosis (L3925) may be utilized during	
	the day to minimize recurrent extension lag.	