

Volar Plate Injury (Conservative)

Dr. Widstrom

Time Frame	Treatment	Goals
Initial visit: 1-3 days post reduction	<ul style="list-style-type: none"> • Evaluate and Treat • Instruct in edema management including icing and Coban wrap. • Fabricate digital dorsal blocking splint, position digit in 3 degree PIP joint flexion, aka 35 degree extension lag, and DIP joint in neutral. • Instruct in active and gentle passive flexion exercises followed by active extension. Exercises should be completed within the constraints of the digital dorsal blocking splint. • May use modalities as indicated <ul style="list-style-type: none"> ○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated. 	<ul style="list-style-type: none"> • Edema management • HEP • ROM • Orthosis wear and care
Phase I: 3-6 weeks post reduction	<ul style="list-style-type: none"> • Remold dorsal blocking splint, each week. Increase PIP joint extension 10° each week until full extension. Avoid any hyperextension • Continue active/passive flexion and active extension exercises within the constraints of the digital dorsal blocking splint. • May complete dynamic flexion taping if flexion is limited. 	<ul style="list-style-type: none"> • ROM • Edema Management
Phase II : 6 weeks post reduction	<ul style="list-style-type: none"> • Discontinue digital dorsal blocking splint if ordered by the physician. • Begin unrestricted active/passive range of motion exercises. 	<ul style="list-style-type: none"> • ROM • Scar management • PRE

7 weeks post reduction	<ul style="list-style-type: none">• Begin static progressive or dynamic splinting if digit extension is limited	<ul style="list-style-type: none">• ROM
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