



Extensor Tendon Injury Zone I (Mallet Conservative) Dr. Staiger

Time Frame	Treatment	Goals
Phase I	Evaluate and Treat	Edema control
Initial Visit	 Fabricate two digital based DIP joint extension Gutter/Mallet finger orthoses (PIP joint free). Orthosis DIP joint in 0° to slight hyperextension. Wear orthosis continuously. Remove only for skin care. Remove orthosis carefully (keeping DIP in extension) by resting hand on table and gently sliding orthosis off. Follow same precautions to place orthosis on. Do not bend DIP joint. Orthosis should be worn at all times, so one is for showers and the other is for all other times. Orthosis adjustments as needed secondary to changes in swelling. At times the small finger may need PIP included in orthosis. Thus this would require an exercise DIP extension orthosis and instruction on PIP joint range of motion. Instruct in edema management techniques. Instruct in PIP joint flexion/extension exercises. May use modalities as indicated Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated. 	 Full DIP ext in orthosis ROM of PIP and MP joints of involved finger
Phase II 6 Weeks After Full DIP Ext Was Achieved	 Evaluate active DIP joint extension. If the client is observed with full extension then initiate active range of motion to the DIP joint. Continue orthosis at night. Begin gentle active range of motion exercises to DIP as tolerated. If the client is unable to extend the DIP joint completely and is observed with an extensor lag then continue full time use of extension orthosis x2 weeks. 	ROM of DIP joint of involved finger
Phase III 7 Weeks After Full DIP Ext Was Achieved	 Continue to monitor active DIP joint extension. (If the client is unable to extend the DIP joint completely continue full time extension orthosis an additional 2 weeks). If limited motion into DIP flexion, may initiate passive range of motion. 	Functional DIP ROM

12 Weeks After Full DIP Ext Was Achieved	*Discontinue orthosis at night.	
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