



Finger Phalanx Fracture Reduction and Pinning

Therapy Instructions

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1 week

Patients are seen and fitted for a hand- or -finger-based removable splint.

Splint:

- For proximal phalanx fractures, a hand-based P1-blocking splint is fashioned holding the MP joints of the injured fingers in the intrinsic plus position. Extend the splint to P2 for distal 1/3 or unstable fractures.
- For middle and distal phalanx fractures, a finger gutter splint is fashioned holding the IP joints in an extended position unless otherwise specified.
- Wear splint full-time when not performing therapy exercises.

Motion:

- Begin AROM/AAROM/PROM to uninjured finger and wrist joints.
- Depending on stability, patients may be allowed to begin active motion to the injured finger at 1-3 weeks.

2-4 weeks

Splint:

- Continue splint full-time when not performing therapy exercises.

Motion:

- Begin AROM/AAROM to finger and wrist joints.
- 5 lbs lifting restriction starting at 6 weeks.

Edema Control:

Per therapist

4-8 weeks

Splint:

- Wean from splint starting at 4-5 weeks.

Motion:

- Continue AROM/AAROM to injured fingers.
- Begin PROM and blocking exercises at 4 weeks.
- Begin strengthening with putty and gradually advance
- 5 lbs lifting restriction starting at 6 weeks.
- 10-15 lbs lifting restriction at 8 weeks.
- Transition to home exercise program by 8 weeks.

Edema Control:

Per therapist

8+ weeks

Continue to focus on motion, begin strengthening. Goal is to complete formal therapy by 8 weeks unless additional work conditioning is required.

Splint:

- No longer necessary unless with heavy activities.

Motion:

- No restrictions after 10 weeks.
- Selected patients may perform a work conditioning program.