



Nail Bed Repair / Fingertip Crush Injury Therapy Instructions Laith Al-Shihabi, MD

3-5 days

Therapy is started to focus on maintenance of motion to the finger joints. In addition, a padded alumafoam splint is fashioned for the fingertip. Instruct the patient on techniques to prevent tip hypersensitivity as soon as the soft tissue allows.

Splint:

- Remove the surgical dressings and apply a padded alumafoam splint crossing only the most distal joint along with new dry dressings.

Motion:

- Remove splint with therapy exercises.
- AROM/AAROM/PROM of the fingers and finger joints adjacent to the surgery site.
- Flexor and extensor tendon gliding exercises.
- Wrist/forearm motion unrestricted.

Edema Control:

Coban along with dry surgical dressings.

1 -2 weeks

Continue to focus on finger ROM. Once the finger tip is dry, transition to Coban for light tip protection. Continue with desensitization techniques.

Splint:

- Discontinue splint and transition to a soft tip protector.

Motion:

- Continue AROM/AAROM/PROM to the fingers.

Edema Control:

Coban, soft fingertip protector per therapist.

2-6 weeks

Splint:

- Wean from use of soft finger tip protector by 3-4 weeks.

Motion:

- Begin grip/strength training with putty at 3 weeks.
- Transition to a home therapy program by 6 weeks.