

## EXTENSOR TENDON INJURY (MALLETT FINGER)

You have snapped the tendon that straightens the tip of your finger. This causes the finger to “droop” across the joint at the end of the finger (DIPJoint). This is called a “mallet” deformity. Sometimes a small fragment of bone is pulled off with the tendon (mallet fracture).

If the injury is not corrected, the tendon will not heal and you will not be able to straighten the tip of that finger again. The tendon should heal if kept in the right position for 6-8 weeks. You will be provided with a (Stack) splint by the Occupational Therapists, which must be worn **continuously** for six weeks. If the splint is removed and finger is allowed to droop during this time, the snapped area will re-open.

If you wish to remove the splint in order to wash the finger, support the tip of the finger on a surface as is shown in the photographs.

During this time, whilst you are wearing the splint, you can continue to use the hand normally. It is important not to let the central joint (PIPJ) get stiff and this should be actively exercised each day (see B). If the splint prevents this joint moving, if it uncomfortable or loose, it must be refitted.

After **six** weeks, you can begin to exercise the DIPJoint. Four-times each day, the splint should be gently removed and the finger-tip wiggled. This is safe as long as the tip is not forced down with the other hand (which would strain the tendon). If you notice any return of the “droop”, the healing area may be stretching. Go back to continuous splinting and let the doctor know at the next appointment. The rehabilitation program will be modified.

After **eight** weeks, you can leave the splint off unless you feel the finger is vulnerable (e.g. a crowded shopping centre, sporting activities). After **twelve** weeks, the tendon will be solidly healed and you should be able to throw away the splint!

This form of non-surgical treatment is not always successful. It is quite common to be left with (i) a slight loss of the ability to straighten the finger-tip and (ii) slight stiffness at the DIPJoint compared with the other fingers. In general, the more conscientious you are about following this program, the more likely it is you will have a good result.

A minority of patients require an operation if (i) a large piece of bone is attached to the tendon or (ii) if the tendon if it fails to heal with splinting. In general, the results of surgical treatment are poorer than by successful splinting, stiffness being the main problem.

