

## Orthopaedic Department

## Mallet Finger Injury

## Patient Information Leaflet

## 1. What is Mallet Finger?

Mallet finger is a common injury to the end of the finger. It occurs when the tendon that straightens the end of the finger (the extensor tendon) is damaged.

There are two main types of this injury:

- **Soft Tissue Mallet:** The tendon tears away from its attachment to the bone.
- **Bony Mallet:** A small fragment of bone is pulled away along with the tendon (an avulsion fracture).



**Result:** Because the tendon is no longer attached correctly, you will be unable to straighten the tip of your finger without help from your other hand. The fingertip rests in a bent or "dropped" position. It is normal to experience pain, swelling, and tenderness around the joint.

## 2. Common Causes of Injury

This injury is usually caused by a sudden force bending the finger while it is straight. Common scenarios include:

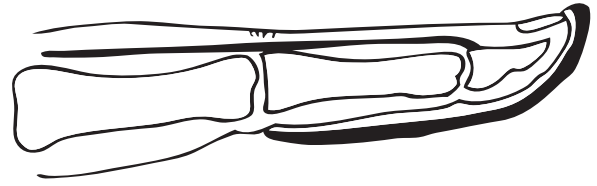
- **Sports injuries:** "Stubbing" the finger to catch a ball (e.g., basketball, cricket, netball).
- **Domestic accidents:** Catching the finger while tucking in bedsheets or putting on socks.
- **Workplace accidents:** Any sudden forced bending of an extended finger.

### 3. Mallet Splint Management

The primary treatment for mallet finger is splinting. The splint holds the end joint straight, allowing the tendon or bone ends to heal back together.

#### Duration of Treatment:

- **Bony Mallet:** Continuous splinting for 6 weeks.
- **Soft Tissue Mallet:** Continuous splinting for 8 weeks.



#### Important Splint Rules:

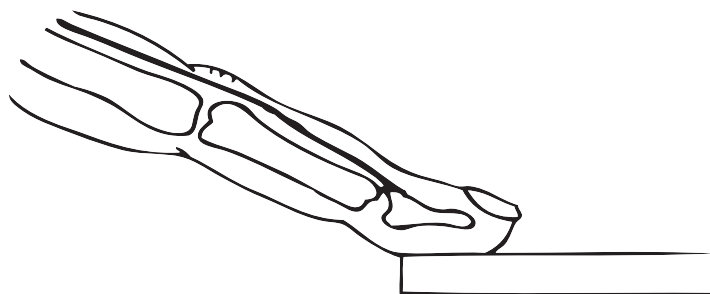
1. **Wear it Continuously:** The splint must be worn 24 hours a day. If you take it off and the finger bends even once, the healing tissue may tear, and you may need to start the treatment period from day one again.
2. **Positioning:** The splint should keep the end joint (DIP joint) perfectly straight. The middle joint of your finger (PIP joint) should remain free to move.
3. **Weaning Phase:** After the initial 6 or 8 weeks, you will likely be advised to wear the splint at night and during "at-risk" activities (manual work, sports) for an additional 2-4 weeks.

### 4. How to Care for Your Splint and Skin

Good hygiene is essential to prevent skin irritation or sores under the splint.

#### Washing Instructions:

- Wash the finger and splint at least twice a week (or daily if manageable).
- **Prepare:** Place your hand flat on a table.
- **Remove:** Carefully slide the splint off while keeping the fingertip firmly pressed flat against the table. Do not lift the finger.
- **Clean:** Use a damp cloth or baby wipe to clean the finger. Dry the skin thoroughly.
- **Replace:** Slide the splint back onto the finger while it is still supported by the table. Secure with tape.



**DO NOT** remove the splint for showering or bathing. Wear a rubber glove or plastic bag over the hand to keep it dry. If the splint gets wet, change it immediately using the safe technique described on page 2.

**Contact if:** The splint feels too tight (throbbing, purple digit), too loose (sliding off), or if you develop sores/rubbing points.

## 5. Rehabilitation Exercises

### Phase 1: During Splinting (Weeks 0-6/8)

- **Keep splint on at all times.**
- Actively bend and straighten the middle joint of the injured finger to prevent stiffness.
- Keep the hand elevated if swollen. Gentle massage towards the palm can help fluid drain.
- Use the hand for light tasks, but avoid heavy lifting or getting the splint wet/dirty.

### Phase 2: Guided Movement (Weeks 6-8 onwards)

Week	Angle of Bend	Frequency
Week 1	10 degrees	5 reps every 2 hours
Week 2	20 degrees	5 reps every 2 hours
Week 3	30 degrees	5 reps every 2 hours

**Exercise Technique:** Bend the tip slightly to the required angle, hold for 5 seconds. Straighten fully, hold for 5 seconds.

**PRECAUTION:** If your finger cannot straighten fully after exercising, stop immediately, put the splint back on, and contact the hospital.

### Phase 3: Active Recovery (After weaning daytime splint)

Perform tendon gliding exercises to restore full movement:

1. **Straight Hand:** Fingers fully extended.
2. **Hook Fist:** Bend fingers at the top two joints.
3. **Table Top:** Bend at the large knuckles only.
4. **Flat Fist:** Fingers touch the palm, keeping tips straight.
5. **Full Fist:** Curl fingers into a tight fist.

## 6. Expected Outcomes

Most patients recover well with no significant loss of function. However, it is important to have realistic expectations:

- **Extension Lag:** It is common to have a slight "droop" at the end of the finger even after treatment. This is usually cosmetic and does not affect hand function.
- **Bump:** A small bump on the top of the joint often remains permanently. It can be sensitive to direct impact and cold for a few months.
- **Healing Time:** While the splint comes off at 6-8 weeks, complete remodelling of the tendon takes up to 12 weeks. Redness and sensitivity can last for several months.
- **Best Results:** Occur when the splinting protocol is followed strictly. An "excellent" result is a straight finger, but a "good" result with a slight lag is very acceptable.

## 7. Returning to Activities

**Driving:** You may drive when you have full control of the vehicle and can safely perform an emergency stop. Always check with your insurance provider.

**Work:** Office work can usually continue. Manual work requiring heavy gripping should be avoided until the splint is fully discontinued (approx. 12-15 weeks post-injury).

**Sport:** Avoid contact sports or ball sports until at least 6-7 weeks after you have started the weaning/exercise phase.

## 8. When to Seek Further Help

Please get in touch with the department immediately if:

- Your splint is breaking, too loose, or causing pain/pressure.
- You have a wound or sore skin under the splint.
- You are unable to straighten the finger actively during the exercise phase.
- You are concerned about the position of the finger.

Nursing Staff	Opening Times
Orthopaedic Department	Monday - Friday
Huddersfield Royal Infirmary	09.00am - 16.30pm
Telephone No 01484 342559	

Accident & Emergency	Out of Hours
Halifax	
Telephone No. 01422 223842	
or	
Huddersfield	
Telephone No. 01484 342020	

**If you have any comments about this leaflet or the service you have received you can contact :**

Nursing Staff  
Treatment Room  
Orthopaedic Department

Huddersfield Royal Infirmary  
Telephone No. 01484 342559

[www.cht.nhs.uk](http://www.cht.nhs.uk)

**If you would like this information in another format or language contact the above.**

Potřebujete-li tyto informace v jiném formátu nebo jazyce, obraťte se prosím na výše uvedené oddělení

Jeżeli są Państwo zainteresowani otrzymaniem tych informacji w innym formacie lub wersji językowej, prosimy skontaktować się z nami, korzystając z ww. danych kontaktowych

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