

MALLET FINGER CONSERVATIVE MANAGEMENT NON OPERATIVE PROTOCOL

	Approximate Time Frame	Activity	Goals
PHASE I	0-6 weeks	Custom made circumferential mallet orthosis in hyperextension of DIP ROM: NA Manual: NA Exercise Progression: NA	Wear splint continually for 6 weeks, removing for hygiene minimally while fully supported on table. At no point should DIP be allowed to flex. Maximize environment for healing, ACTIVITY PROGRESSION: no lifting, loading or heavy exercise
PHASE II	6-10 weeks	Continue splint use at night. If an extension lag present MD may direct addition day use intervals ROM: <ul style="list-style-type: none"> Initiate light AROM exercise with MD clearance STRENGTH: <ul style="list-style-type: none"> Late phase putty exercises initiated to address strength deficit in the absence of excessive lag MANUAL: <ul style="list-style-type: none"> Manual edema massage Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM. EXERCISE PROGRESSION: <ul style="list-style-type: none"> Focus on minimally aggressive ROM and strength to restore function 	Return to normal ADL function; goal of achieving less than 10° of extension lag ACTIVITY PROGRESSION: <ul style="list-style-type: none"> Continues to gradually increase functional use of UE for day to day tasks, forceful sustained gripping should be avoided. Participation should progress in concordance with therapy programming. Splint is continued nocturnally for 12 total weeks
PHASE III	10+ weeks	ROM: <ul style="list-style-type: none"> Continue to advance end range stretching techniques to normalize ROM only as necessary STRENGTH: <ul style="list-style-type: none"> Interventions focus on higher load strengthening including NMR in dynamic functional movement patterns to return patient to PLOF. MANUAL: <ul style="list-style-type: none"> Manual edema massage, soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM. EXERCISE PROGRESSION: <ul style="list-style-type: none"> Graded HEP progression to return patient to premorbid activity levels with adaptation and AE PRN. Clearance for return to sport and full Closed chain loading with MD. 	Return to premorbid function for all occupations ACTIVITY PROGRESSION: <ul style="list-style-type: none"> Return to daily activities at premorbid level in phase IV with MD clearance to return to sport at final follow up. Pain and limitations may indicate use of adaptive equipment and techniques to restore function. DC from therapy as appropriate