

## MALLET FINGER CLOSED REDUCTION PERCUTANEOUS PINNING POST OPERATIVE PROTOCOL

	Approximate Time Frame	Activity	Goals
<b>PHASE I</b>	0-2 weeks	<b>Custom made circumferential mallet orthosis fabricated day 1 post operatively</b> <b>ROM:</b> NA <b>MANUAL:</b> NA <b>EXERCISE PROGRESSION:</b> NA	Pt to wear splint continually for 2 weeks, do not remove  <b>ACTIVITY PROGRESSION:</b> no lifting, loading or heavy exercise
<b>PHASE II</b>	2-6 weeks	<b>Custom made circumferential mallet orthosis fabricated 2 week post operatively</b> <b>ROM:</b> NA <b>MANUAL:</b> pin care per MD order <b>EXERCISE PROGRESSION:</b> NA	Maintain continual splint use for 6 weeks, remove only for pin care per MD order  <b>ACTIVITY PROGRESSION:</b> no lifting, loading or heavy exercise
<b>PHASE III</b>	6-10 weeks	<b>Fabrication of new splint often indicated.</b> <b>ROM:</b> Initiate light AROM exercise with MD clearance <b>STRENGTH:</b> <ul style="list-style-type: none"> <li>Late phase putty exercises initiated to address strength deficit IF present without excessive lag</li> </ul> <b>MANUAL:</b> <ul style="list-style-type: none"> <li>Manual edema massage</li> <li>Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM.</li> </ul> <b>EXERCISE PROGRESSION:</b> <ul style="list-style-type: none"> <li>Focus on minimally aggressive ROM and strength to restore function</li> </ul>	Return to normal ADL function  <b>ACTIVITY PROGRESSION:</b> <ul style="list-style-type: none"> <li>Continue to gradually increase functional use of UE for day to day tasks</li> <li>Participation should progress in concordance w/ therapy program.</li> <li>Initially splint worn between exercise sessions and at night, progressing to night use only until 12 weeks post op</li> </ul>
<b>PHASE IV</b>	10+ weeks	<b>ROM:</b> <ul style="list-style-type: none"> <li>Continue to advance end range stretching techniques to normalize ROM only as necessary</li> </ul> <b>STRENGTH:</b> <ul style="list-style-type: none"> <li>Interventions focus on higher load strengthening including NMR in dynamic functional movement patterns to return patient to PLOF.</li> </ul> <b>MANUAL:</b> <ul style="list-style-type: none"> <li>Manual edema massage</li> <li>Soft tissue and myofascial restriction release with progressive therapist driven stretch to maximize ROM.</li> </ul> <b>EXERCISE PROGRESSION:</b> <ul style="list-style-type: none"> <li>Graded HEP progression to return patient to premorbid activity levels with adaptation and AE PRN.</li> <li>Clearance for return to sport and full Closed chain loading with MD.</li> <li>Clearance to 12 weeks post operative appointment</li> </ul>	Return to premorbid function for all occupations  <b>ACTIVITY PROGRESSION:</b> <ul style="list-style-type: none"> <li>Return to daily activities at premorbid level in phase IV with MD clearance to return to sport at final follow up.</li> <li>Pain and limitations may indicate use of adaptive equipment and techniques to restore function.</li> <li>DC from therapy when appropriate</li> </ul>