Mallet Finger Injuries

- You have been made a custom splint to keep the tip of your finger from drooping down. It is important that this splint fits you well through your 6-10 week immobilization period.

- If the splint needs adjustment, it is important you call the office and arrange for one of the Hand Therapists to adjust it.

- The splint should allow for full bending of the middle joint of your finger, and should not cause increased pain or throbbing.

- You must wear the splint ALL THE TIME!

- Your skin should be checked every few days. When the splint is removed, it is VERY IMPORTANT that you keep the finger tip in full extension either with your thumb or support it on the table. It must never accidentally bend down. You will have a better result if you don’t take the splint off often.

- The skin may look pink/red or shiny. This is normal, as long as it is not associated with pain, development of sores, or skin breakdown.
Splint Weaning Program After 6-10 weeks of Immobilization
(once MD has given you the OK to start bending)

WEEK 1
- Remove the splint every 2 hours during the day to perform gentle fistig exercise, 20 repetitions. The tip should only bend about 20° AND should be able to straighten all the way.
- Wear the splint in between exercise and at night.

*If the tip does not straighten then you should go back to wearing the splint full time for 1-2 weeks and then start the program for Week 1 again.

WEEK 3
- Remove the splint every 2 hours for 2 hours and perform exercises and light to moderate activity.
- Monitor the top joint’s ability to straighten. Reapply the splint for a week if an increase of drooping is noted.
- Continue with night splinting.
- OK to remove for showering but avoid forceful gripping.

WEEK 4
- Gradually increase the out of splint time and activity as tolerated by pain. Continue nighttime splinting until your doctor says it is OK to stop wearing it.

WEEK 7
- It is OK to use your other hand to help bend the tip at this point.