

FACT SHEET

WHAT IS A MALLET FINGER?

Mallet finger results from an injury to the tendon which straightens the tip of a finger. It is usually caused by a sudden force which pushes the fingertip into a bent position - often a ball striking the end of the finger, or the finger hitting a hard surface like a wall. The force of the blow causes the tendon to rupture or the tendon to pull away a small piece of bone (avulsion fracture).

The vast majority of mallet finger injuries can be treated without surgery. An x-ray is required to check the size of the bony fragment is not so large that surgery is required.

HOW IS MALLET FINGER TREATED?

A splint is used to hold the ends of the ruptured tendon close to each other or the bone fragment close to the bone until it heals. A custom-made splint is recommended to ensure a precise fit, as an ill-fitting splint will not hold the joint in its optimal position for healing.



Finger Splint

Custom-made splints are also less bulky than aluminium or stack splints. It is essential that the splint is worn 24 hours per day for 6 to 8 weeks.



Mallet Finger

The splint cannot be removed for showers, as flexing the end of the finger, even momentarily, disrupts the healing which has occurred. A hand therapist can provide a rubber finger stall which can be worn over the splint to keep the finger dry whilst showering and preparing food, and instruct you on how to remove the splint to clean the finger without allowing the finger to bend.

Your hand therapist will determine when sufficient healing has occurred to allow weaning from the splint. Flexion exercises are introduced very gradually to ensure that the tip of the finger does not begin to drop down. Kinesiology tape is used to protect the newly healed tendon during weaning from the splint, and a period of night time splint wear is required to ensure an extension lag does not develop following removal of the splint.