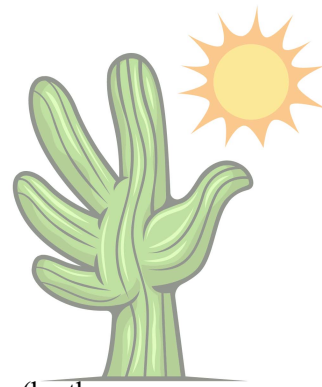


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MALLET INJURY



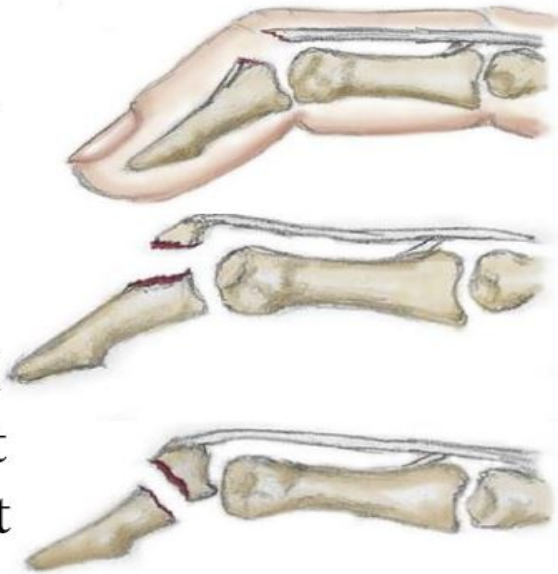
What is it?

- Mallet injury is when either there is a small fracture on the back (dorsum) of the finger (by the finger nail) or when the tendon pulls off the bone at this same spot.
- Because the flexor tendon on the palm is attached – but the extensor to the finger is disabled, the flexor acts unopposed – and the finger tip slips into flexion.

1. Stable – tendon pulls off bone

2. Stable – small fracture with tendon attached

3. Unstable – joint is not congruent



Who gets it?

- Occur often when playing sports (basketball or volleyball) when there is a direct blow near the fingernail.
- Can also occur from a direct laceration in this area.

What can you do about it?

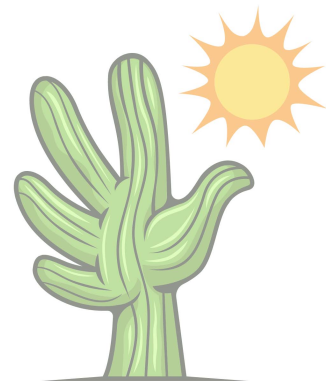
- No MRI/CT is needed. X-Rays are required to evaluate for joint congruity.
- Surgery is almost never indicated!
 - o Surgery is done when the joint is incongruent or for high level athletes.
 - In 2021, Seattle SeaHawks Quarterback Russel Wilson sustained a mallet injury and underwent surgery. 4 weeks later his pin was pulled and he was back playing.
- The vast majority of cases are treated with a finger splint for 6 weeks (24 hours a day) plus for 2 weeks just at night.
 - o No additional therapy will be needed.
- You don't have to do any treatment – you will have a great clinical outcome with full function –but you will have a permanent lag at the finger tip. This lag is mostly only cosmetic.

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Russel Wilson's pin is pulled after 4 weeks and he is ready to take snaps!



Stack finger splint worn for 6 weeks (24 hours a day, including the shower)

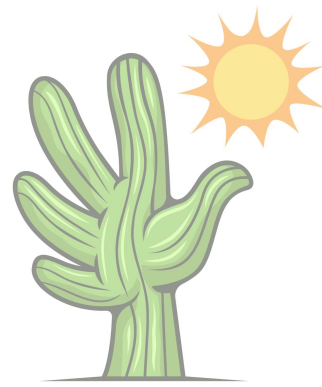
- If you remove the splint and move the finger the “clock starts over” unfortunately.



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Surgery

- Involves a single pin down the middle of the finger, stabilizing the joint.
- The pin can be left outside the skin or cut under the skin.
 - o If cut under the skin – this will need to be removed in a procedure.
 - o If left outside the skin, this may be bothersome, but can be pulled in the clinic.
- Pin pulled at 6 weeks + begin range of motion as tolerated with weight bearing at 8 weeks.

Outcomes

- Literature shows an average extension lag of a 5° with pinning and a 8° with splint treatment (very little noticeable difference)
- Similar complication rate (12-14%)
- Excellent clinical outcomes either way.
 - o Treatment options are essentially equivalent and should depend on patient's activity level and preferences.

Complications

- Infection around the pin site is possible but is typically treated with oral antibiotics.
- Stiffness, at least initially, is also common in the finger.
- A flexion lag (although likely slight) is still very possible.