Bony Mallet  
(Surgical Repair)

**Post-op 3 Days:**
- The hand dressing is removed. Edema control is initiated consisting of a 3” elastic stockinette to the hand & forearm & either 1” Coban or fingersocks to the digit.
- A tip protector is applied to the DIP joint for continual wear. Great care is made to ensure the distal tip of the splint does not place pressure along the pin.
- Active & PROM exercises are initiated to the MP & PIP joints.
- The base of the pin is cleaned daily with Hydrogen peroxide. A cotton swab is used to apply the hydrogen peroxide at the base of the pin. This helps to avoid a pin tract infection.

**Post-op Week 6:**
- The DIP joint pin is removed by the physician.
- AROM exercises are initiated to the DIP joint 6 times a day for 5-10 min sessions.
- A mallet splint is fitted to wear between exercise sessions & at night in place of the initial tip protector.

**Post-op Week 7:**
- Gentle PROM exercises may be initiated to the DIP joint so long as an extensor lag is not present at DIP joint.

**Post-op Week 8:**
- Taping &/or dynamic flexion splinting may be initiated to enhance passive flexion at the DIP joint as necessary. When initiated, it is important to monitor for an extensor lag.
- The mallet splint is continued between exercise sessions & at night.

**Post-op Week 9:**
- The wearing time in the mallet splint is progressively reduced during the day. Typically, over the course of 7-10 days, the splint is reduced 1 hour each day with the goal of it being completely discontinued within 1-2 weeks.

**Post-op Weeks 10:**
- Discontinue the splint during the day

**Post-op Week 12:**
- Discontinue the splint at night.

As active range of motion exercises are initiated, it is important to monitor for an extensor lag. It is extremely difficult to recapture DIP extension. Therefore, a more aggressive PROM exercise program is recommended in the late stage of therapy to avoid developing an extensor lag.