Boutonniere Deformity
Conservation Management
[Acute Injury: <3 weeks from initial injury]

**Weeks 0-6:**
- Edema control is initiated as necessary for the digit utilizing Coban or fingersocks.
- A volar gutter is fitted, positioning the PIP joint in full extension with the Dip joint left knee for ROM. The splint is worn continuously. A dorsal splint may be fabricated in conjunction with the volar splint to maximize full PIP joint extension. In addition, as the acute edema has subsided, a cylinder cast may be considered to maximize excellent stability & positioning of the PIP joint in neutral.
- Active & PROM exercises are initiated to all joints of the hand with the exception of the PIP joint that has been immobilized. The key exercise is both active & passive flexion to the DIP joint. This will place the oblique retinacular ligament on stretch & prevent lateral band adherence & subluxation.

**Week 6:**
- AROM exercises are initiated to the PIP joint of the involved digit 6 times a day for 5-10 min sessions.
- The PIP joint extension splint is continued between exercise sessions & at night.

**Week 7:**
- PROM exercises are initiated to the PIP joint as necessary. It is important to monitor for an extensor lag. Should a PIP joint extensor lag greater than 10 degrees develop, the passive flexion should be avoided.
- The wearing schedule with the PIP extension splint can gradually be decreased. To decrease the wearing time 1 hour each day should result in discontinuing the splint during the day between weeks 8 & 9.

**Weeks 8-10:**
- Assuming excellent extension has been maintained, increased focus can be placed on maximizing full IP joint flexion with dynamic splinting or taping as necessary.
- The extension splint is discontinued both during the day & at night.

A balanced exercise & splinting program is essential to obtain the optimal outcome. The initial splinting must ensure excellent extension at the PIP joint. The splint must maintain 0 degree of extension.

Once ROM exercises are initiated gradually increase the increase the exercise sessions in order to minimize an extensor lag. It is extremely difficult to recapture extension.

Exercises to emphasize include: passive DIP joint flexion & extension with the PIP joint at 0 degree & blocking the MP joint in flexion while attempting IP extension.