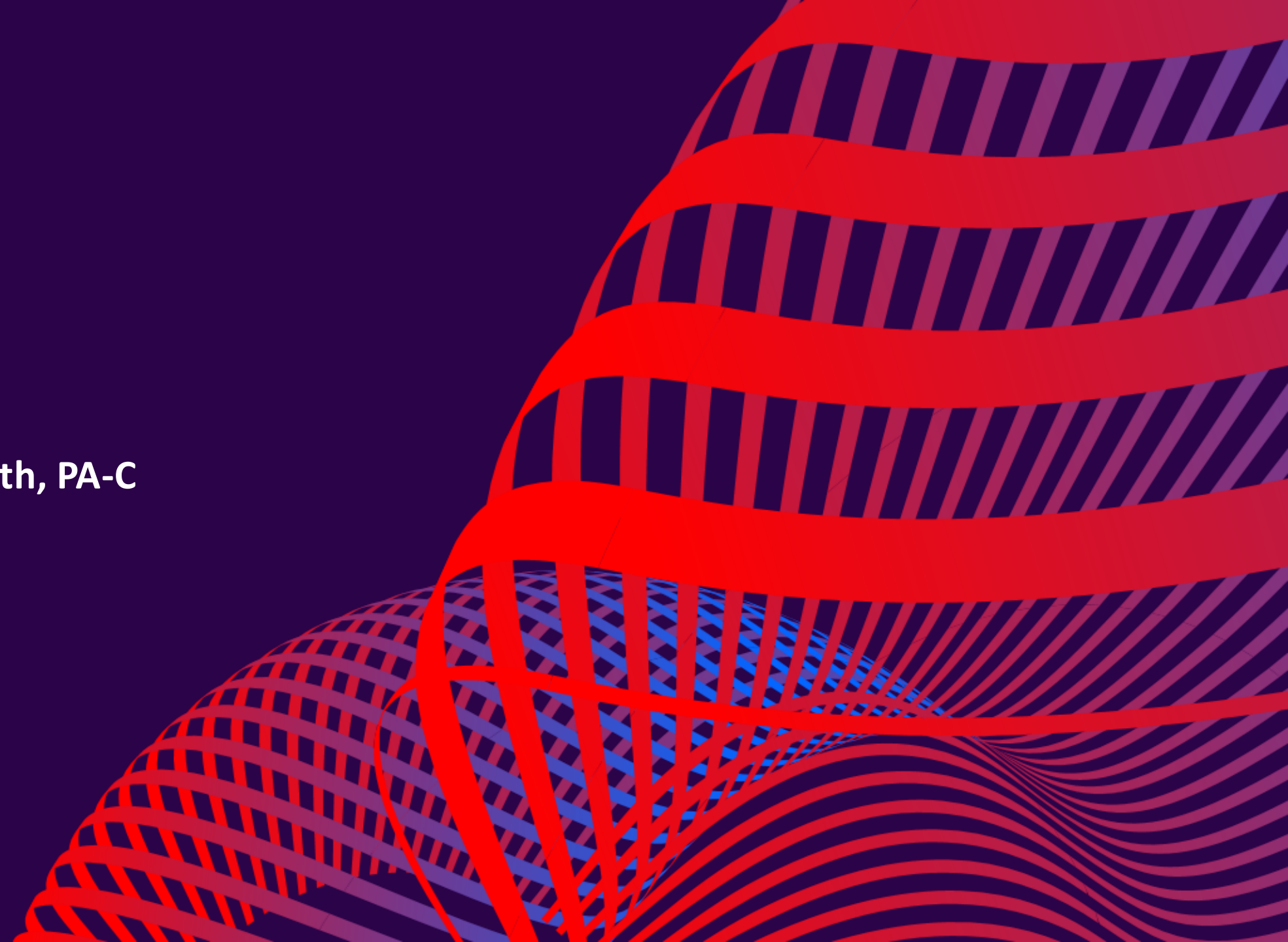
HAND

Vanessa JS Smith, PA-C



SMALL STRUCTURES, BIG CONSEQUENCES: MASTERING THE HAND EXAM

HAND

Vanessa JS Smith, PA-C



HAND

Vanessa JS Smith, PA-C



DISCLOSURE

www.OrthoRefresh.com

I have no relevant relationships with ineligible companies to disclose within the past 24 months regarding healthcare products used by or on patients.

AI was used to generate some images and graphics in this presentation.

AI DISCLOSURE

OBJECTIVES

At the conclusion of this session, participants will be able to:

Perform a structured hand examination to assess tendon integrity, ligament stability, and fracture risk.

Differentiate hand injuries requiring urgent referral from conditions appropriate for initial management in primary care.

Select appropriate imaging and immobilization strategies based on physical examination findings.

Implement initial treatment plans and patient counseling for common traumatic and overuse hand conditions.





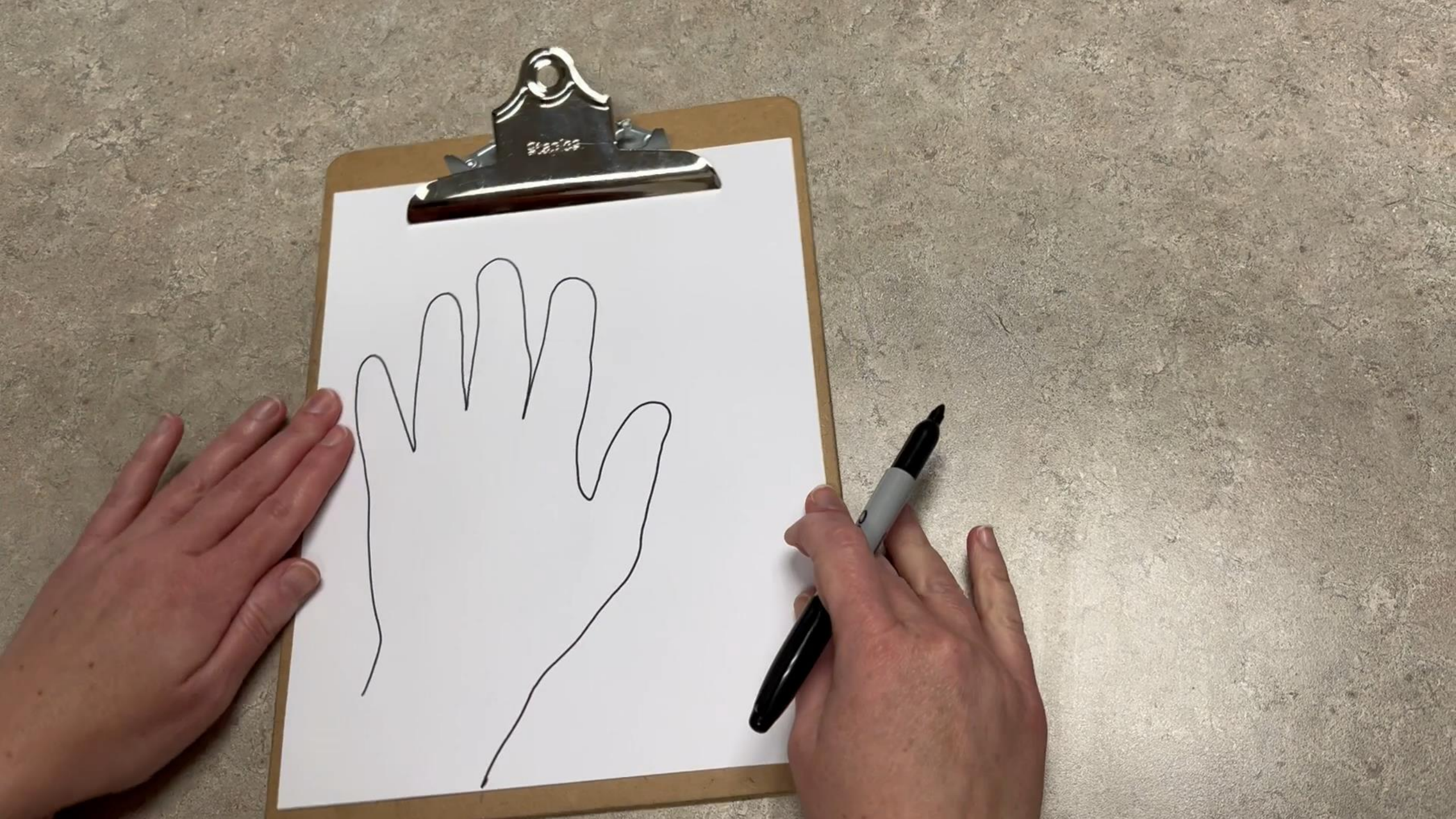
Video available on YouTube @OrthoRefresh

This font

This is something to remember!

LET'S GET STARTED!

DIRECTIONAL TERMINOLOGY



CHIEF COMPLAINT

CRUSHED FINGERTIP/NAILBED LAC/ TIP AMPUTATION

CC: CRUSHED FINGERTIP/NAILBED LAC/TIP AMPUTATION

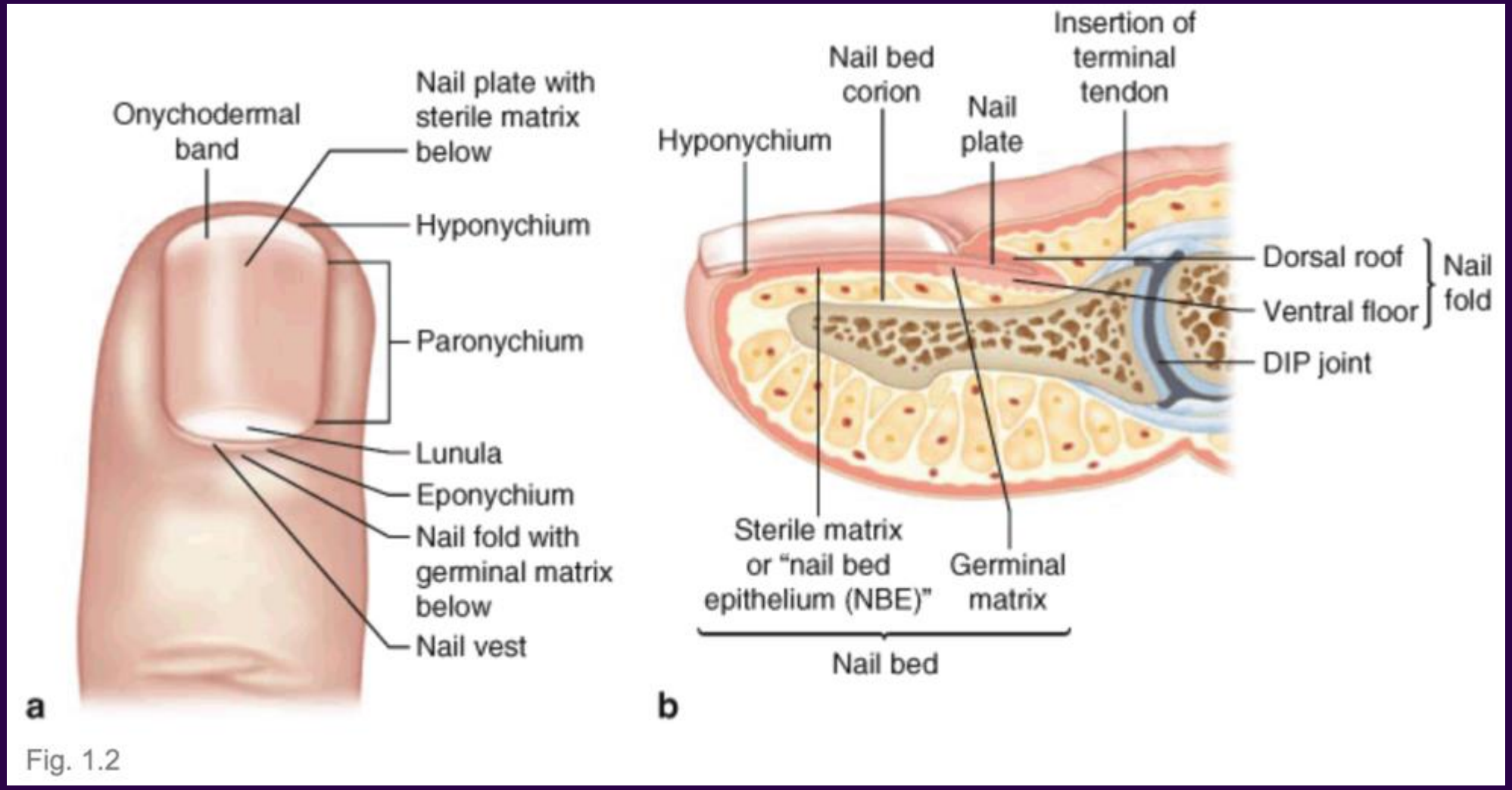


Fig. 1.2

https://musculoskeletalkey.com/anatomy-and-physiology-of-the-fingertip/

CC: CRUSHED FINGERTIP/NAILBED LAC/TIP AMPUTATION

Get X-rays

Assess nailbed injury

- Nail is intact? Then do not remove it.
- To trephinate or not to trephinate?
- Soaks in warm water and mild soap, 10 min, BID w/ dressing changes

Fingertip amputation?

- Soaks in warm water and mild soap, 10 min, BID w/ dressing changes

Absorbable sutures

- Crush injury
- Pediatric patient

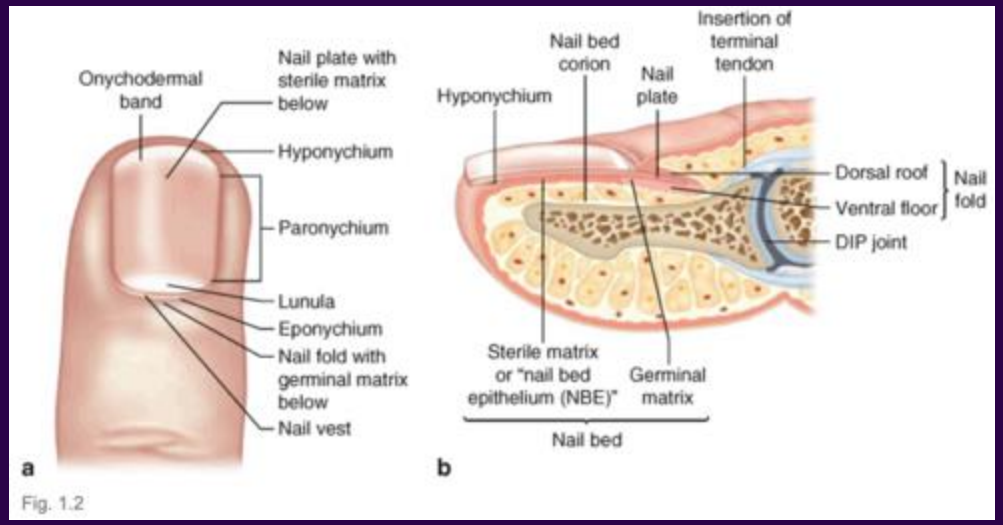


Fig. 1.2

CC: CRUSHED FINGERTIP/NAILBED LAC/TIP AMPUTATION

Wound Care

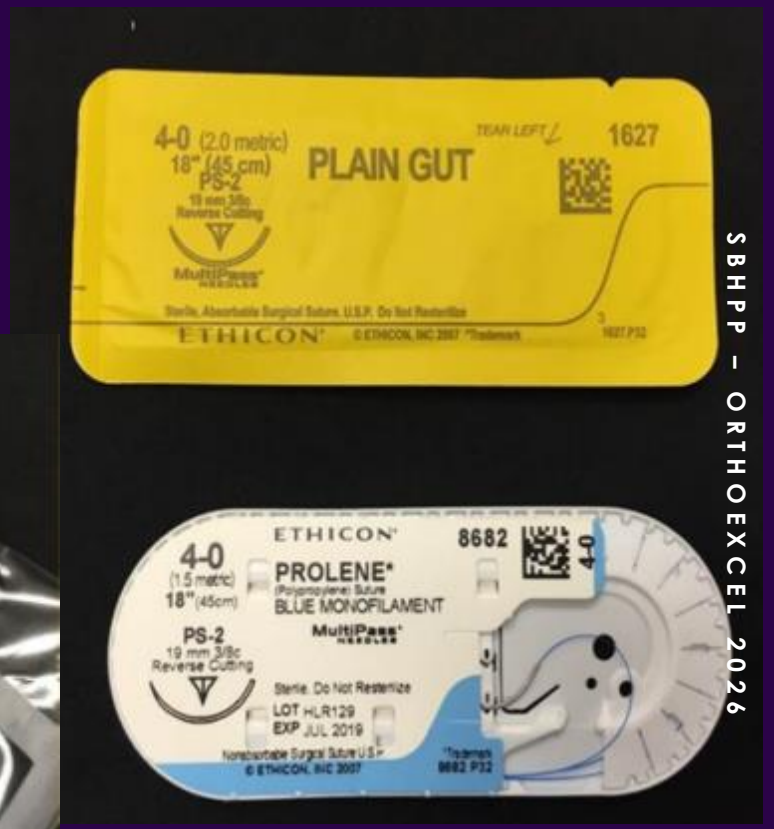
- 4-0 Absorbable Suture: chromic suture or Plain Gut
- 4-0 Non-absorbable Suture: prolene or nylon

Dressing

- Non-adherent dressing (xeroform adaptic)







CASE #1

MOI: AT WORK USING A BAND SAW → RIGHT LONG FINGERTIP NEAR COMPLETE AMPUTATION





1. Digital Block

2. Irrigation

3. IF ABLE, approximate skin w/absorbable sutures

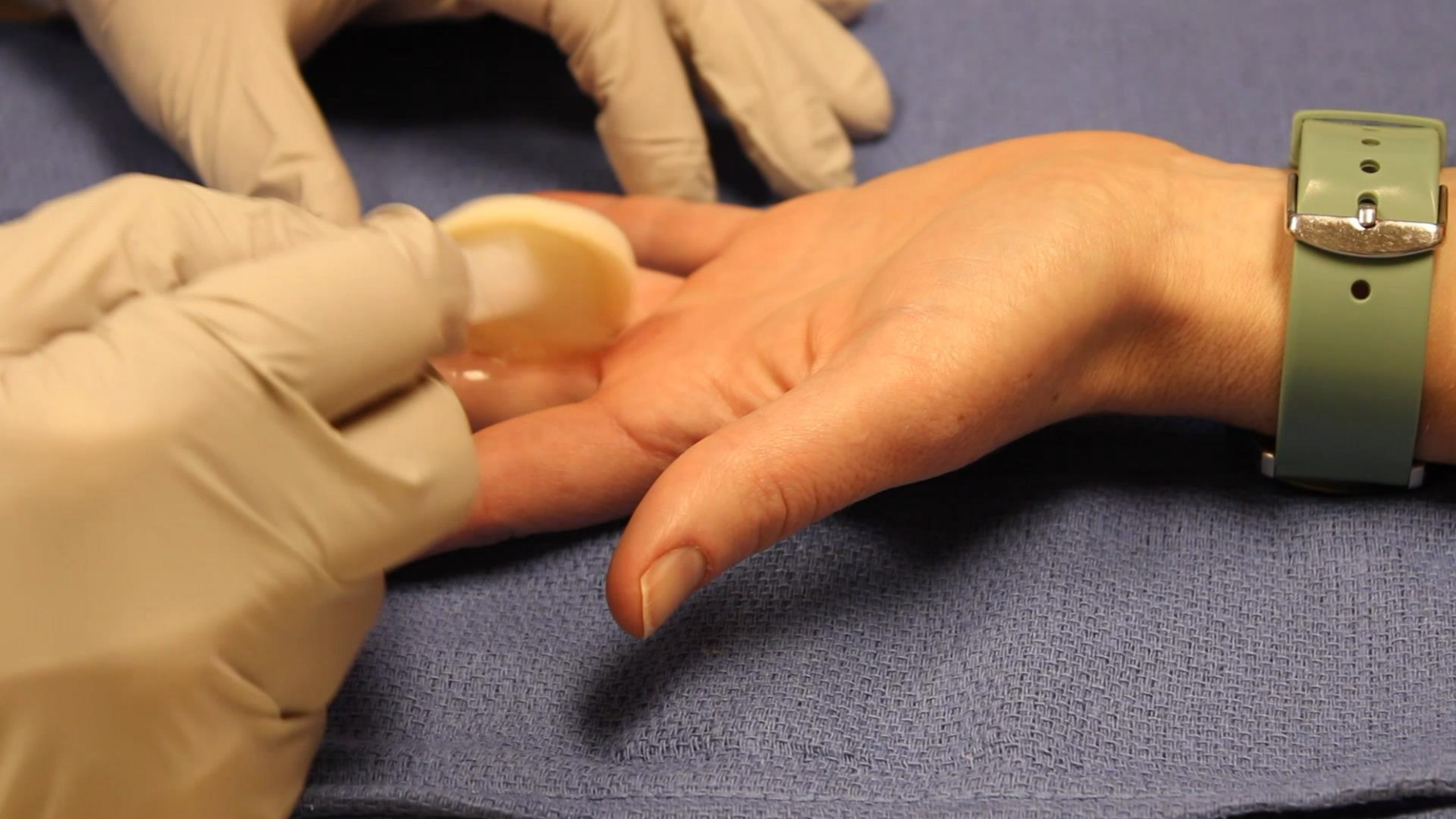
4. Moist gauze + dry gauze + Coban for a bulky dressing

5. Meds: Antibiotics P.O. + Pain Medicine (OTC vs Rx)

6. Elevate + Ice!!!

SECONDARY INTENTION

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5 days later →
warm water soapy soaks BID





12 days later



18 months later





Seeing is believing!



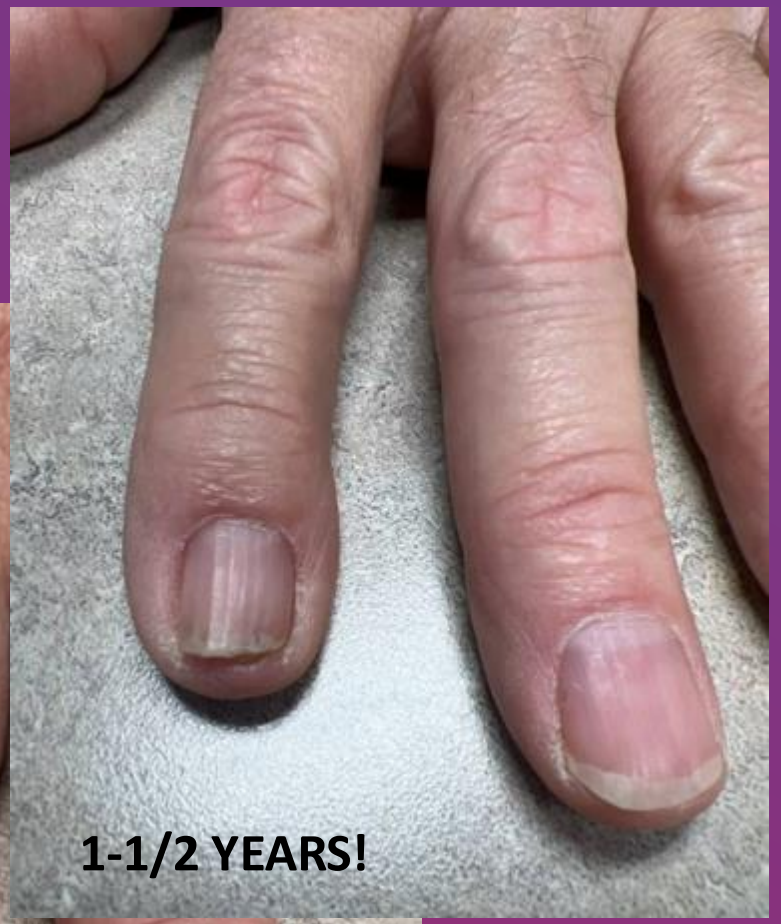
INITIAL INJURY



4 DAYS



3-1/2 WEEKS



1-1/2 YEARS!

ACUTE INJURY with normal Xrays

SUBACUTE OR CHRONIC SYMPTOMS

WHAT'S THE CHIEF COMPLAINT?

ACUTE INJURY with normal Xrays



What's working?

What's not?

SUBACUTE OR CHRONIC SYMPTOMS

WHAT'S THE CHIEF COMPLAINT?

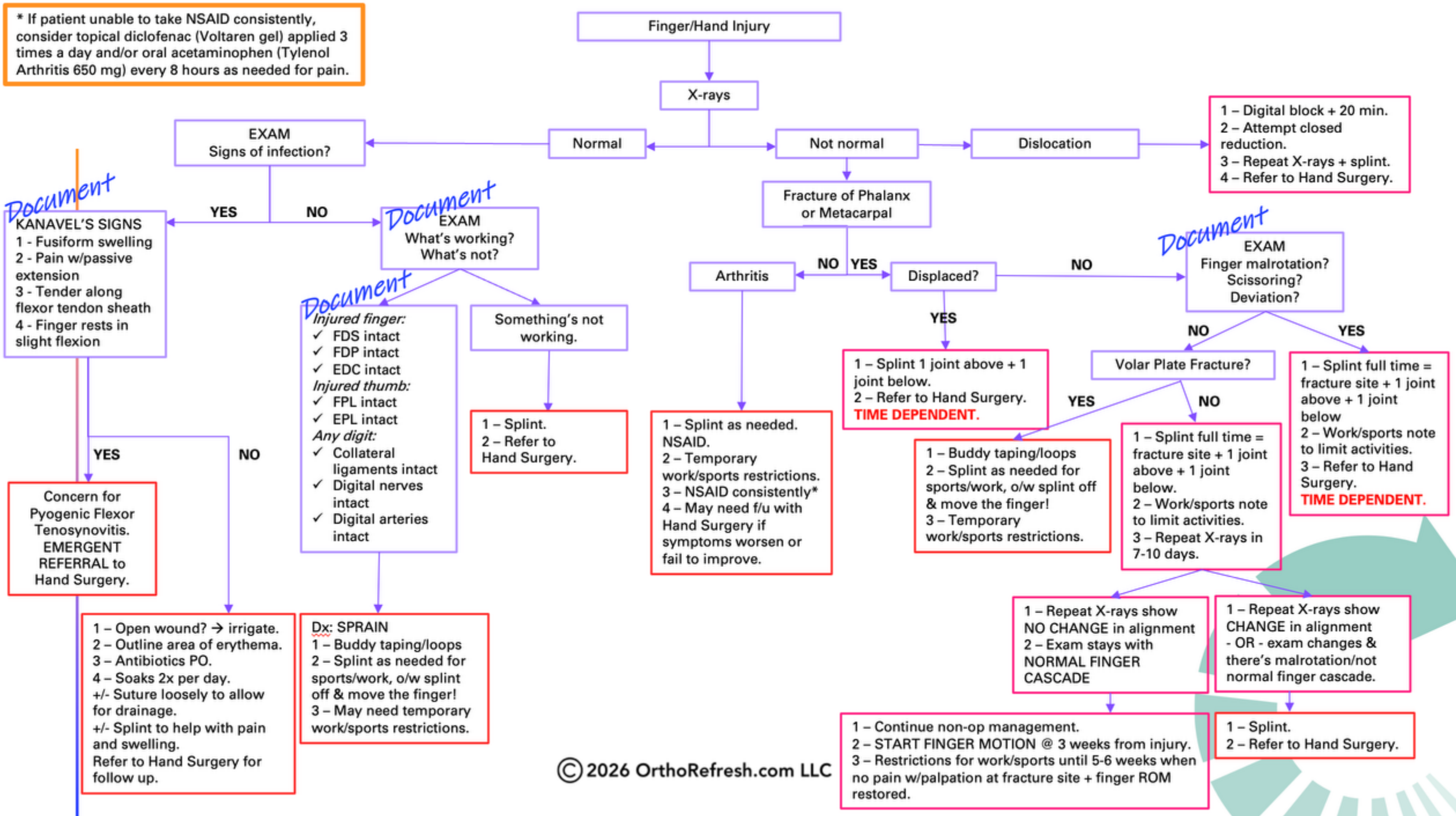
WHAT'S THE CHIEF COMPLAINT?

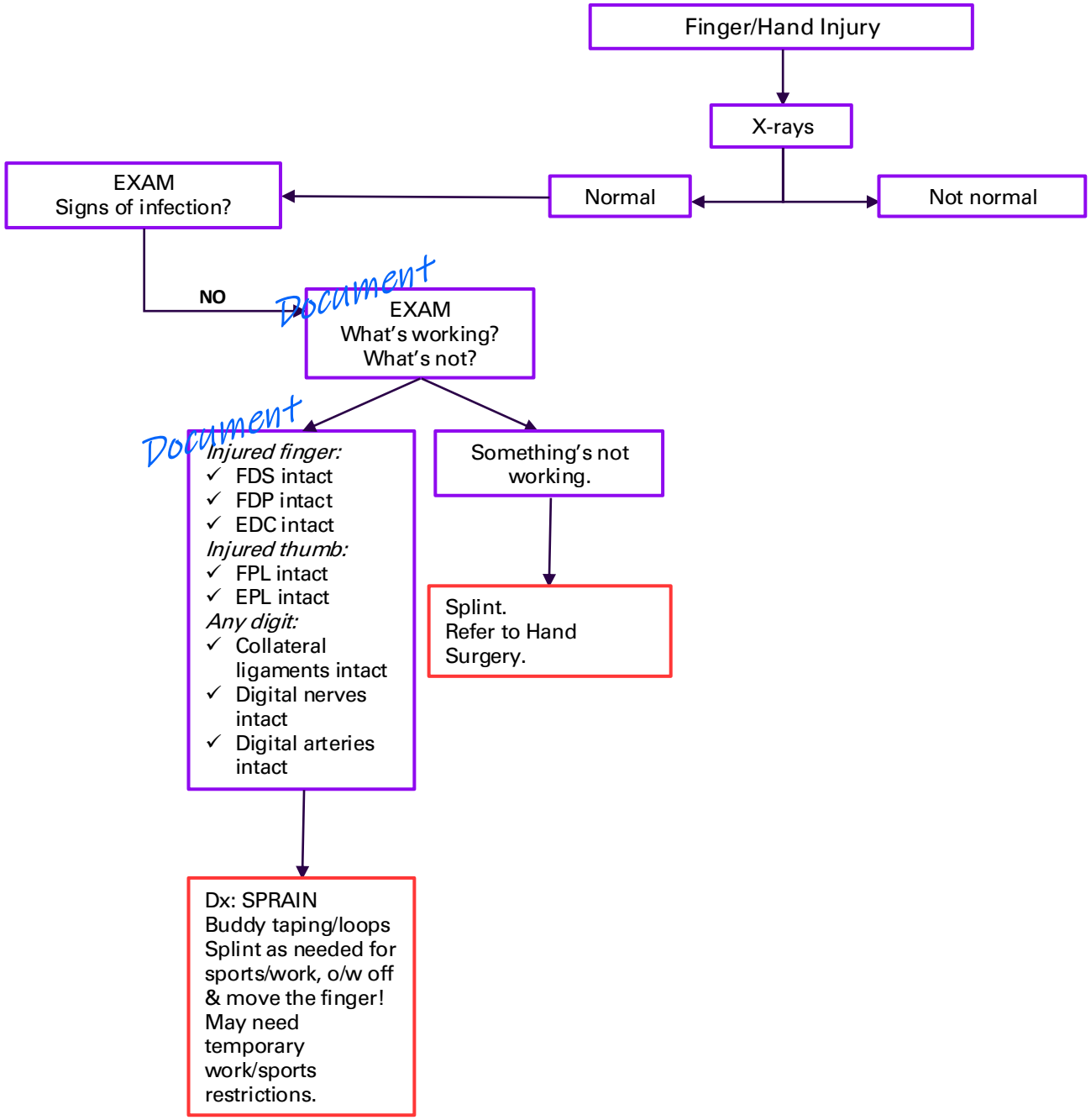
ACUTE INJURY with normal Xrays

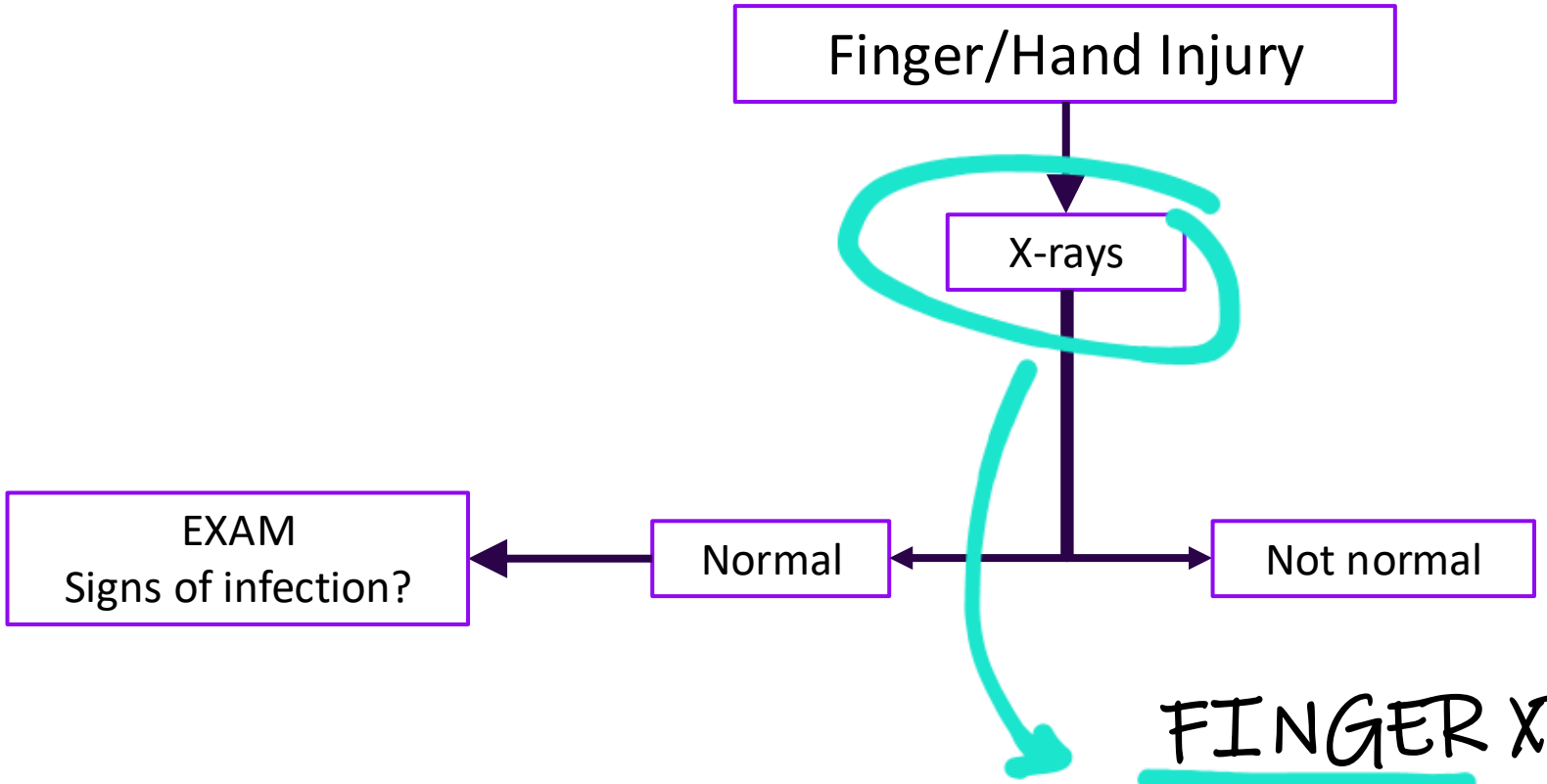
- What's working?
- What's not?

SUBACUTE OR CHRONIC SYMPTOMS

- Is something compressed, inflamed, sprained, strained or torn?

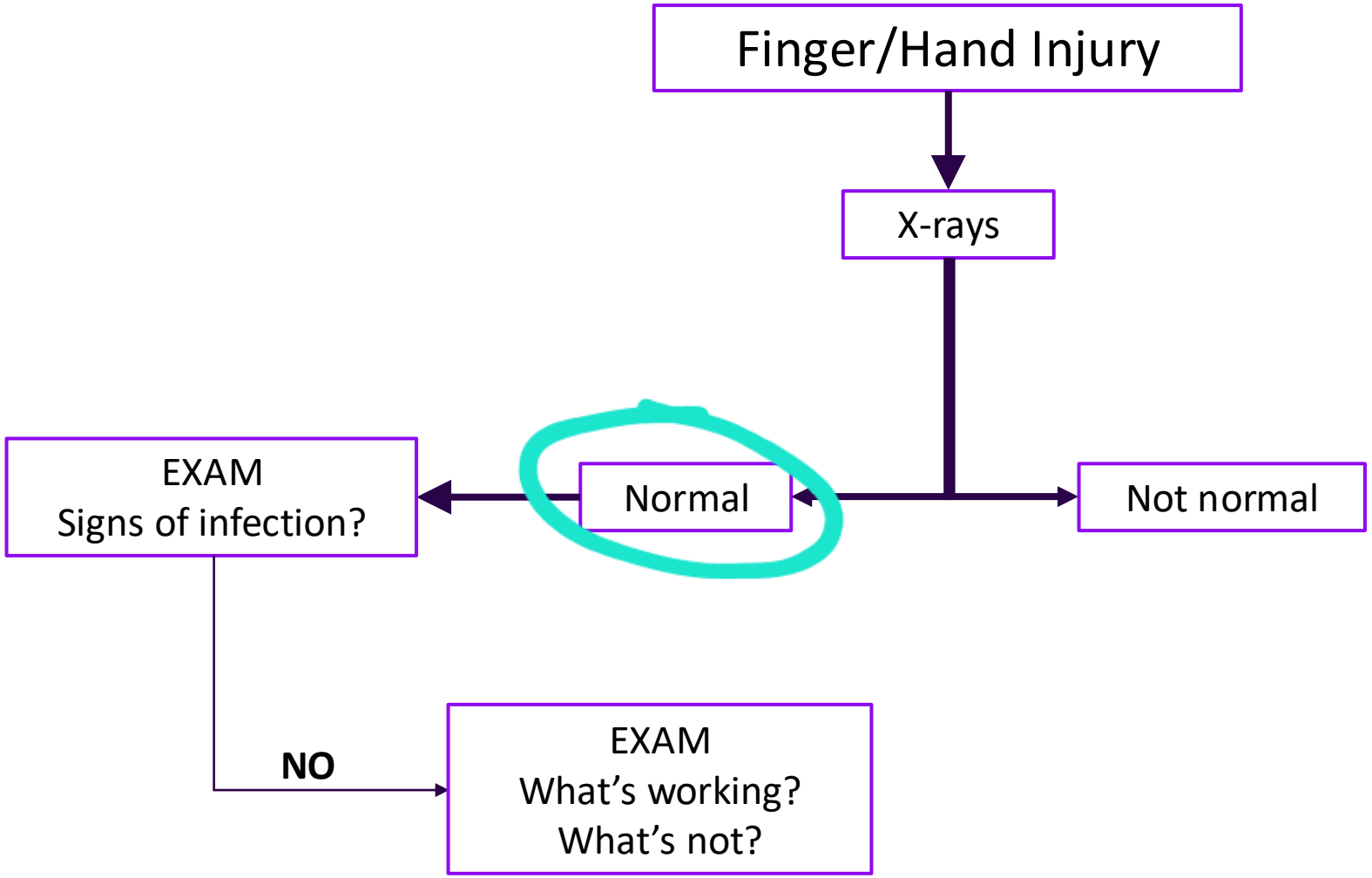

* If patient unable to take NSAID consistently, consider topical diclofenac (Voltaren gel) applied 3 times a day and/or oral acetaminophen (Tylenol Arthritis 650 mg) every 8 hours as needed for pain.
Finger/Hand Injury
X-rays
Normal
Not normal
Dislocation
1 – Digital block + 20 min.
2 – Attempt closed reduction.
3 – Repeat X-rays + splint.
4 – Refer to Hand Surgery.
EXAM
Signs of infection?
Document
KANAVEL'S SIGNS
1 - Fusiform swelling
2 - Pain w/passive extension
3 - Tender along flexor tendon sheath
4 - Finger rests in slight flexion
YES
NO
Document
EXAM
What's working?
What's not?
Document
Injured finger:
✓ FDS intact
✓ FDP intact
✓ EDC intact
Injured thumb:
✓ FPL intact
✓ EPL intact
Any digit:
✓ Collateral ligaments intact
✓ Digital nerves intact
✓ Digital arteries intact
Something's not working.
1 – Splint.
2 – Refer to Hand Surgery.
YES
NO
Concern for Pyogenic Flexor Tenosynovitis. EMERGENT REFERRAL to Hand Surgery.
1 – Open wound? → irrigate.
2 – Outline area of erythema.
3 – Antibiotics PO.
4 – Soaks 2x per day.
+/- Suture loosely to allow for drainage.
+/- Splint to help with pain and swelling.
Refer to Hand Surgery for follow up.
Dx: SPRAIN
1 – Buddy taping/loops
2 – Splint as needed for sports/work, o/w splint off & move the finger!
3 – May need temporary work/sports restrictions.
Fracture of Phalanx or Metacarpal
Arthritis
NO
YES
Displaced?
NO
1 – Splint as needed.
NSAID.
2 – Temporary work/sports restrictions.
3 – NSAID consistently*
4 – May need f/u with Hand Surgery if symptoms worsen or fail to improve.
YES
1 – Splint 1 joint above + 1 joint below.
2 – Refer to Hand Surgery.
TIME DEPENDENT.
Document
EXAM
Finger malrotation?
Scissoring?
Deviation?
NO
YES
Volar Plate Fracture?
YES
NO
1 – Buddy taping/loops
2 – Splint as needed for sports/work, o/w splint off & move the finger!
3 – Temporary work/sports restrictions.
1 – Splint full time = fracture site + 1 joint above + 1 joint below.
2 – Work/sports note to limit activities.
3 – Repeat X-rays in 7-10 days.
1 – Splint full time = fracture site + 1 joint above + 1 joint below
2 – Work/sports note to limit activities.
3 – Refer to Hand Surgery.
TIME DEPENDENT.
1 – Repeat X-rays show NO CHANGE in alignment
2 – Exam stays with NORMAL FINGER CASCADE
1 – Repeat X-rays show CHANGE in alignment
- OR - exam changes & there's malrotation/not normal finger cascade.
1 – Continue non-op management.
2 – START FINGER MOTION @ 3 weeks from injury.
3 – Restrictions for work/sports until 5-6 weeks when no pain w/palpation at fracture site + finger ROM restored.
1 – Splint.
2 – Refer to Hand Surgery.
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Finger/Hand Injury
X-rays
Normal
Not normal
EXAM
Signs of infection?
NO
Document
EXAM
What's working?
What's not?
Document
Injured finger:
✓ FDS intact
✓ FDP intact
✓ EDC intact
Injured thumb:
✓ FPL intact
✓ EPL intact
Any digit:
✓ Collateral ligaments intact
✓ Digital nerves intact
✓ Digital arteries intact
Something's not working.
Splint.
Refer to Hand Surgery.
Dx: SPRAIN
Buddy taping/loops
Splint as needed for sports/work, o/w off & move the finger!
May need temporary work/sports restrictions.



FINGER XRAYS: finger injury (Include a true lateral)

HAND XRAYS: multiple fingers, hand/metacarpals, diffuse hand pain


Finger/Hand Injury
X-rays
EXAM
Signs of infection?
Normal
Not normal
NO
EXAM
What's working?
What's not?

CHIEF COMPLAINT

FINGER/HAND INJURY

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CASE #2

MOI: FELL OFF BICYCLE



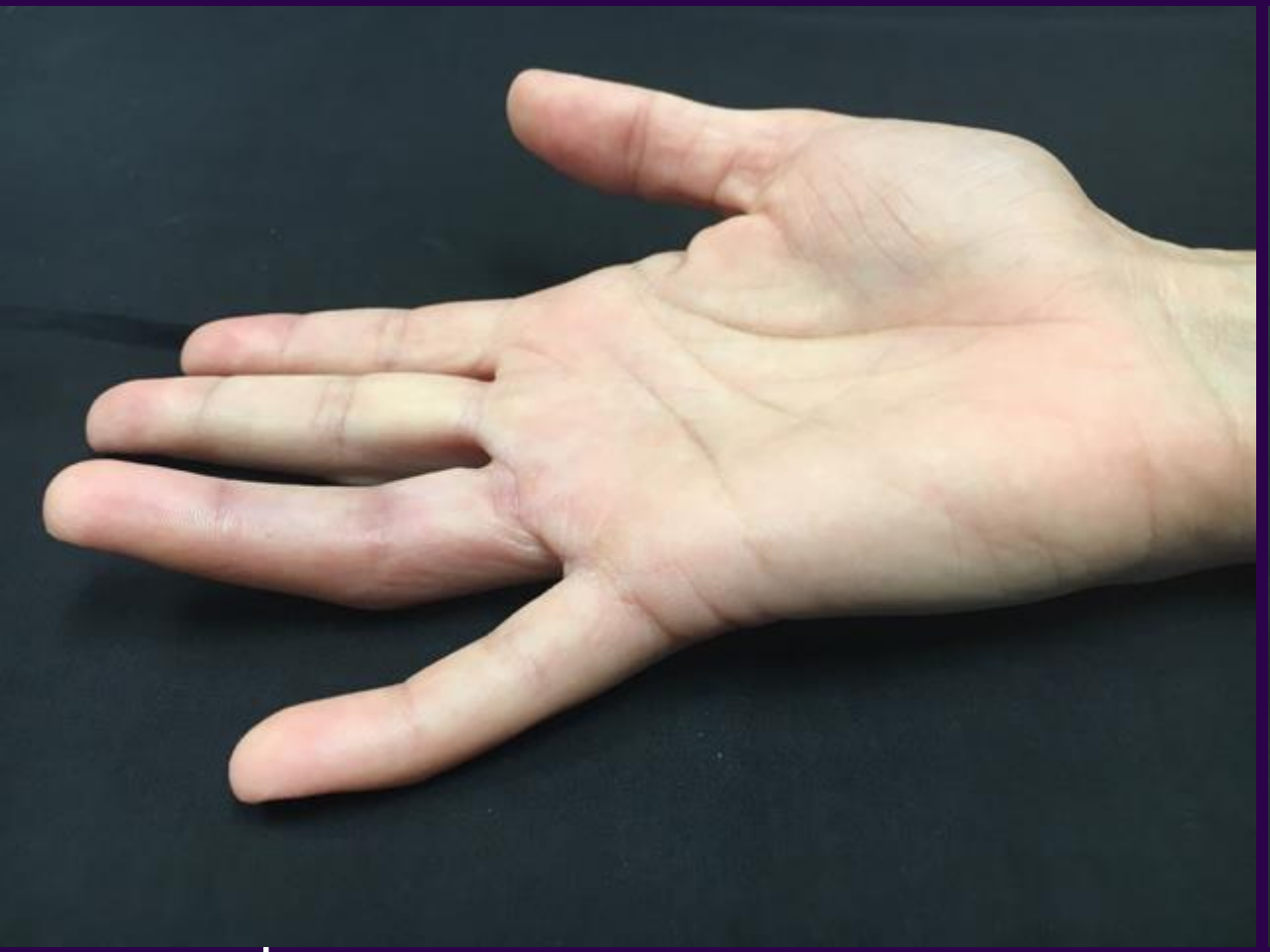
MOI: “FELL OFF BICYCLE”

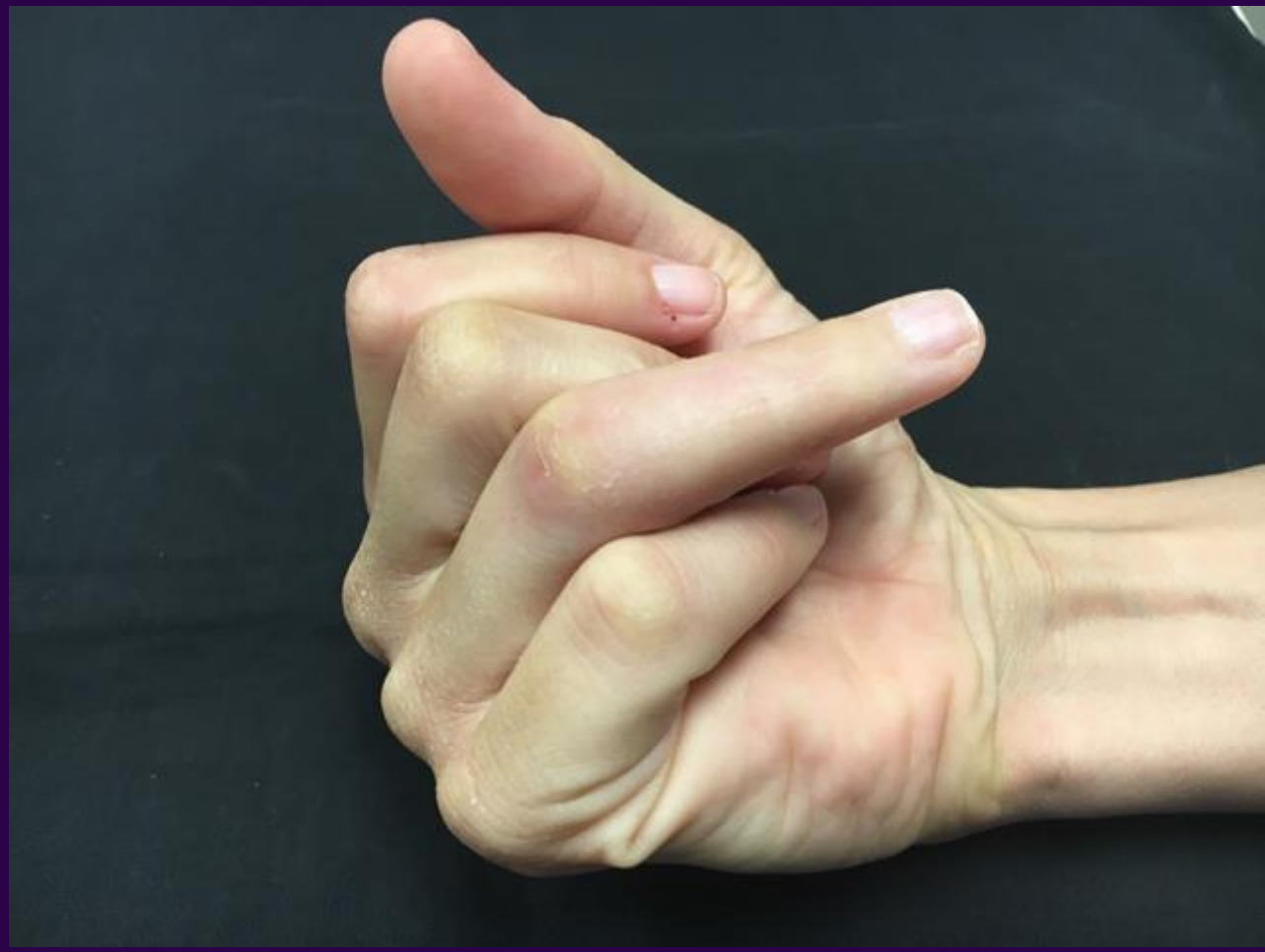
Dx: “Finger Sprain”



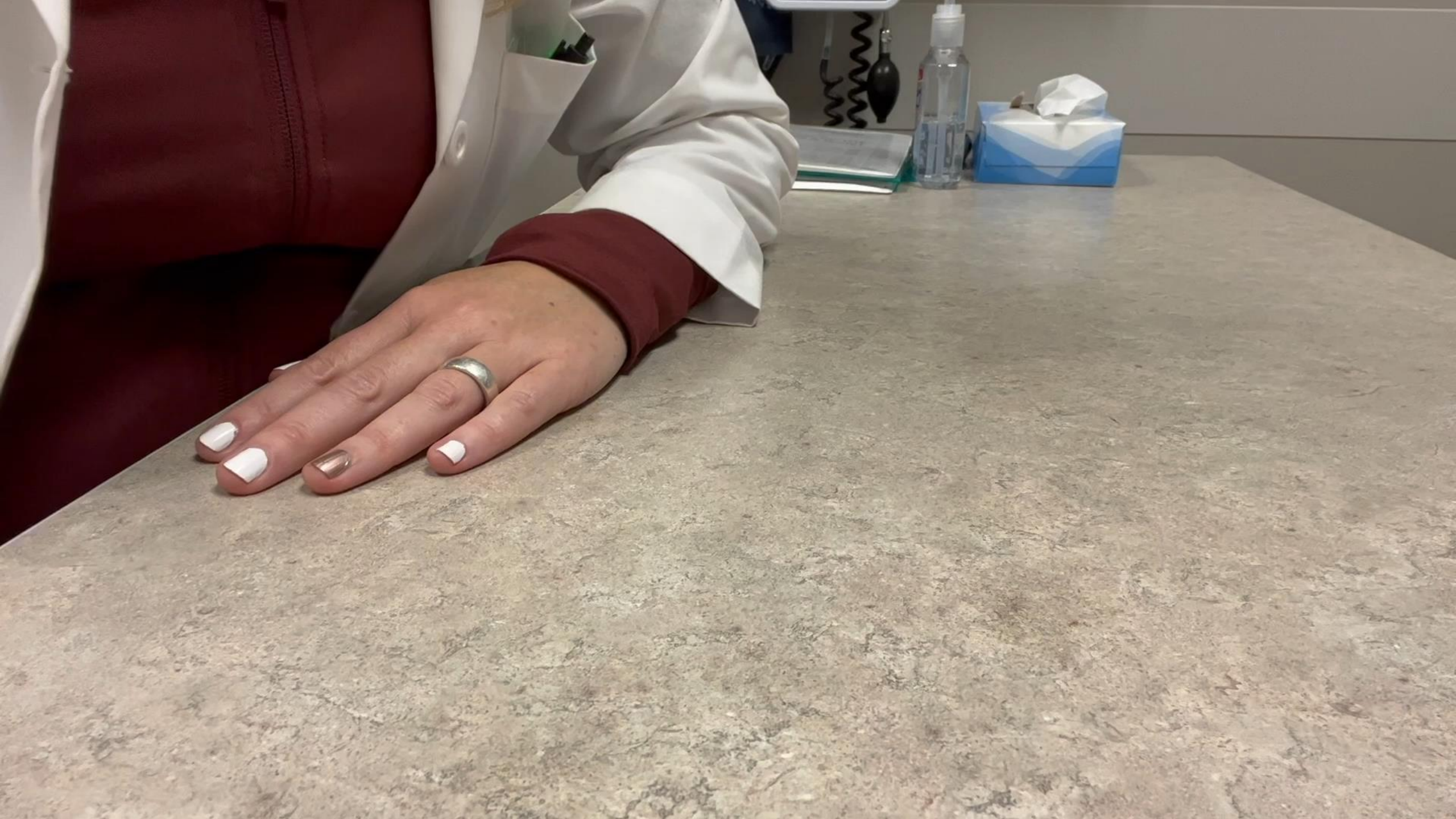


4 weeks, 6 days later…





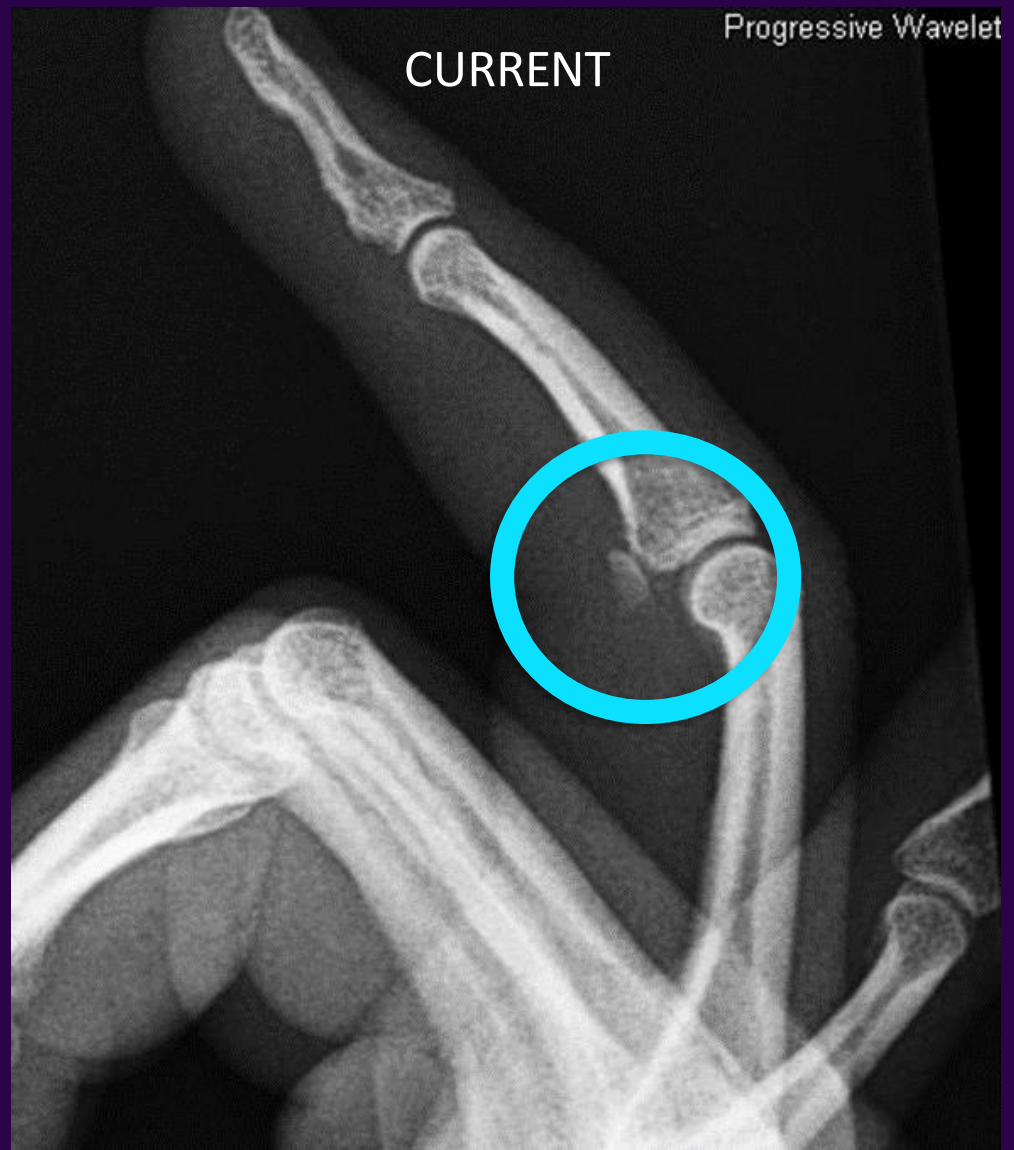
Exam shows no DIP flexion…



MOI: “FELL OFF BICYCLE”

~~Dx: “Finger Sprain”~~ Dx: FDP avulsion



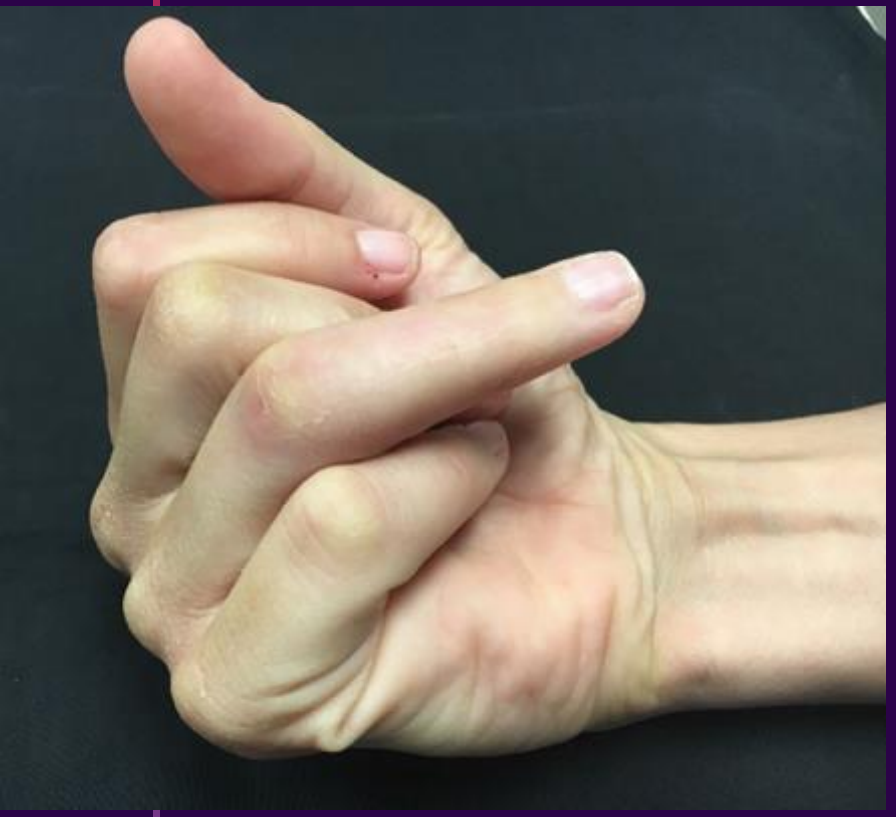




MOI: “FELL OFF BICYCLE”

~~Dx: “Finger Sprain”~~ Dx: FDP avulsion

- PIP: -25/60
- Painful ROM
- Tender at PIP joint
- No FDP function





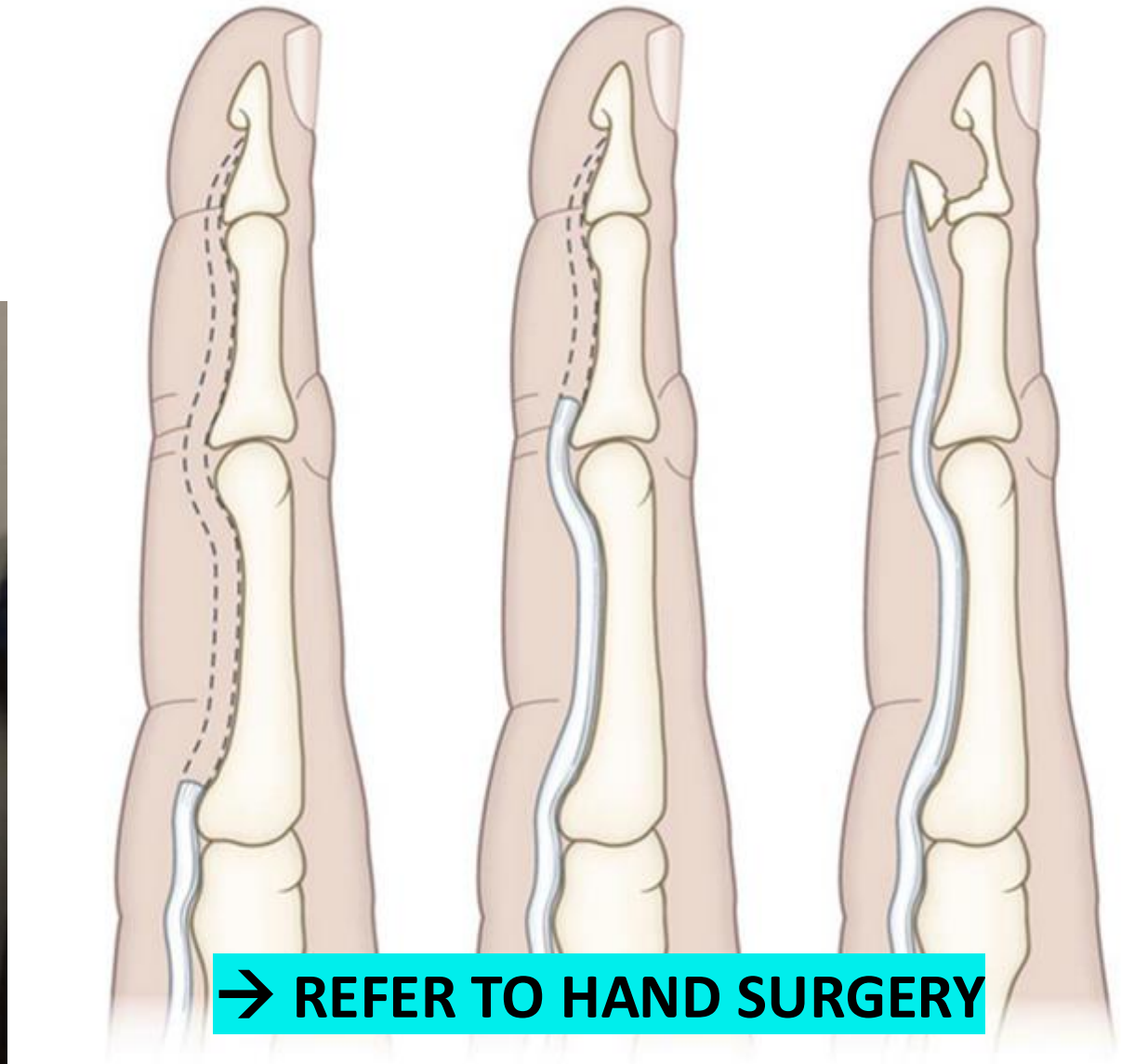
JERSEY FINGER (FDP AVULSION)

- Forced contraction
- Usually ring finger
- Treatment is time dependent – Refer to Hand Surgery urgently!



JERSEY FINGER





→ REFER TO HAND SURGERY

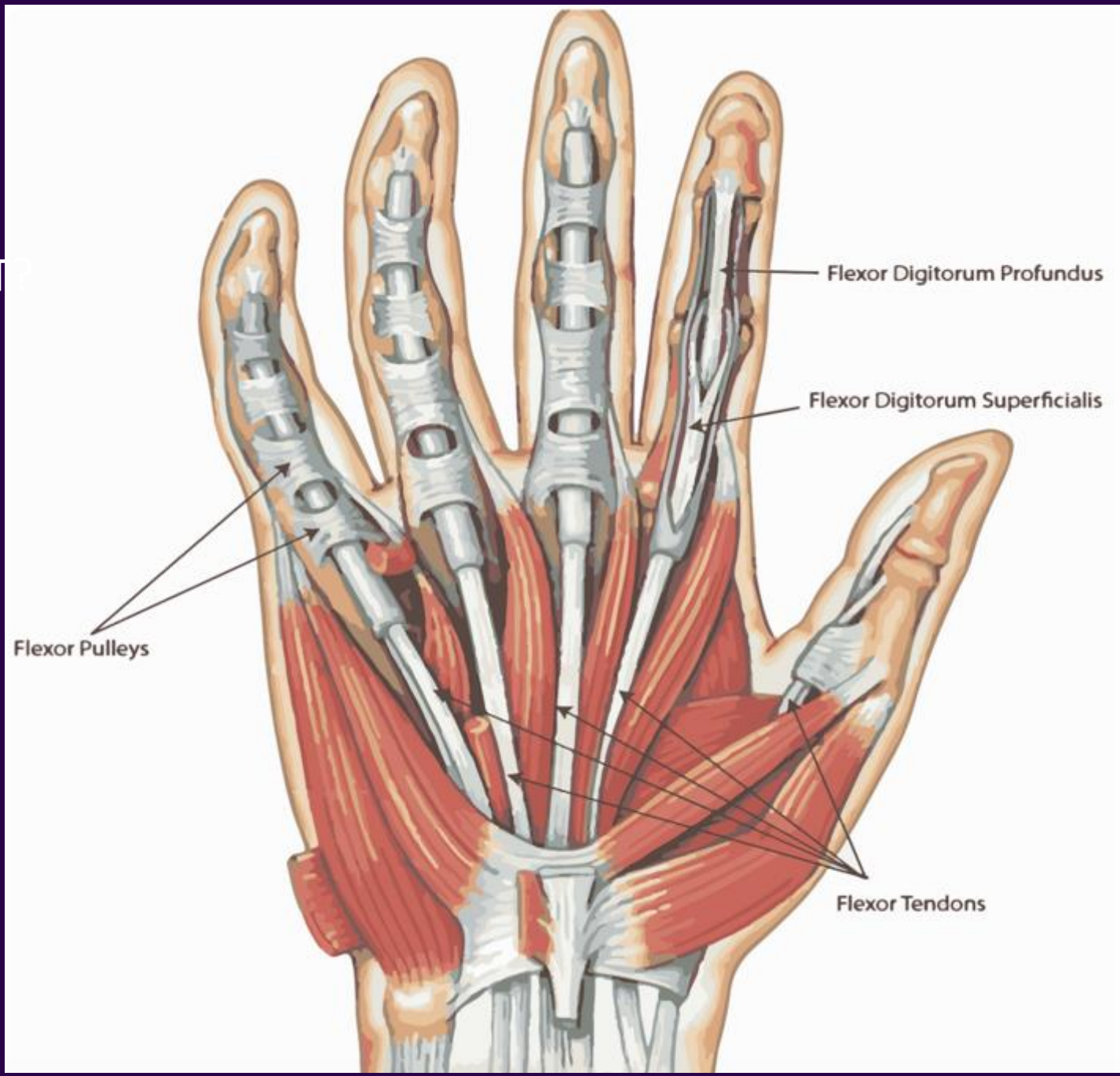
(A)-2 Leddy and Packer's classification.[1]

Tendon - FLEXORS

FINGER FLEXION –
WHAT'S WORKING? WHAT'S NOT?

finger { FDS?
FDP?

thumb — FPL?



https://fifevirtualhandclinic.co.uk/flexor-tendon-injuries/

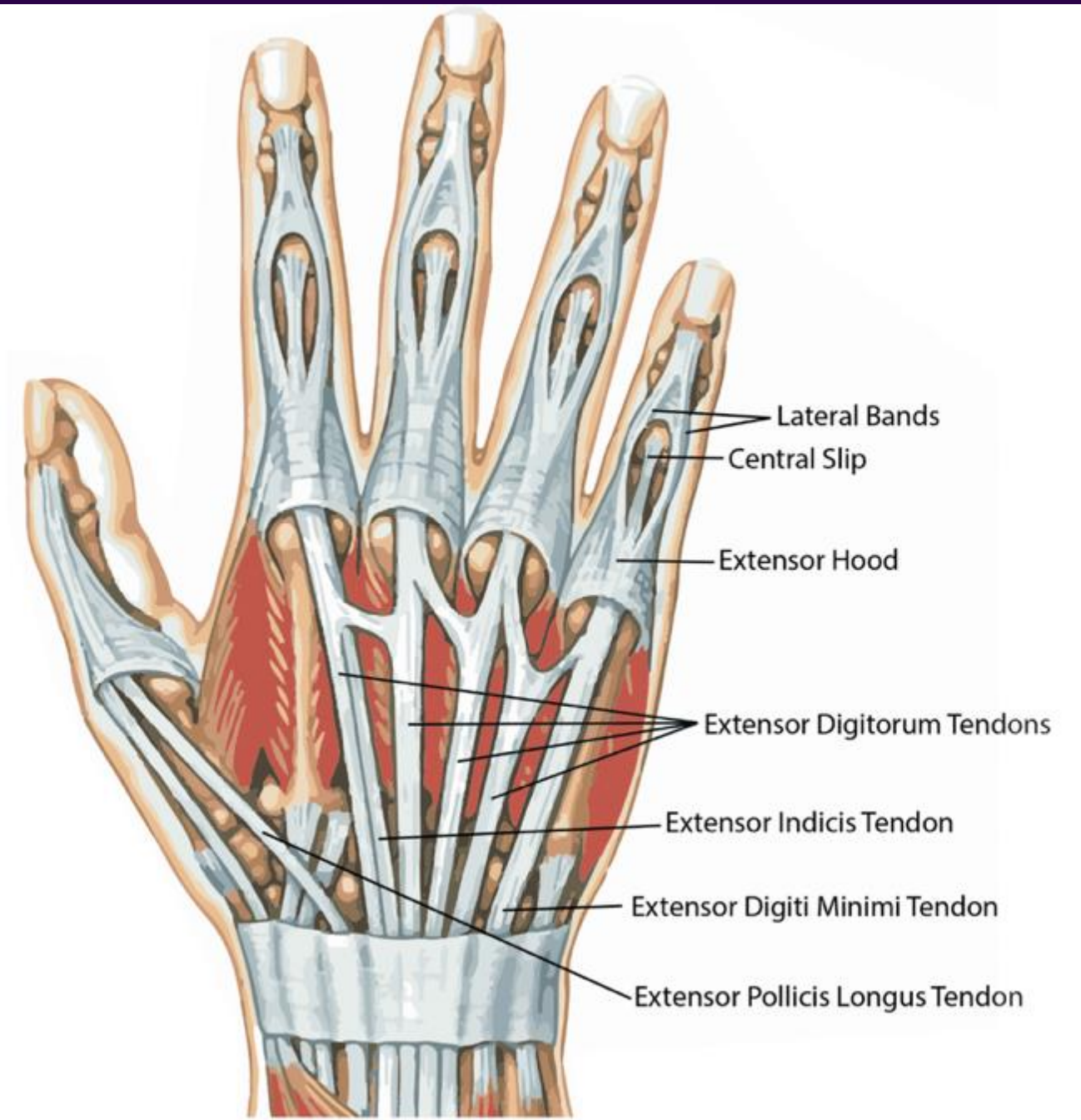
Tendon - EXTENSORS

FINGER EXTENSION –
WHAT'S WORKING? WHAT'S NOT?

finger – EDC?

thumb – EPL?

https://fifevirtualhandclinic.co.uk/extensor-tendon-injuries/



CC: FINGER/HAND INJURY

Exam

Injured finger:

~~FDS intact~~

~~FDP intact~~

✓EDC intact

Injured thumb:

✓FPL intact

✓EPL intact

Any digit:

✓Collateral ligaments intact

✓Digital nerves intact

✓Digital arteries intact

Diagnosis

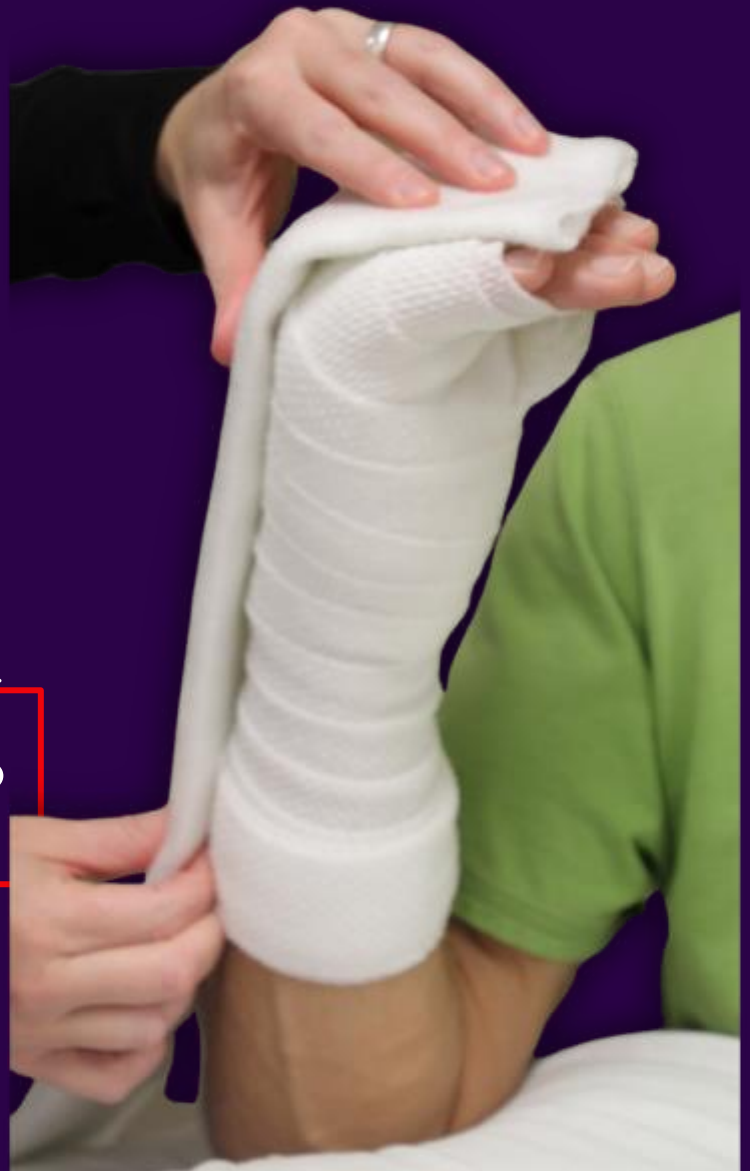
Jersey Finger (FDP rupture affecting DIP joint)

Laceration of FDP or FDS (? Digital nerve and artery)

Treatment

DORSAL BLOCKING Splint + ● ○

Refer to Hand Surgery



SBHPP – ORTHOEXCEL 2026

CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓FDS intact
- ✓FDP intact
- ✓EDC intact

Injured thumb:
- ✓FPL intact
- ✓EPL intact

Any digit:
- ✓Collateral ligaments intact
- ✓Digital nerves intact
- ✓Digital arteries intact

Diagnosis

Sprain/Jammed finger/PIP joint sprain



SBHPP – ORTHOEXCEL 2026

CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓FDS intact
- ✓FDP intact
- ✓EDC intact

Injured thumb:
- ✓FPL intact
- ✓EPL intact

Any digit:
- ✓Collateral ligaments intact
- ✓Digital nerves intact
- ✓Digital arteries intact

Diagnosis

Sprain/Jammed finger/PIP joint sprain



SBHPP – ORTHOEXCEL 2026

CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓FDS intact
- ✓FDP intact
- ✓EDC intact

Injured thumb:
- ✓FPL intact
- ✓EPL intact

Any digit:
- ✓Collateral ligaments intact
- ✓Digital nerves intact
- ✓Digital arteries intact

Diagnosis

Sprain/Jammed finger/PIP joint sprain

Treatment

Buddy taping/loops

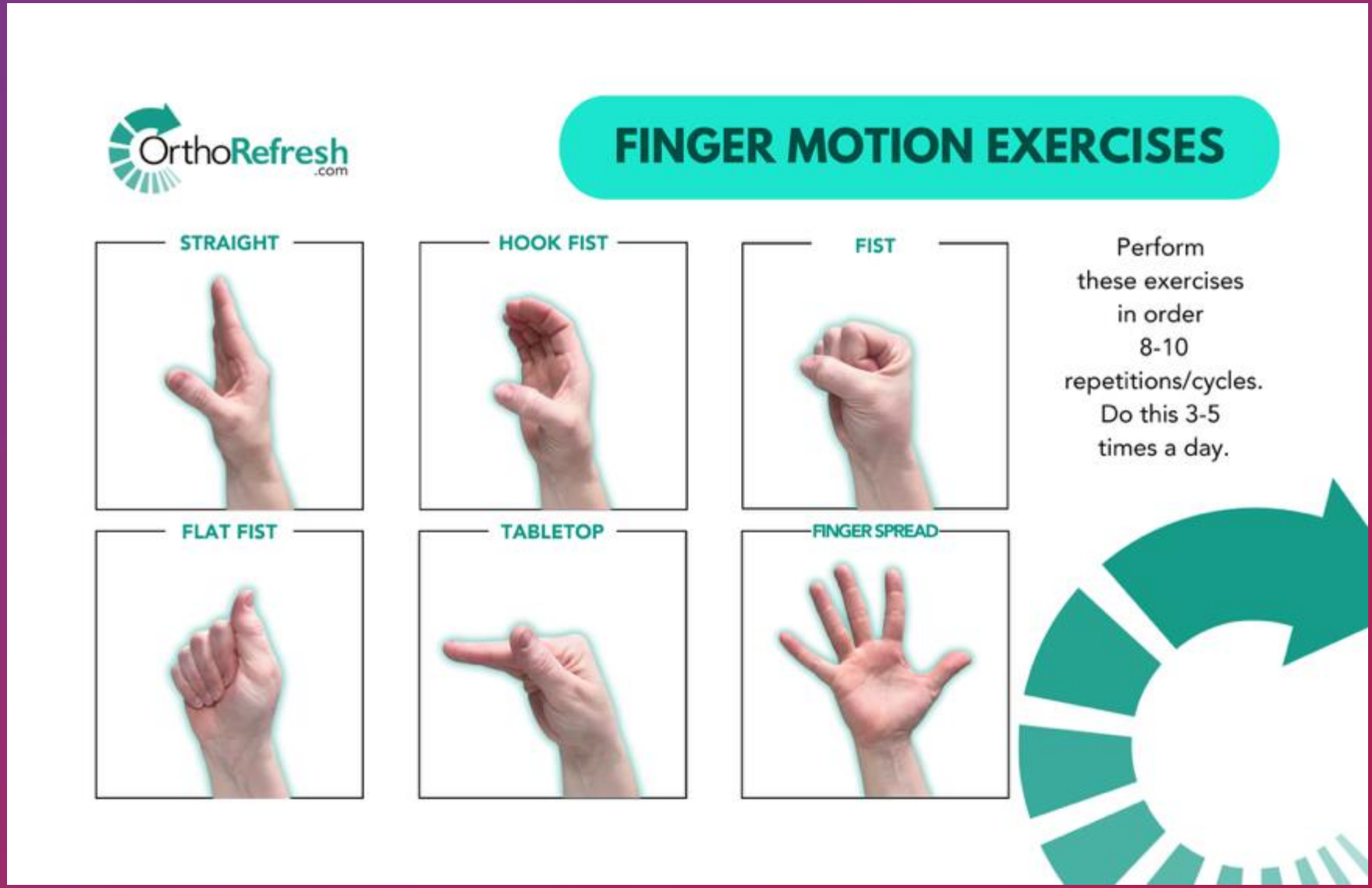
Splint as needed for sports/work, o/w off & move the finger!



May need temporary work/sports restrictions.

Finger ROM - A stiff finger is a useless finger!

A stiff finger is a useless finger!



CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓ FDS intact
- ✓ FDP intact
- ✓ EDC intact

Injured thumb:
- ~~FPL intact~~
- ✓ EPL intact

Any digit:
- ✓ Collateral ligaments intact
- ✓ Digital nerves intact
- ✓ Digital arteries intact

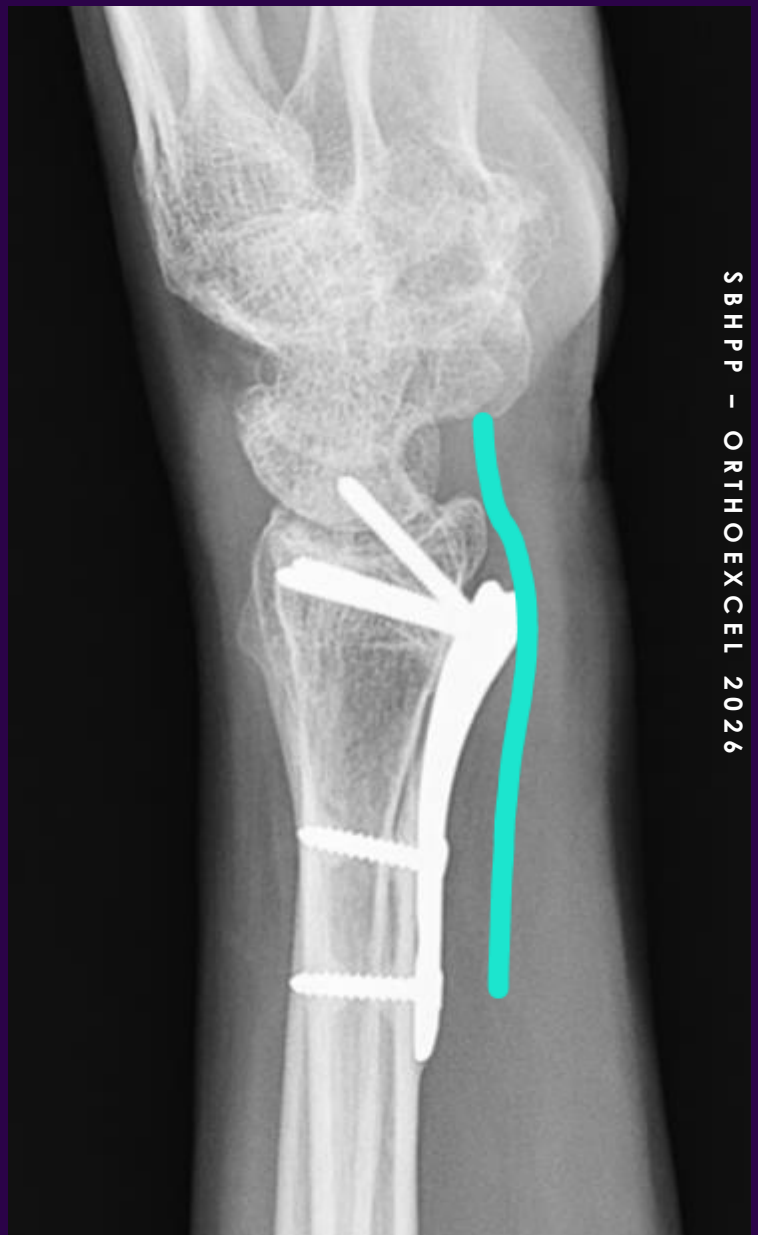
Diagnosis

Laceration or rupture of FPL

Treatment

Splint

Refer to Hand Surgery



SBHPP – ORTHOEXCEL 2026

CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓ FDS intact
- ✓ FDP intact

~~EDC intact~~

Injured thumb:
- ✓ FPL intact

~~EPL intact~~

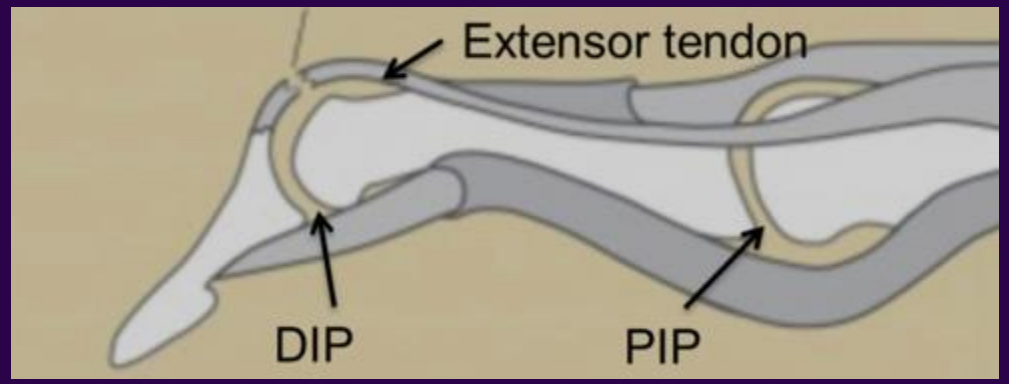
Any digit:
- ✓Collateral ligaments intact
- ✓Digital nerves intact
- ✓Digital arteries intact







+



Diagnosis

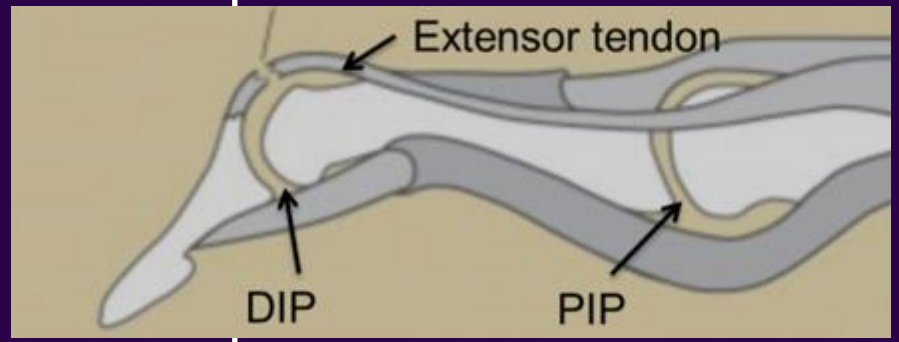
Mallet Finger (extensor tendon rupture affecting DIP joint)

SBHPP – ORTHOEXCEL 2026

Diagnosis

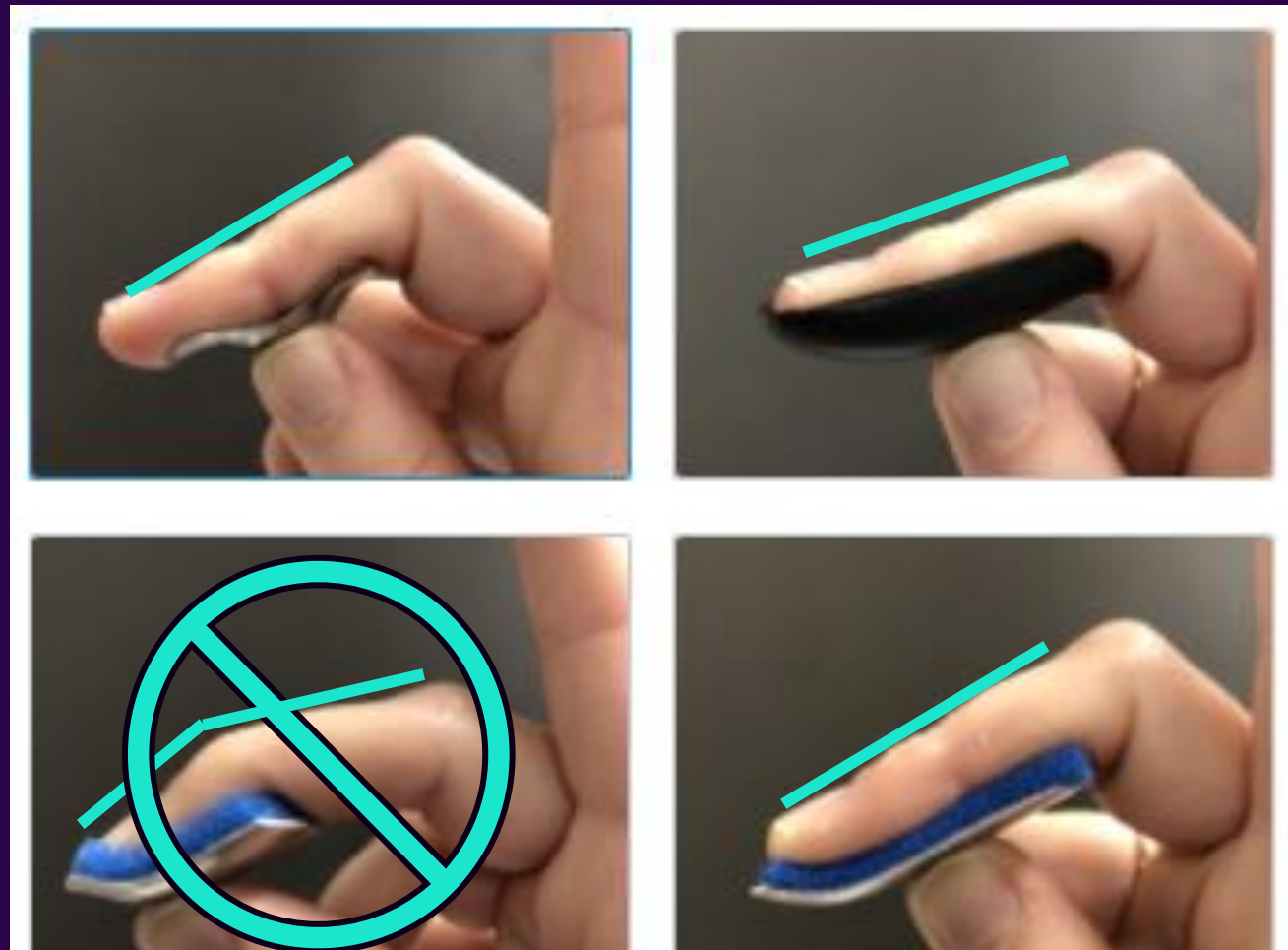
Mallet Finger (extensor tendon rupture affecting DIP joint)





Treatment

- Splint DIP joint in extension FULL TIME x 6 weeks. Then at night for 4-6 weeks.
- PIP joint should be free to allow for AROM
- This does not need surgery.*



CC: FINGER/HAND INJURY

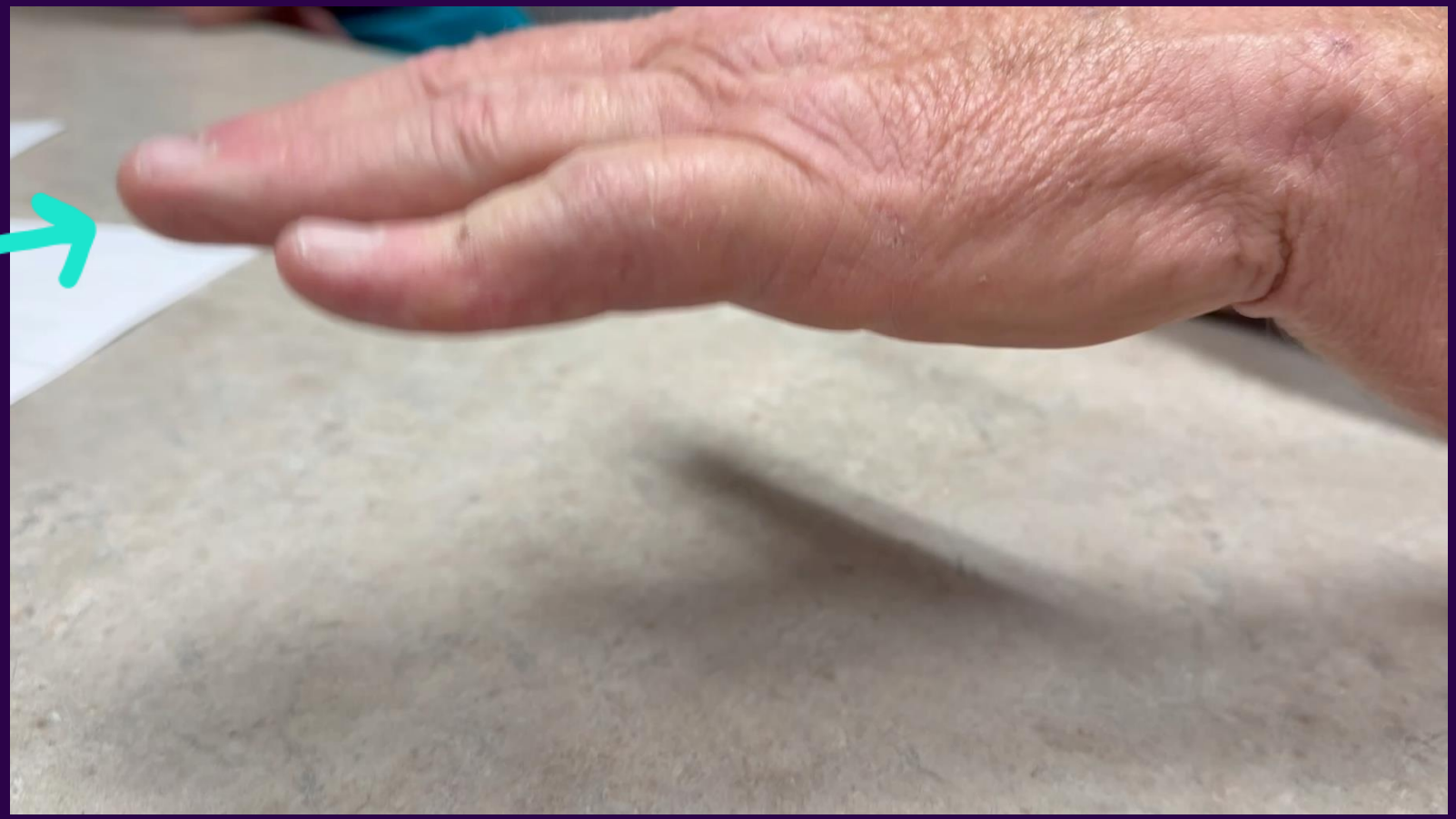
Exam

Injured finger:
- ✓ FDS intact
- ✓ FDP intact

~~EDC intact~~

Injured thumb:
- ✓ FPL intact
- ✓ EPL intact

Any digit:
- ✓Collateral ligaments intact
- ✓Digital nerves intact
- ✓Digital arteries intact



Diagnosis

Boutonnière Injury
(Central slip tear/rupture affecting PIP joint)

Treatment

Splint

Refer to Hand Surgery

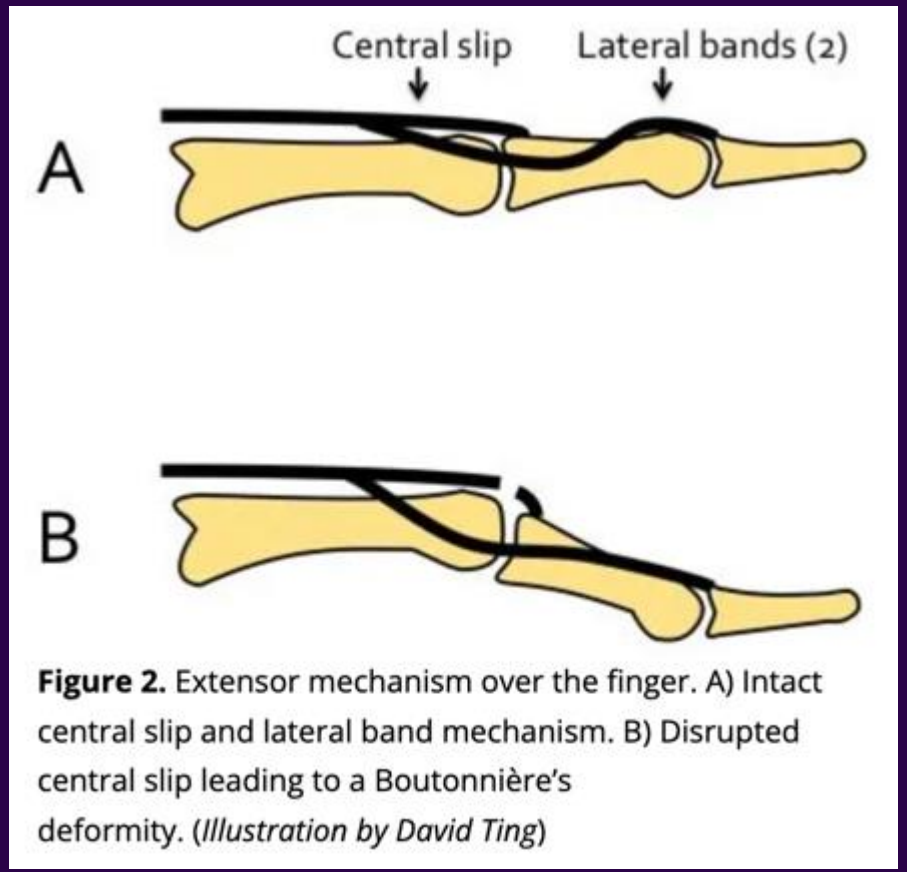


Figure 2. Extensor mechanism over the finger. A) Intact central slip and lateral band mechanism. B) Disrupted central slip leading to a Boutonnière's deformity. (*Illustration by David Ting*)

https://www.aliem.com/diagnosing-the-central-slip-injury/



https://actionrehab.com.au/hand-physiotherapy/central-slip-injury/

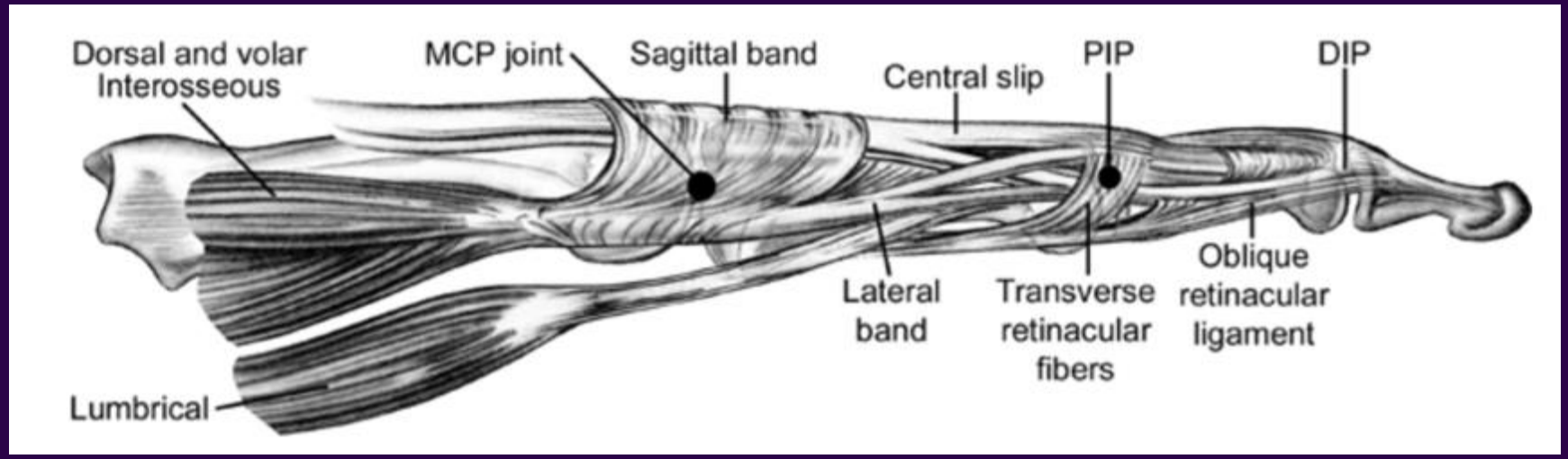
Diagnosis

Sagittal Band rupture (affecting extension at the MCP joint)

Treatment

Splint

Refer to Hand Surgery



https://www.cmcedmasters.com/ortho-blog/sagittal-band-rupture

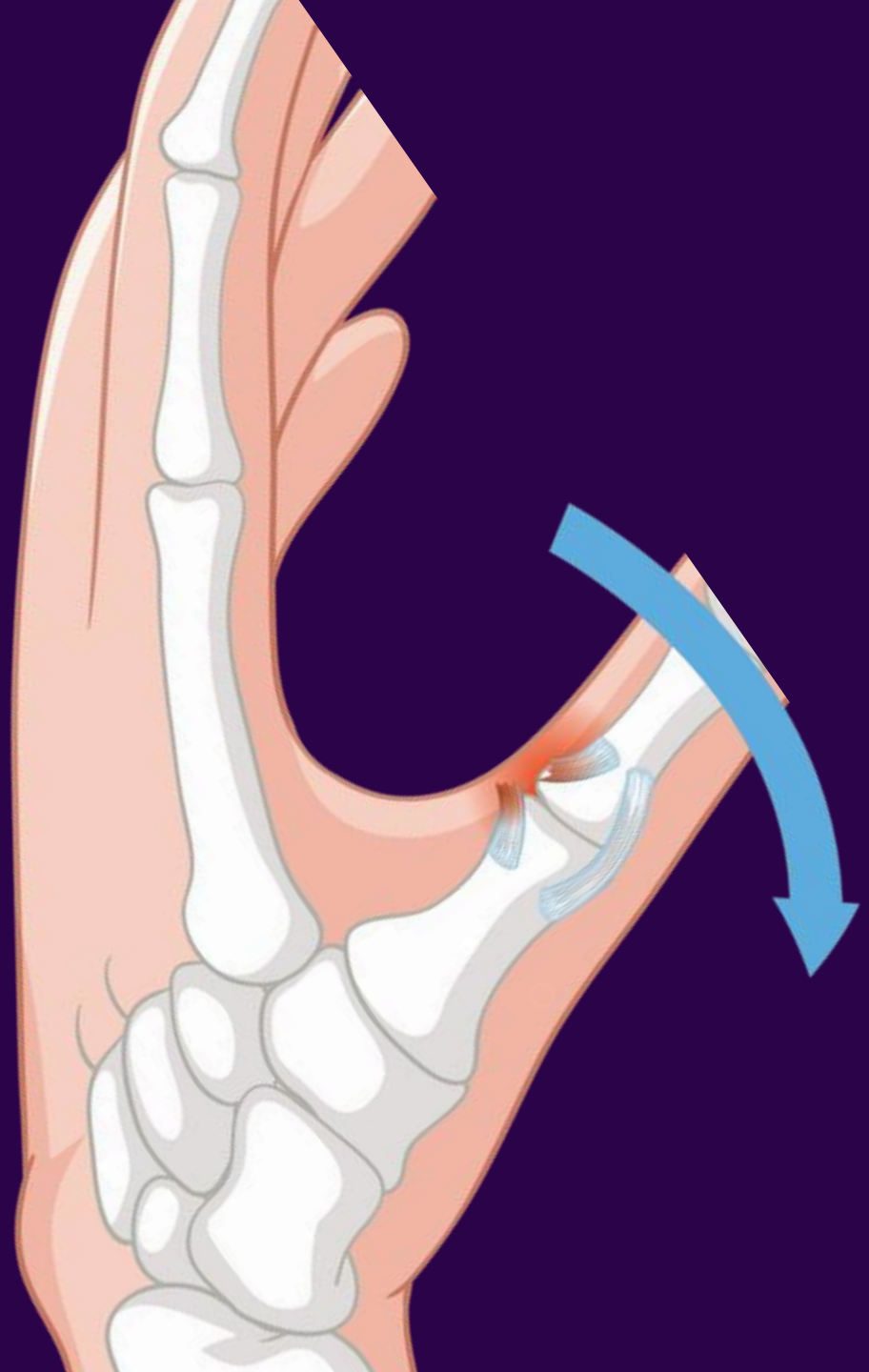
CC: FINGER/HAND INJURY

Exam

Injured finger:
- ✓ FDS intact
- ✓ FDP intact
- ✓ EDC intact

Injured thumb:
- ✓ FPL intact
- ✓ EPL intact

Any digit:
- ~~Collateral ligament @~~ Thumb MCP joint
- ✓Digital nerves intact
- ✓Digital arteries intact



SBHPP – ORTHOEXCEL 2026

Diagnosis

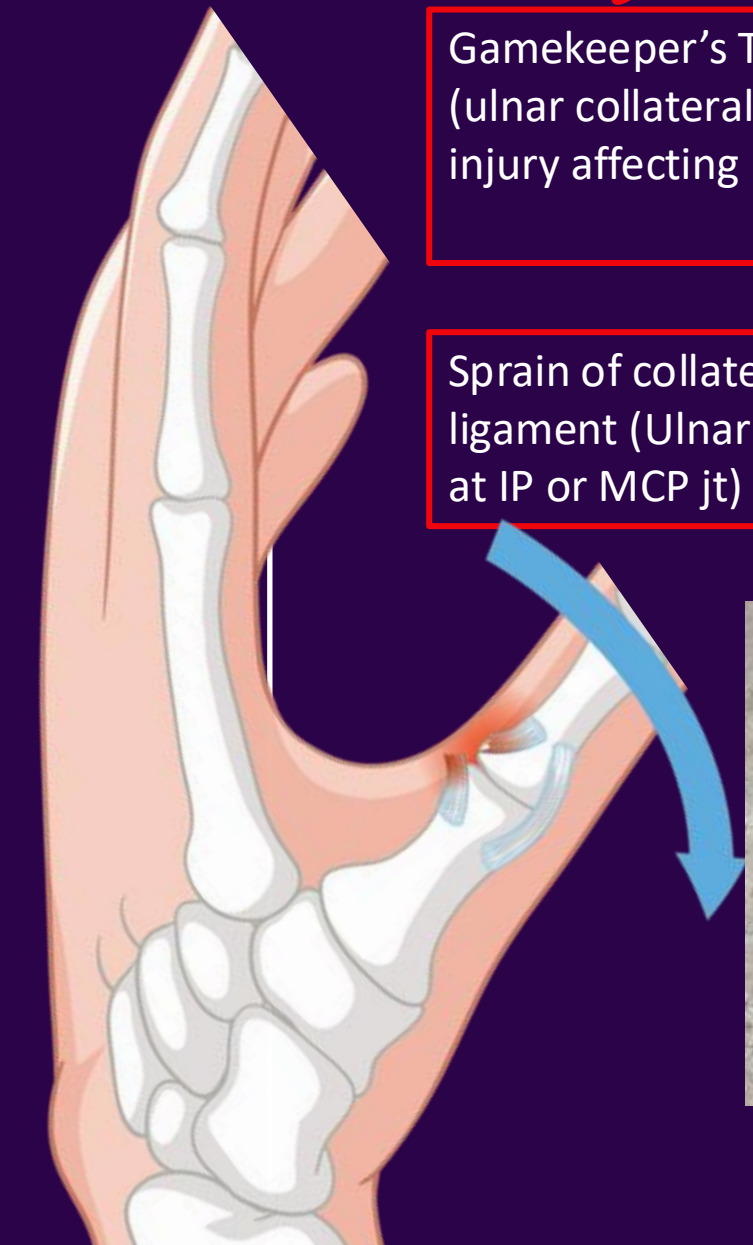
Treatment

Gamekeeper's Thumb (ulnar collateral ligament injury affecting MCP joint)

Thumb Spica Splint

Refer to Hand Surgery

Sprain of collateral ligament (Ulnar or Radial at IP or MCP jt)











CASE #3

MOI: TABLESAW INJURY AT HOME IN THE WORKSHOP

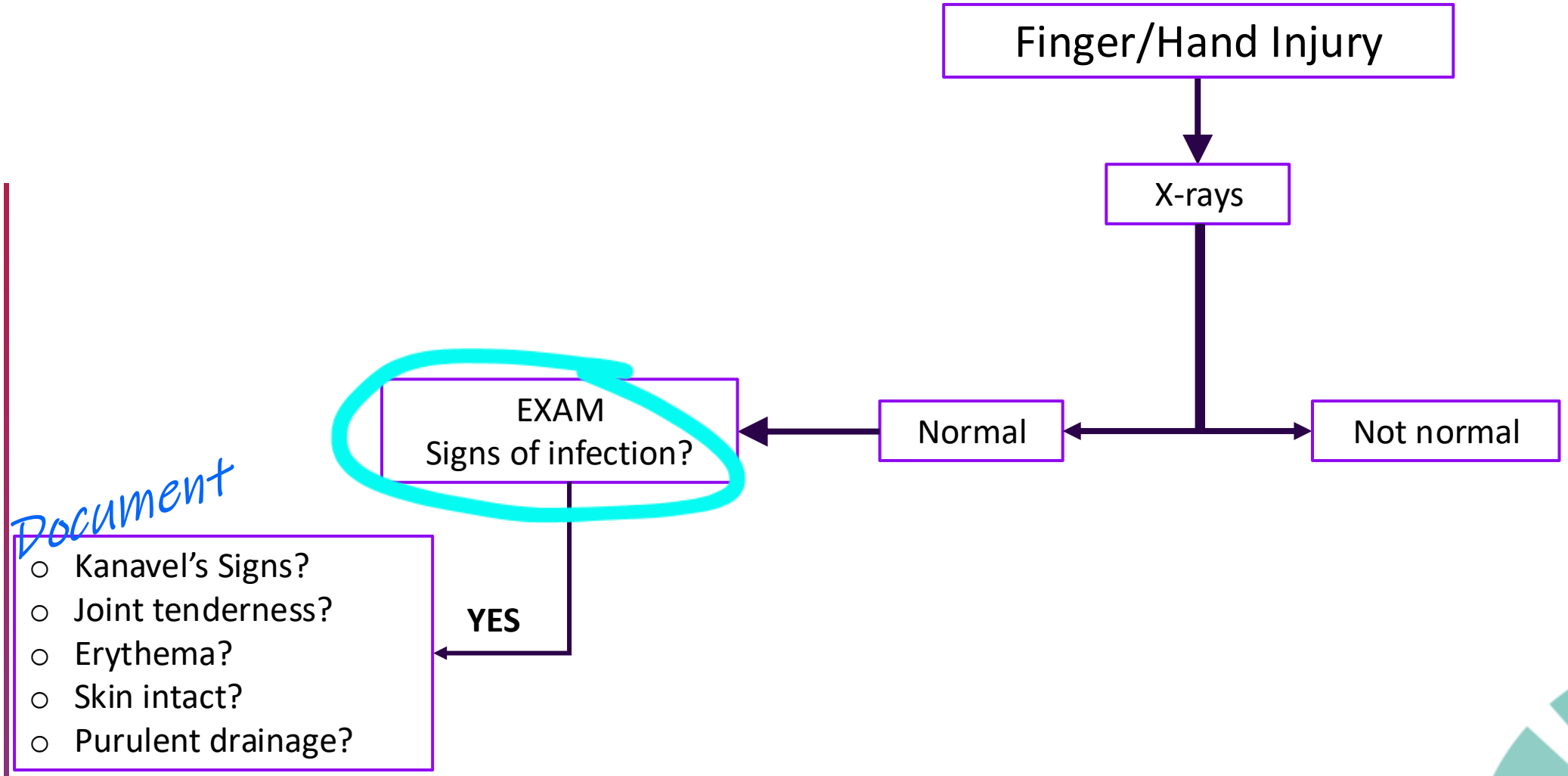




0. Manage the bleeding
1. **Examine:** what's working & what's not? (tendon, nerve, artery)
2. Digital Block
3. Irrigation
4. Suture – absorbable, please!
5. Antibiotics + update Tetanus
6. Bandage the fingers

? Tendon or nerve injury → Splint & refer to Hand Surgery

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Finger/Hand Injury
X-rays
Normal
Not normal
EXAM
Signs of infection?
YES
Document
Kanavel's Signs?
Joint tenderness?
Erythema?
Skin intact?
Purulent drainage?

CC: FINGER/HAND INFECTION

Exam

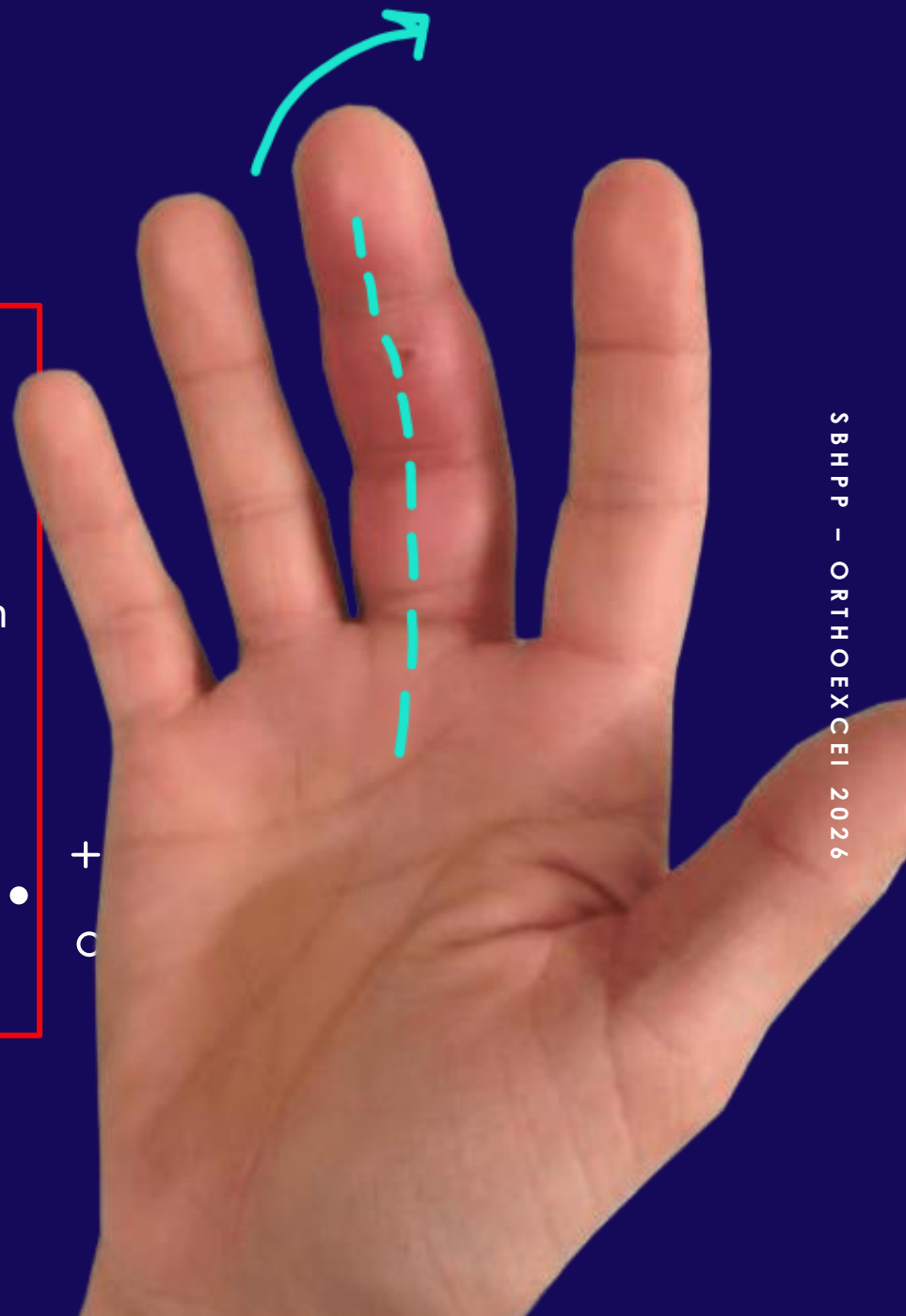
KANAVEL'S SIGNS
1. Fusiform (diffuse circumferential) swelling
2. Pain w/passive extension
3. Tender along flexor tendon sheath
4. Flexed posture of affected digit

Diagnosis

Pyogenic/purulent flexor tenosynovitis (flexor sheath infection)
- Occurs from rapidly spreading bacterial infection within sheath as a result of trauma, extension from felon, or hematogenous spread.
- S. Aureus most common

Treatment

EMERGENT referral to Hand Surgery



SBHPP – ORTHOEXCEI 2026

CC: FINGER/HAND INFECTION

Exam

~~KANAVEL'S SIGNS~~
~~1. Fusiform swelling~~
~~2. Pain w/passive extension~~
~~3. Tender along flexor tendon sheath~~
~~4. Finger rests in slight flexion~~

Fingertip:
Erythema
Edema
+/- Open wound
+/- Purulent drainage

Diagnosis

Felon (finger pulp infection)

Paronychia (infection beneath eponychial fold)

SBHPP – ORTHOEXCEI 2026

CC: FINGER/HAND INFECTION

Felon (finger pulp infection)



Paronychia (infection beneath eponychial fold)



+

o

Treatment

Warm water soaks with mild dish soap, 10 minutes, two times a day.
Antibiotics: PO abx
Follow up in 1 week to watch for improvement.

>>> If infection does not resolve, refer to Hand Surgery
>>> Risk of osteomyelitis or pyogenic flexor tenosynovitis!

SBHPP – ORTHOEXCEI 2026

CC: FINGER/HAND INFECTION

Document

Exam

~~KANAVEL'S SIGNS~~
1. Fusiform swelling
2. Pain w/passive extension
3. Tender along flexor tendon sheath
4. Finger rests in slight flexion

Erythema, cellulitis
Edema
+/- Open wound
+/- Purulent drainage

Diagnosis

Animal bite



+



CC: FINGER/HAND INFECTION

Diagnosis

Infection from animal bite





Animal Bites
- Dog 90%
- Cat 5%

Infection Rate
- Cat > Dog: 2X
- Puncture vs. laceration
- Wound seals quickly
- Delay in treatment

Cat Pathogen
- *Pasteurella multocida*
- Often requires IV antibiotics

CC: FINGER/HAND INFECTION

Diagnosis

Infection from animal bite





CC: FINGER/HAND INFECTION

Diagnosis

Infection from animal bite





CC: FINGER/HAND INFECTION

Diagnosis

Infection from animal bite





Treatment

1. Irrigation & debridement
2. Wound left open but if large area, just a few stitches to approximate the wound
3. Antibiotics! (infections from cat bites frequently need IV antibiotics)
4. Likely refer to Hand Surgery

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CC: FINGER/HAND INFECTION

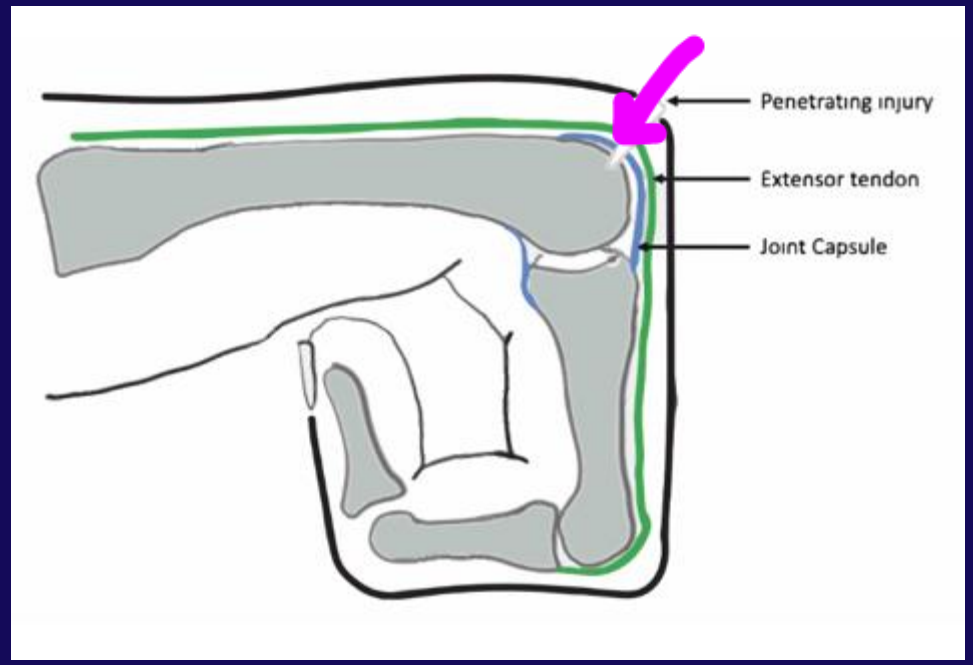
Exam

~~KANAVEL'S SIGNS~~
~~1. Fusiform swelling~~
~~2. Pain w/passive extension~~
~~3. Tender along flexor tendon sheath~~
~~4. Finger rests in slight flexion~~

Laceration dorsal hand
+/- Extensor lag (loss of finger extension)
Erythema
Edema
+/- Purulent drainage

Diagnosis

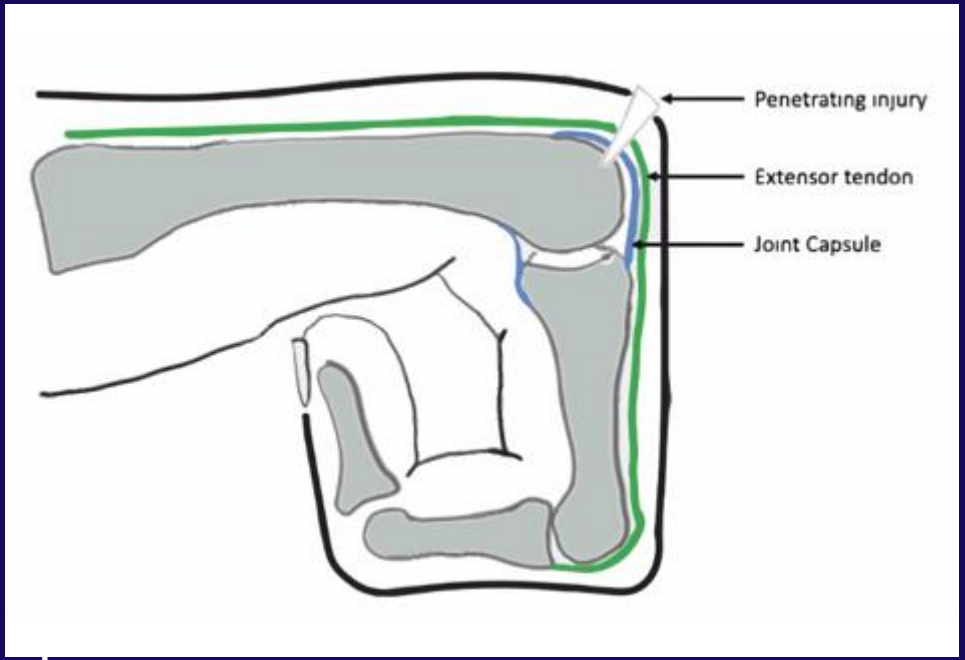
Fight bite

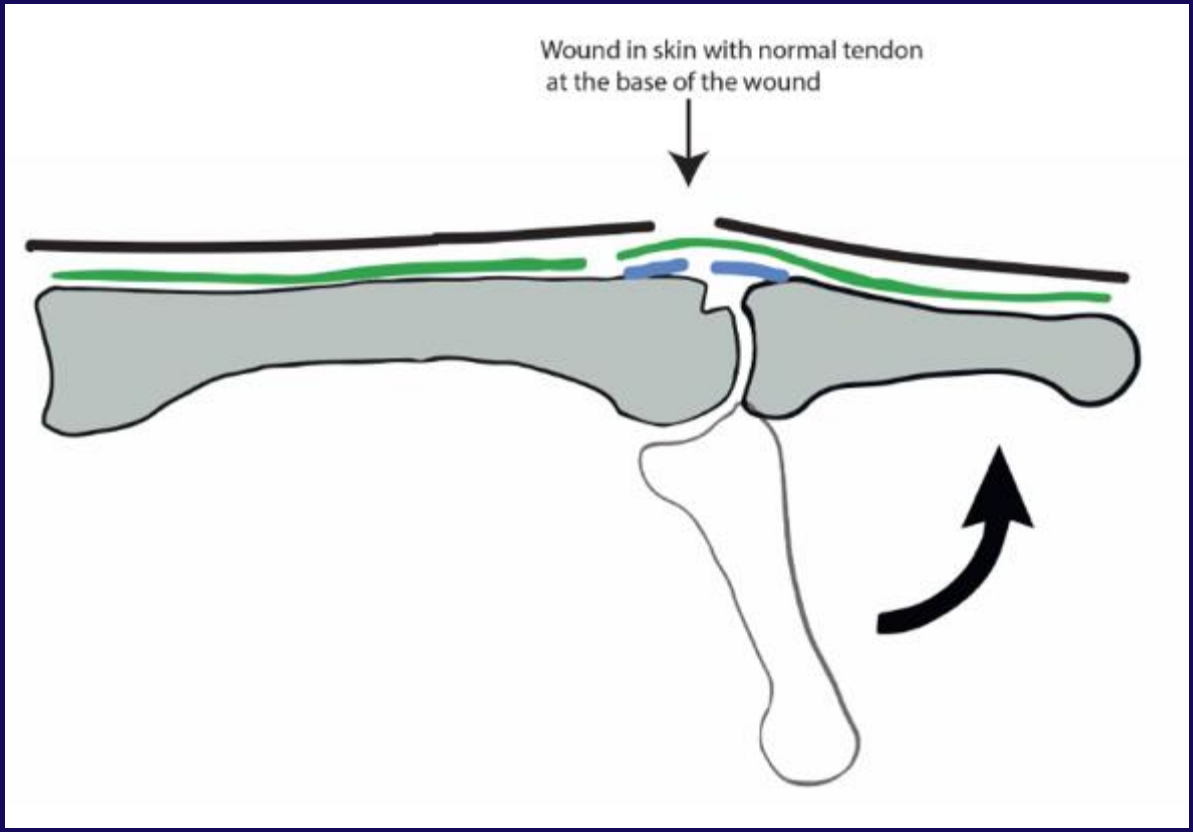


CC: FINGER/HAND INFECTION

Diagnosis

Fight bite





https://fifevirtualhandclinic.co.uk/the-fight-bite-injury/

CC: FINGER/HAND INFECTION

Diagnosis

Fight bite





Pathogen
- *Eikenella corrodens*
- Anaerobic gram (-) rod
- Difficult to grow

Treatment

Oral antibiotics
- PCN
- Ampicillin

+

o

Irrigate/wash out in the ED/Acute Care + dressing.
DO NOT SUTURE CLOSED.
Splint
Refer to Hand Surgery

CASE #4

MOI: DOING YOGA AT A RETREAT, LOST BALANCE & FELL ON OUTSTRETCHED HAND



CC: radial sided wrist pain and basilar thumb pain

Exam





MOI: FOOSH

CC: radial sided wrist pain and basilar thumb pain

Exam

AROM wrist motion: limited and painful

Thumb motion: limited and painful

First dorsal compartment pain and edema: none

Dorsal wrist (radiocarpal joint) tenderness: PRESENT

Thumb CMC joint tenderness: PRESENT

Grind test: PRESENT

Snuffbox tenderness: PRESENT, BUT MILD



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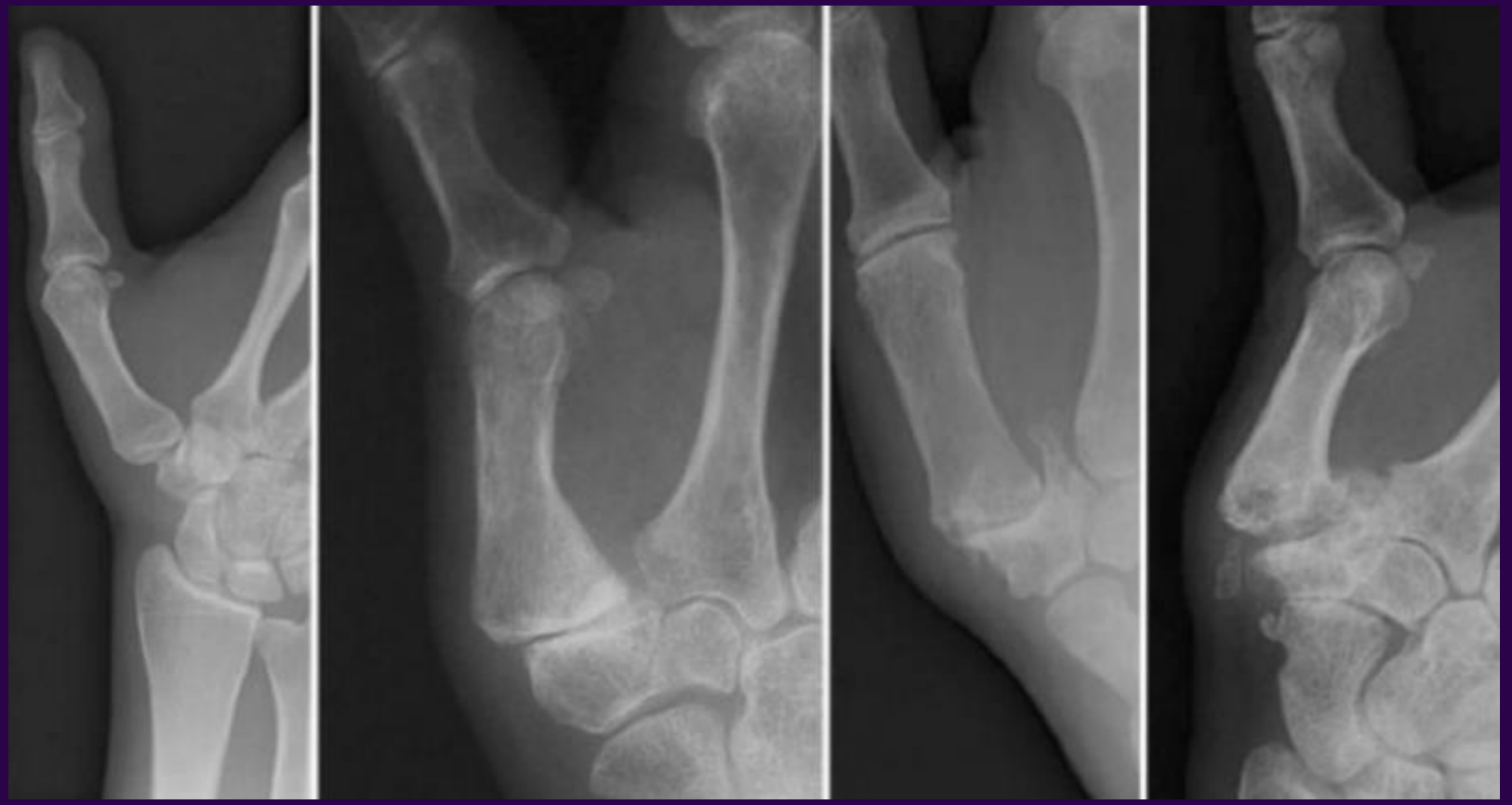
CC: radial sided wrist pain and basilar thumb pain

Exam + X-rays

- ✓ Stiffness
- ✓ Tendons intact
- ✓ Crepitus as you stress collateral ligaments
- ✓ Heberden's nodes
- ✓ Squaring of the palm (thumb CMC deformity)
- ✓ Edema

+/- Erythema

- ✓ Point tender over the joint



Don't be fooled! Progression of thumb CMC arthritis may look like the joint is dislocated but instead severe subluxation is part of arthritis.

MOI: FOOSH

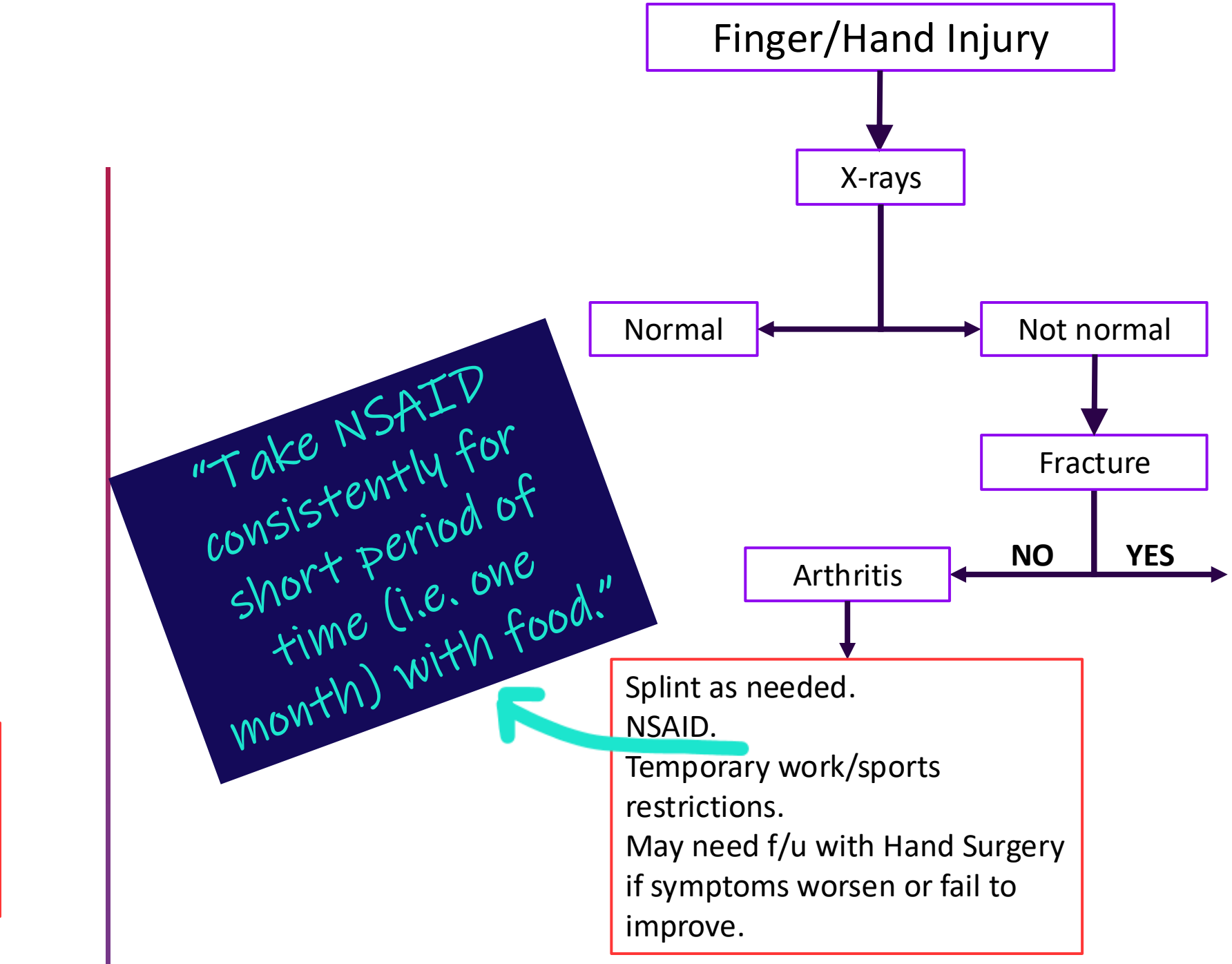
Dx: Right basilar thumb and wrist arthritis aggravated by recent fall

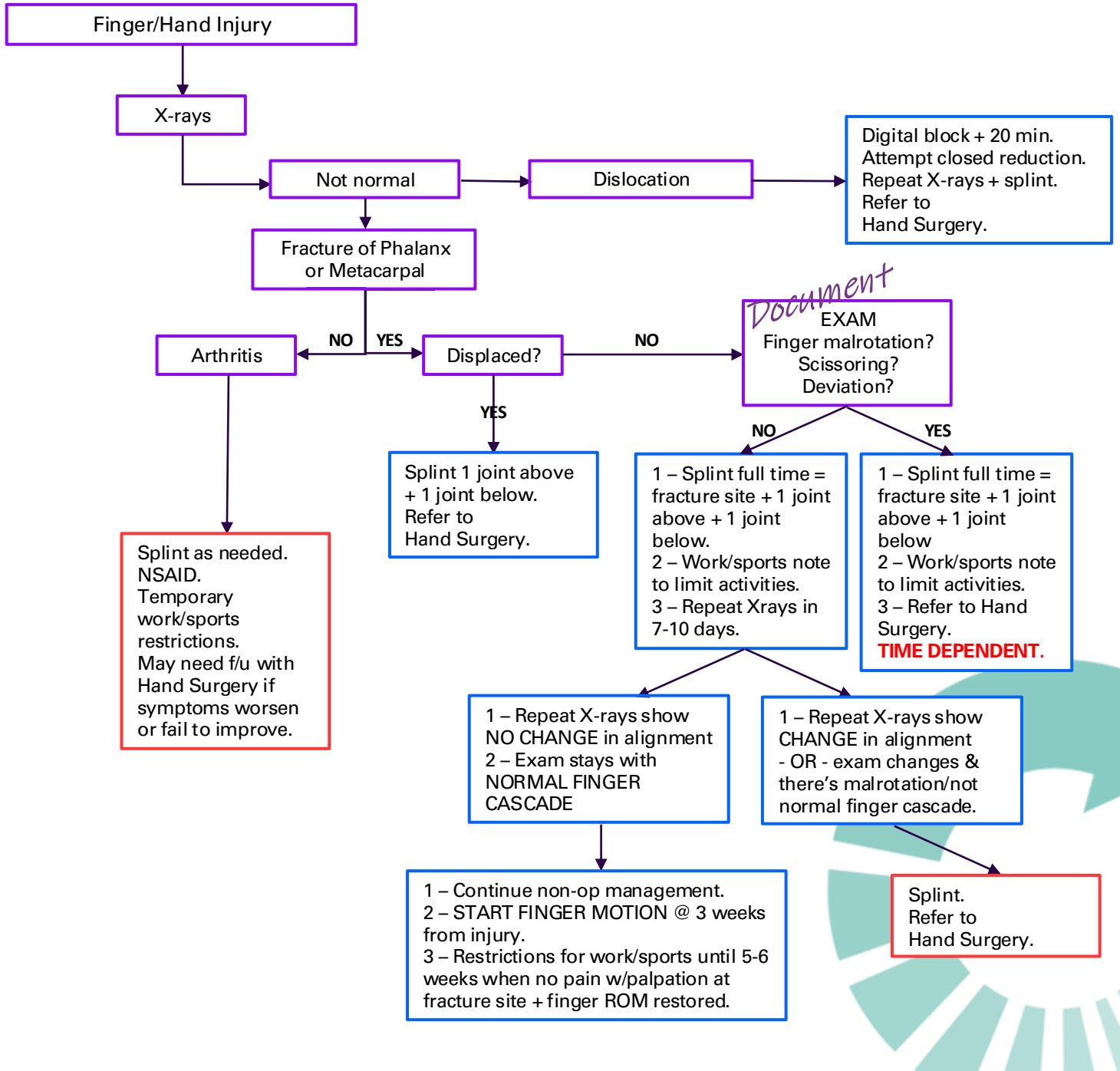
Plan

1. Splint for activities, okay to take off for hygiene and when resting.
2. NSAID consistently for a short period of time. (Can't take NSAID → Voltaren gel 3-4 x per day for 1-2 weeks).
3. Tylenol Arthritis 650mg as needed for pain.
4. If symptoms worsen or fail to improve after several months of conservative treatment, refer to Hand Surgery.

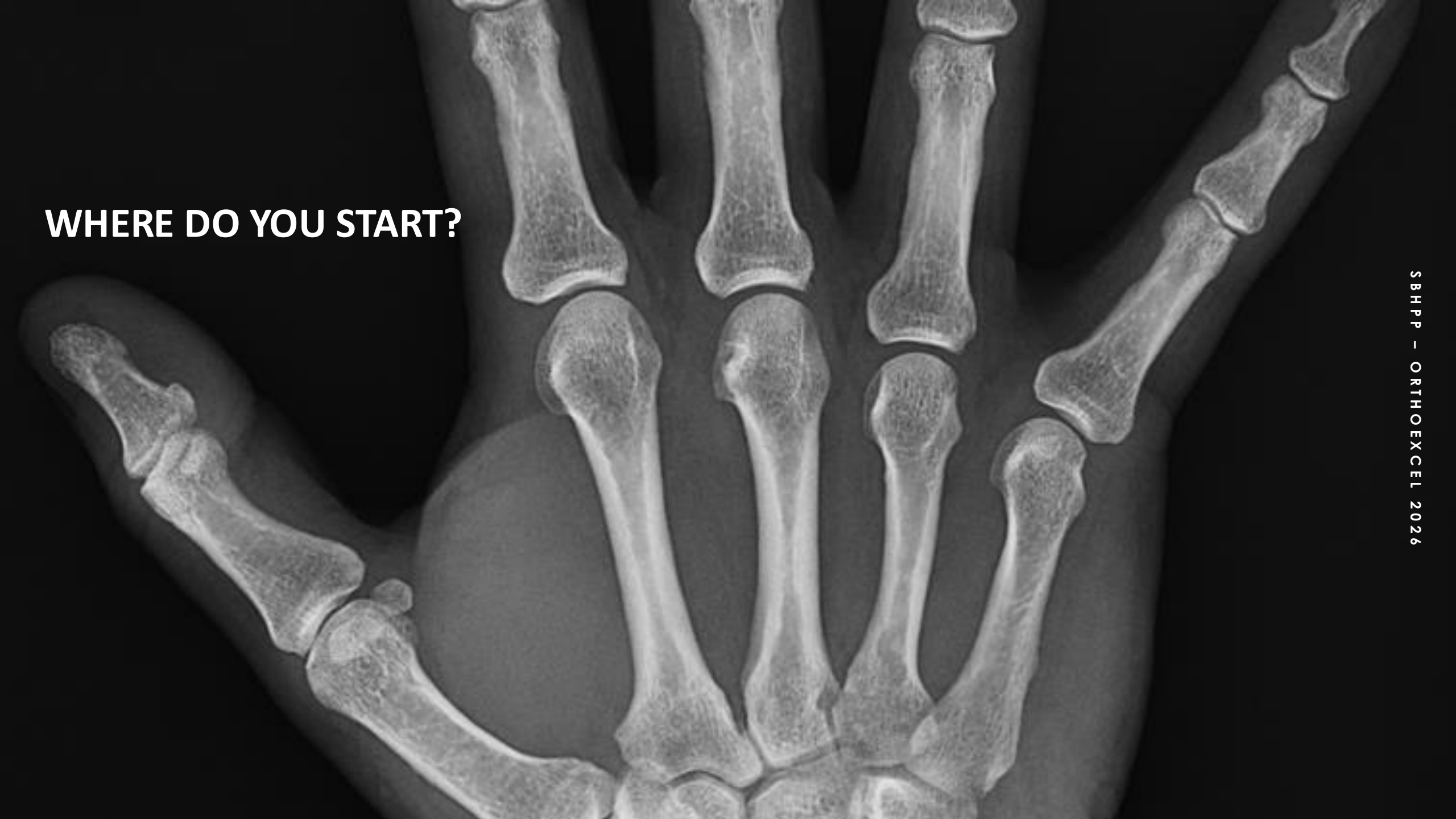


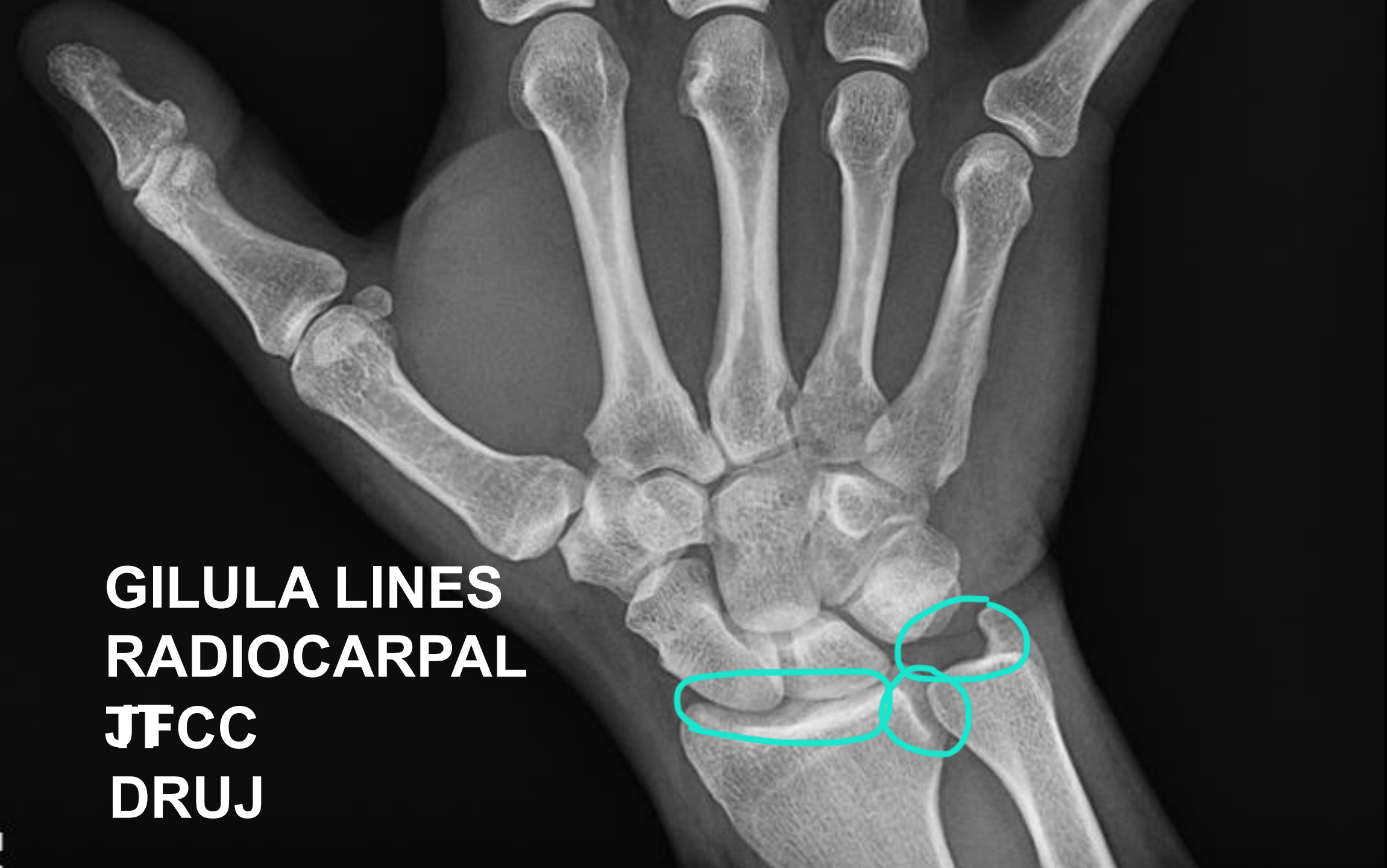
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Finger/Hand Injury
X-rays
Normal
Not normal
Fracture
NO
YES
Arthritis
Splint as needed.
NSAID.
Temporary work/sports restrictions.
May need f/u with Hand Surgery if symptoms worsen or fail to improve.
"Take NSAID consistently for short period of time (i.e. one month) with food."


Finger/Hand Injury
X-rays
Not normal
Dislocation
Digital block + 20 min.
Attempt closed reduction.
Repeat X-rays + splint.
Refer to
Hand Surgery.
Fracture of Phalanx
or Metacarpal
Arthritis
NO
YES
Displaced?
NO
Document
EXAM
Finger malrotation?
Scissoring?
Deviation?
YES
Splint as needed.
NSAID.
Temporary
work/sports
restrictions.
May need f/u with
Hand Surgery if
symptoms worsen
or fail to improve.
Splint 1 joint above
+ 1 joint below.
Refer to
Hand Surgery.
NO
YES
1 – Splint full time =
fracture site + 1 joint
above + 1 joint
below.
2 – Work/sports note
to limit activities.
3 – Repeat Xrays in
7-10 days.
1 – Splint full time =
fracture site + 1 joint
above + 1 joint
below
2 – Work/sports note
to limit activities.
3 – Refer to Hand
Surgery.
TIME DEPENDENT.
1 – Repeat X-rays show
NO CHANGE in alignment
2 – Exam stays with
NORMAL FINGER
CASCADE
1 – Repeat X-rays show
CHANGE in alignment
- OR - exam changes &
there's malrotation/not
normal finger cascade.
1 – Continue non-op management.
2 – START FINGER MOTION @ 3 weeks
from injury.
3 – Restrictions for work/sports until 5-6
weeks when no pain w/palpation at
fracture site + finger ROM restored.
Splint.
Refer to
Hand Surgery.

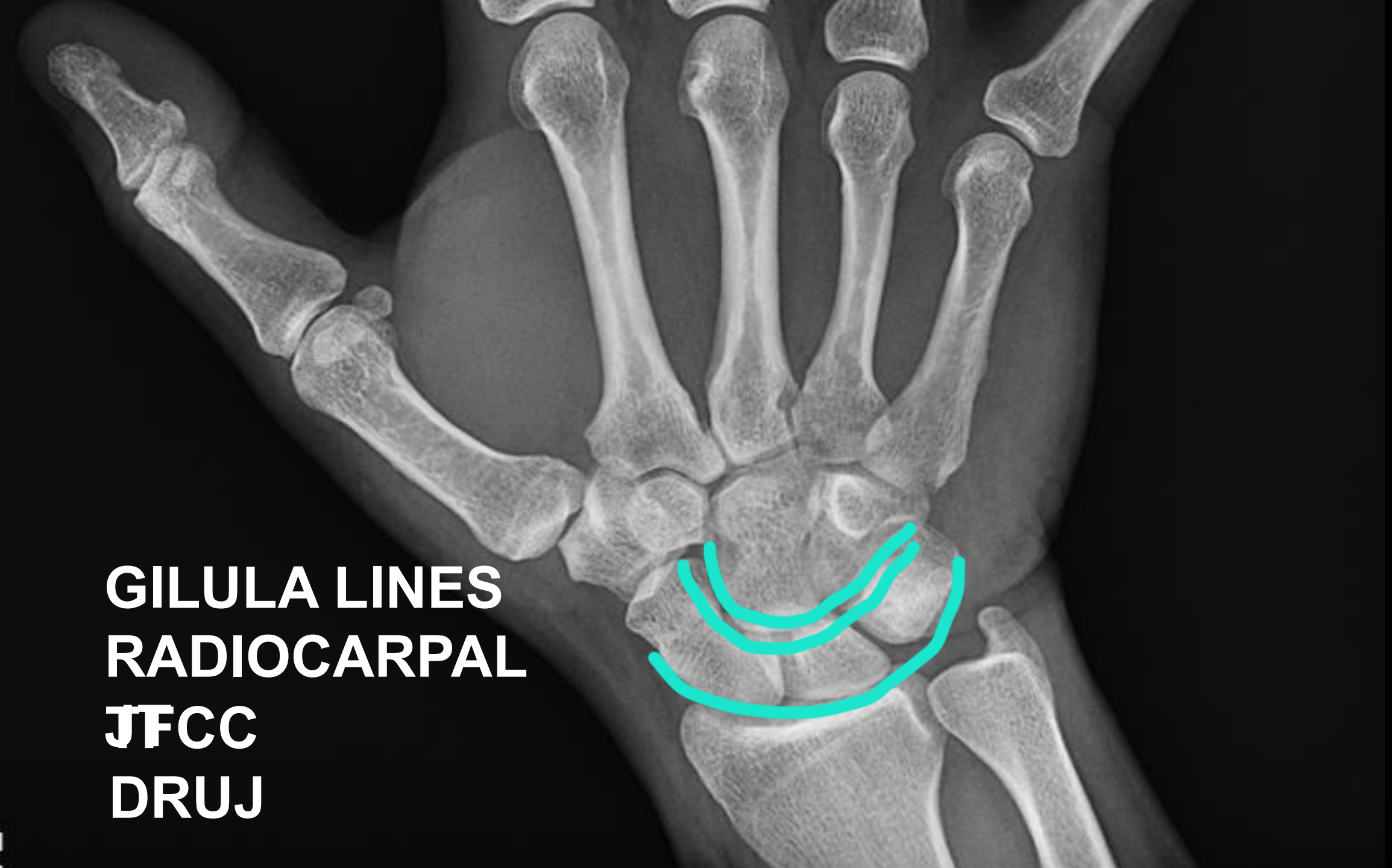
WHERE DO YOU START?





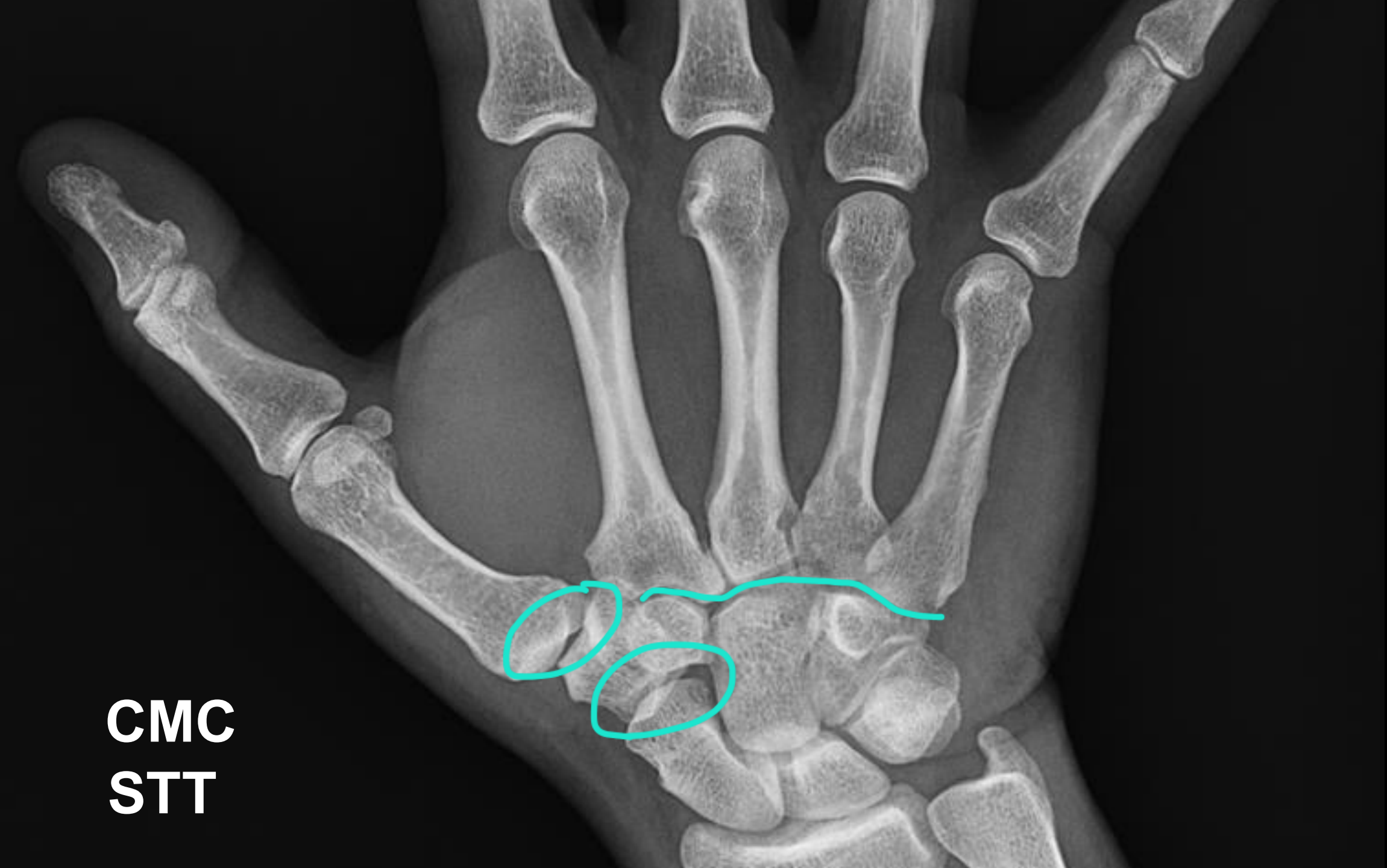
GILULA LINES
RADIOCARPAL
JFCC
DRUJ

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GILULA LINES
RADIOCARPAL
JFCC
DRUJ

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CMC
STT

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MCP

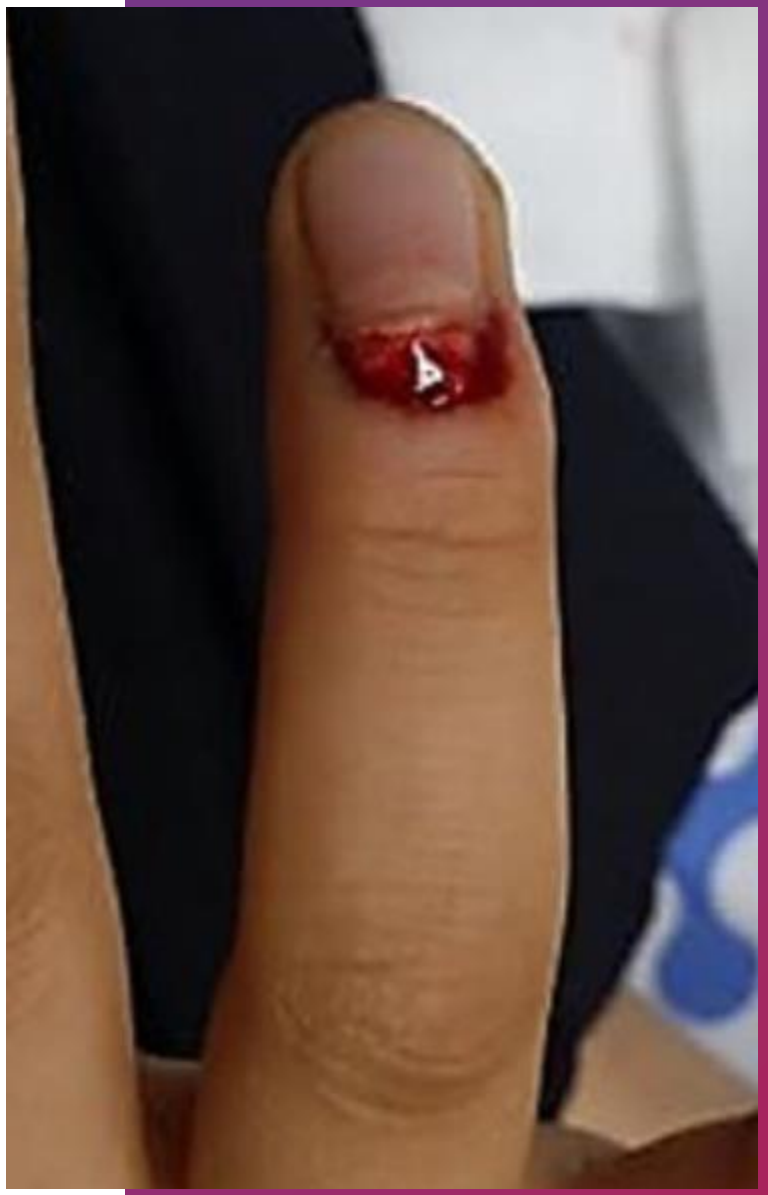


PIP & DIP



CASE #4

CC: 12 Y/O MALE WHOSE FINGER GOT STEPPED ON DURING FOOTBALL PRACTICE



CC: Finger got stepped on during football practice **Dx: Seymour Fracture**

Xrays – 3 views of the injured finger



Exam

~~Range of motion~~
~~Special tests~~
Finger cascade
Sensation
Cap refill
Describe the injury – if you can put a photo in the patient's chart, even better!

CC: Finger got stepped on during football practice **Dx: Seymour Fracture**

Xrays – 3 views of the injured finger



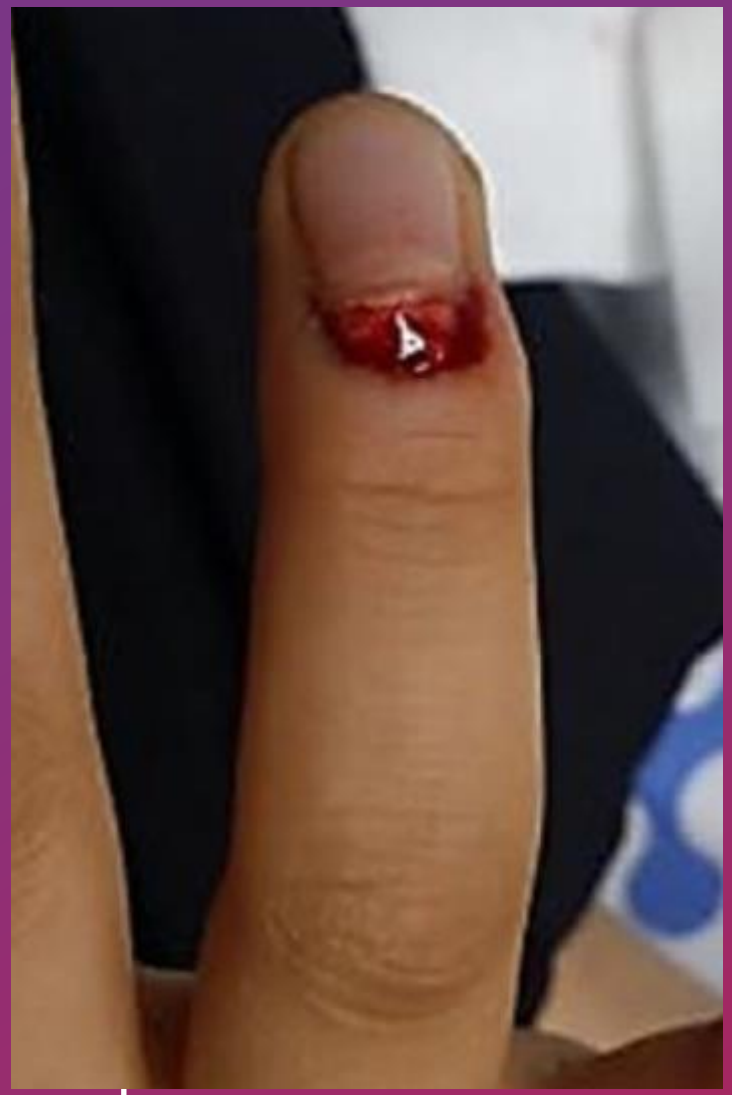
Plan

Splint
Refer to Hand Surgery URGENTLY!



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Dx: Seymour Fracture







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CC: FINGER/HAND INJURY

HOW DO I DETERMINE TREATMENT?

PHALANX OR **METACARPAL FRACTURE** → XRAYS **AND** CLINICAL EXAM

CARPAL OR **RADIUS/ULNA FRACTURE** → XRAYS ONLY

CC: FINGER/HAND INJURY

HOW DO I DETERMINE TREATMENT?

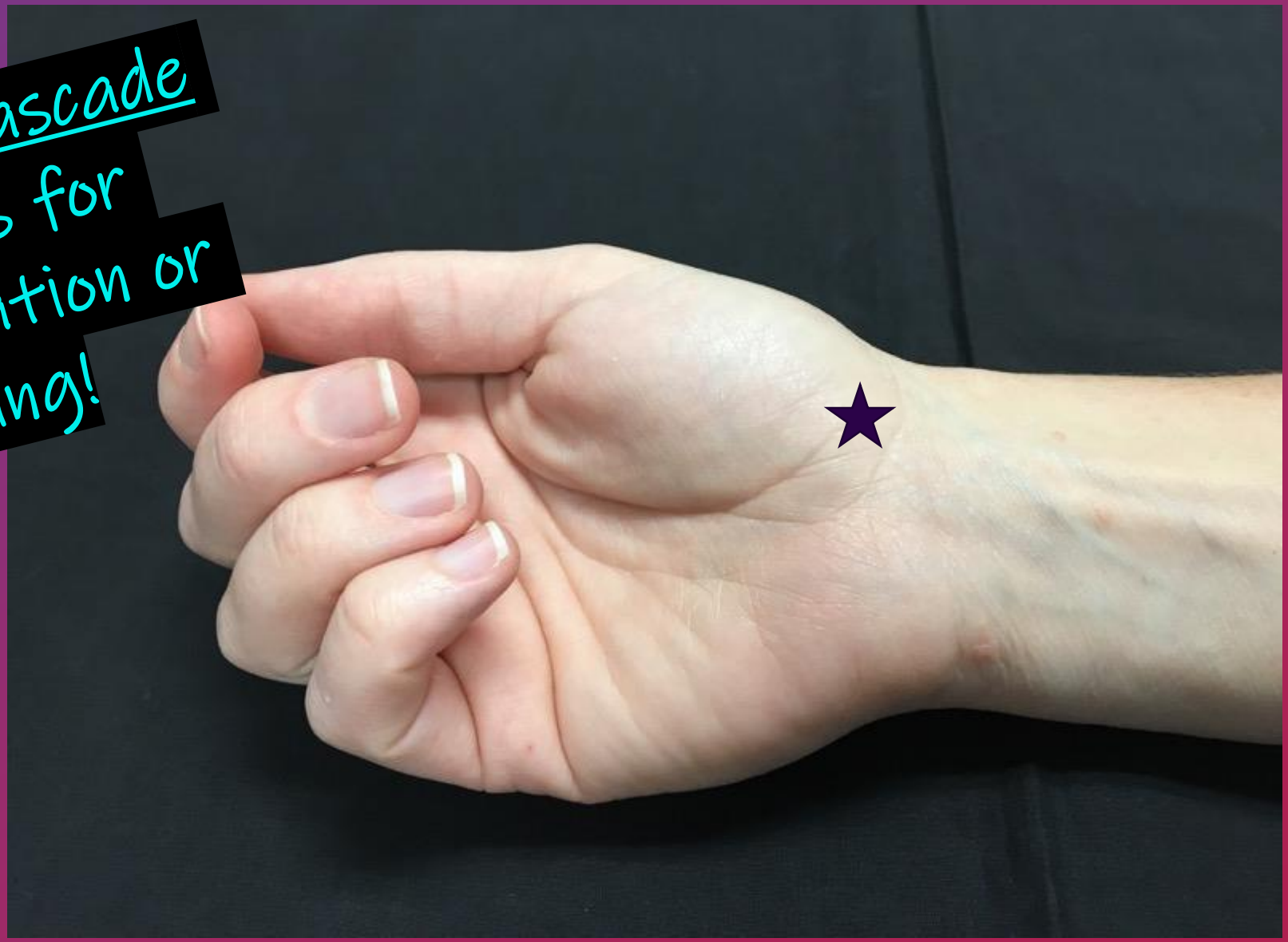
PHALANX OR **METACARPAL FRACTURE** → XRAYS **AND** CLINICAL EXAM

PLAN:

1. **Xray.**
2. **Examine for rotational deformity & document.**
3. **Splint!**

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CC: FINGER/HAND INJURY



CASE #3

38 y/o female with ring finger middle phalanx fracture





CC: FINGER/HAND INJURY

Finger Cascade assesses for malrotation or scissoring!



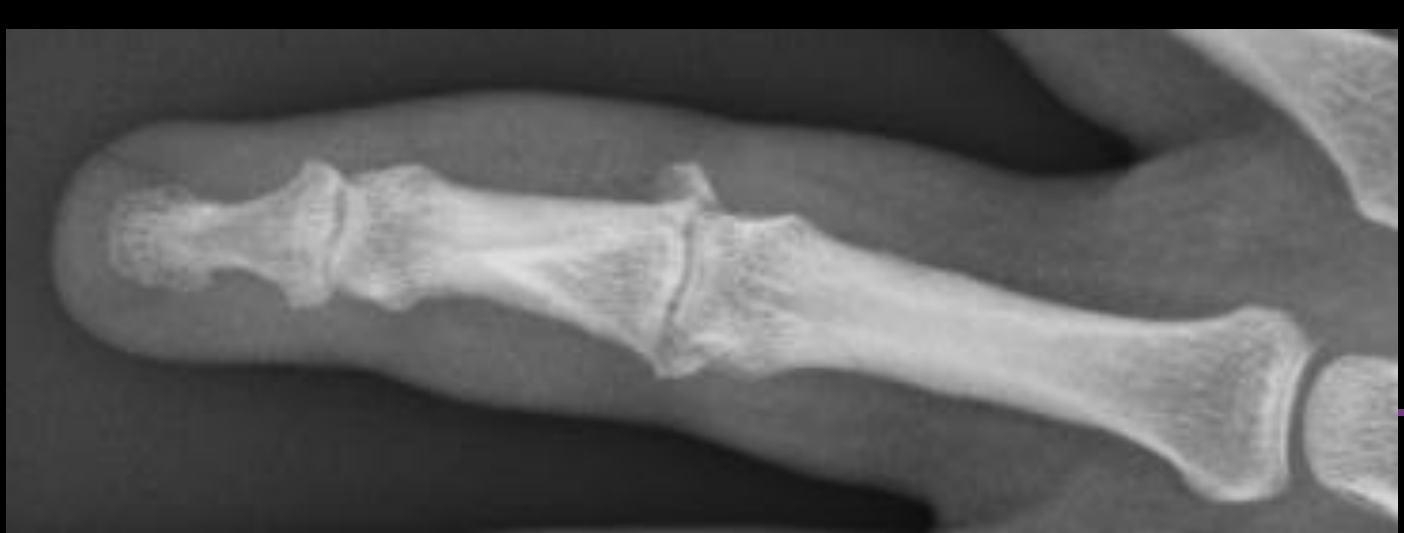
"Normal finger cascade. No rotational deformity or scissoring of Ring finger."



"There is rotational deformity of Ring finger. There is abnormal finger cascade."










Splint one joint
above and one joint
below the injury!

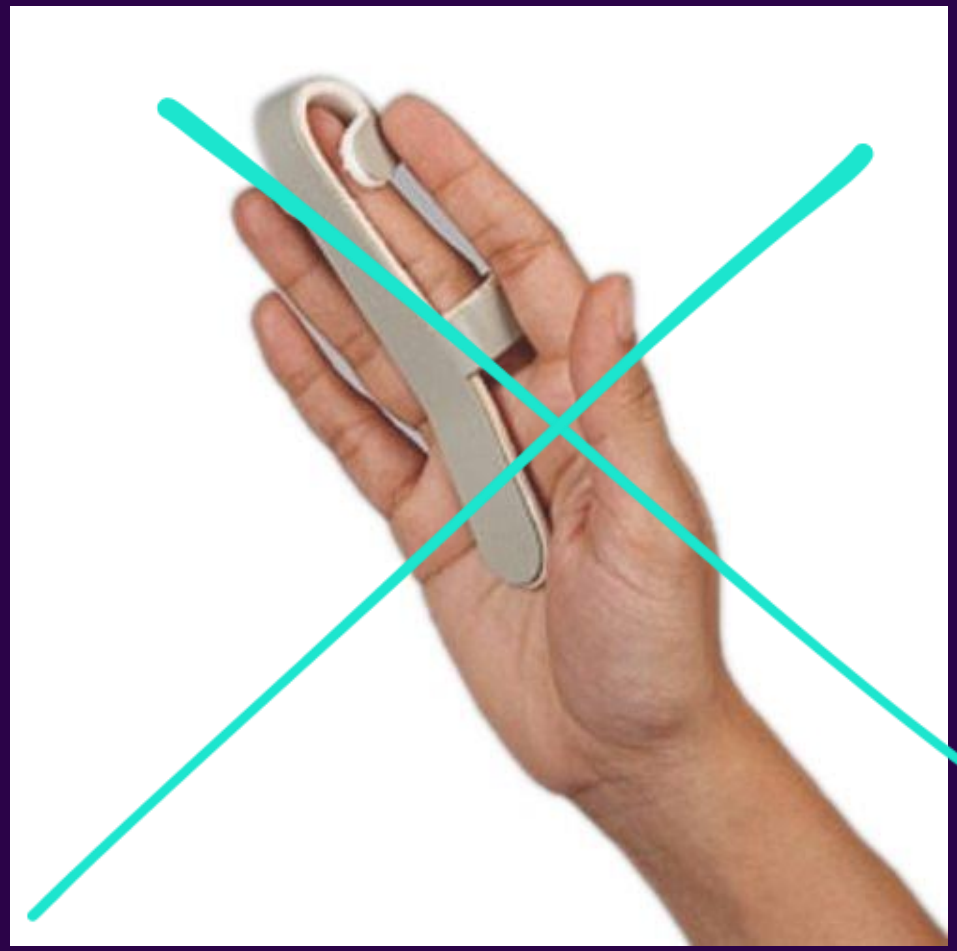








"There is slight ulnar deviation of the finger, no rotational deformity."



Splint one joint above and one joint below the injury!

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2. MEASURE & CUT



☐ Measure splint starting at tip of INCLUDED FINGERS so it begins & ends just inside edges of padding.



☐ Cut a notch for thumb. Wrap distal edge around the fingers dorsally.



-OR-

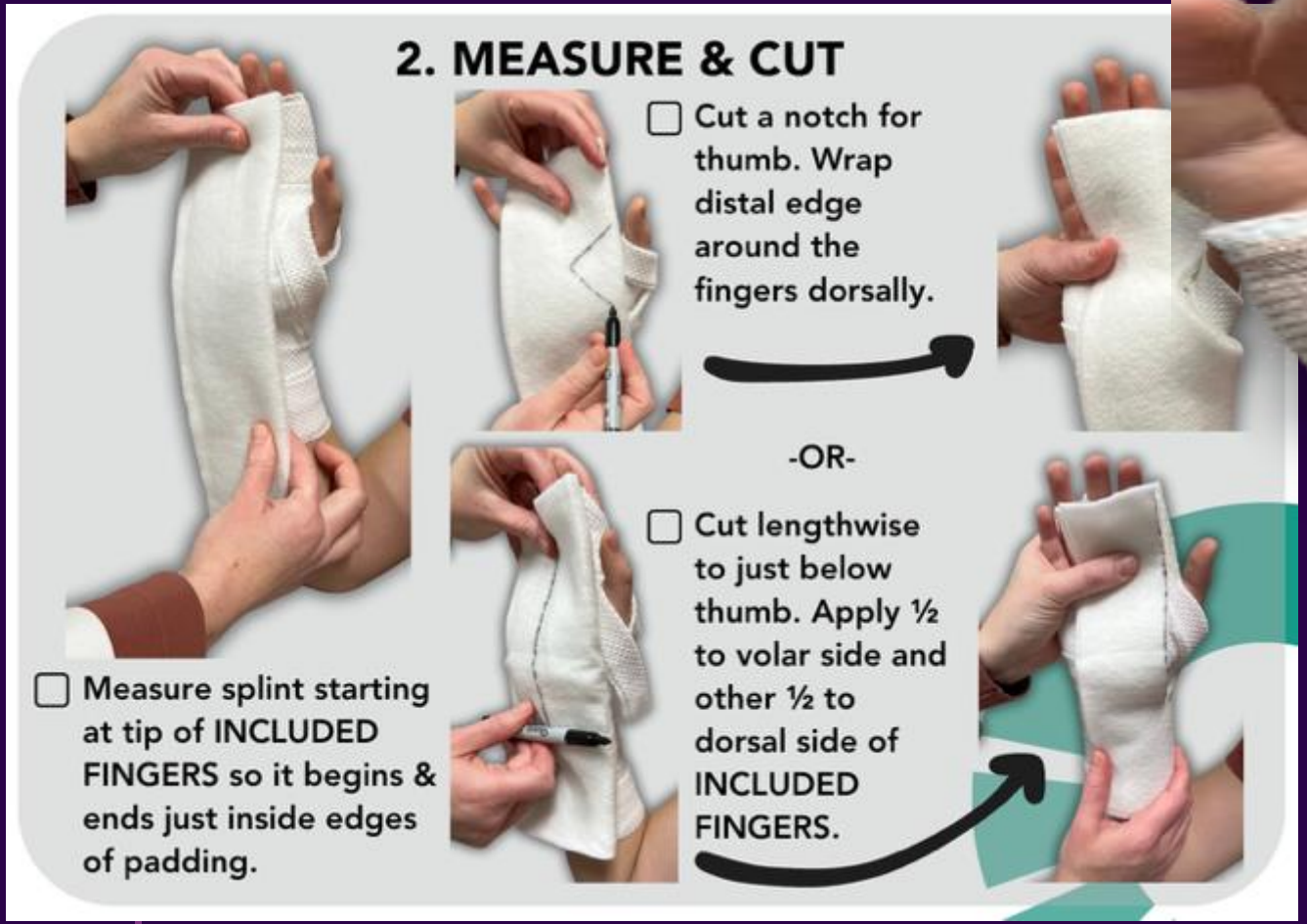


☐ Cut lengthwise to just below thumb. Apply ½ to volar side and other ½ to dorsal side of INCLUDED FINGERS.



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Radial Gutter Splint









Ulnar Gutter Splint







Short Arm Splint extending past MCP joints but allowing for PIP motion (i.e. Clam Digger Splint)











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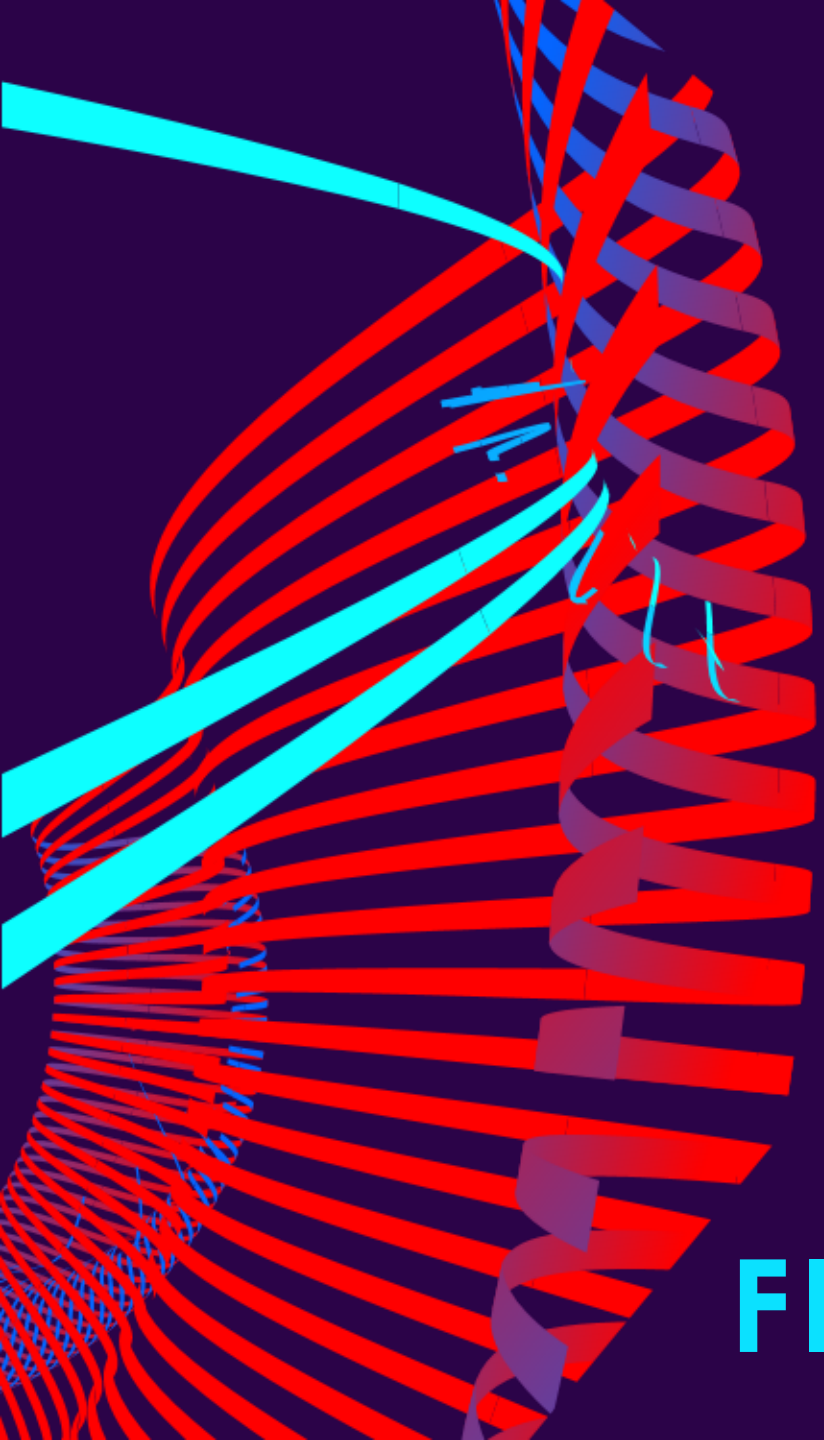
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FINAL TIPS & TAKEAWAYS

Always keep reviewing the anatomy.

Get X-rays of the area of pain.

What's working? What's not?

A stiff finger is a useless finger!

Fracture? Assess finger cascade.

Fracture? Splint one joint above + one joint below unless it's a VOLAR PLATE INJURY!

Use the Ortho MDM Accelerator™ to determine initial treatment!

THANK YOU

Vanessa JS Smith, PA-C

info@OrthoRefresh.com

I want to hear from you!

