

Finger Dislocation

Your Emergency Department doctor has referred you to the Virtual Fracture Clinic. This allows fast access to a specialist opinion without having to visit the hospital in person.

An orthopaedic doctor will review your case, then a physiotherapist will contact you by telephone to discuss your management plan.

Your diagnosis is finger dislocation



Movement of the fingers occurs at the joints between the small bones. The bones are held in place by strong ligaments which encircle the bones and control the direction of movement when the tendons and muscles contract.

These ligaments can be overstretched and some of the fibres may tear when the finger unexpectedly contacts a firm object or is suddenly twisted.

If the joint is disrupted and the bones are no longer in contact with each other this is called a 'finger dislocation'.

In some cases, the ligament can tear off a small piece of bone when the dislocation occurs. This is called an 'avulsion fracture.'

Finger dislocations usually occur in the middle joint (the proximal interphalangeal joint - PIP joint) of the fingers although occasionally they can also occur at the other finger joints.

What are the treatments available for a finger dislocation?

Commonly you, a friend or the doctor may pull the finger back into position straight after the injury and before any x-rays are taken. Initially it is important to be sure that the bones are back in the correct position in the joint and that the joint is stable.

Most finger dislocations are successfully treated without surgery and the joint usually heals without any serious long-term consequences.

The options for non-surgical management are usually to:

1. 'Buddy strap' the finger to a neighbouring finger for two to four weeks and move it as pain allows.
2. Support the finger in a plastic splint and then move the finger as pain allows.



It is important that you start gentle movement early and that you try to use the finger for light activities. You should expect to start trying to move the finger within 48 hours of the injury and to be able to make a full fist within two weeks of the injury. Exercises to help you do this are outlined below.

Early Management: the first three days after the injury

It is normal for your finger to become bruised and swollen. This will settle over a few weeks. The following guidelines can help to minimise swelling and pain:

Rest

For the first few days avoid any activity that increases your pain.

Ice

Ice the finger for **20 minutes every 1-2 hours**. Use an ice pack or a bag of frozen vegetables wrapped in wet tea-towel. Continue this for **3 to 7 days** after your injury.

Elevate

Rest hand above elbow position for first one to two weeks to minimise swelling in finger.

Lifting

For the first **6 weeks** you should not lift objects heavier than a cup of tea or mobile phone (**250 grams**).

Rehabilitation next six weeks

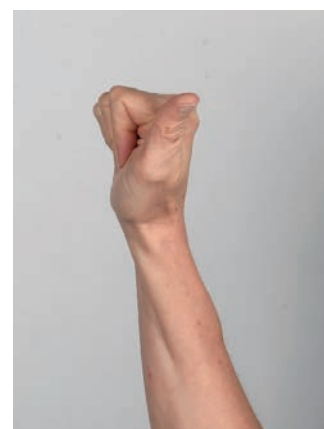
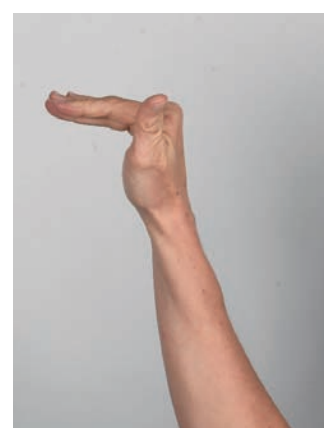
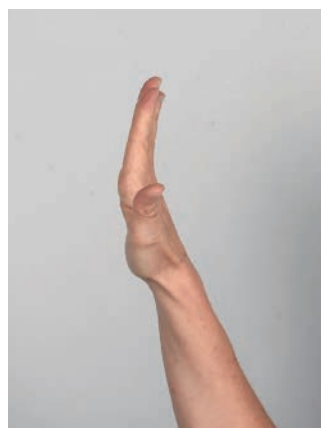
You should try to use your hand as normally as possible within the strapping or splint but you should avoid any heavy lifting, pulling or pushing for the first six weeks after your injury.

You should try to move your fingers, opening and closing your hand in a fist, as much as you can. This will help with the tissue healing and prevent the finger from becoming stiff.

You should also make sure to maintain the normal movement in all the other joints of your hand and upper limb by moving them regularly.

What exercises should I do?

To avoid stiffness and to optimise the return of movement in your hand, perform the following exercises five to ten times, five times each day.



It is normal for these exercises to feel uncomfortable when the fingers are stiff. If they become too easy you can stop doing them.

Medication

Simple medication such as paracetamol or anti-inflammatories may help to control your pain. Speak with your local doctor (GP) or pharmacist about your medication options.

Smoking

Research shows that smoking increases the risk of poor healing in fractures. Stopping smoking will improve the chance of a good outcome. For further information on quitting smoking visit www.quitnow.gov.au or speak with your GP.

Physiotherapy

If you are struggling to get your movement back at 12 weeks, please contact the Virtual Fracture Clinic on 0448 193 644 to discuss your options.

Expected return to daily activities

Most of these injuries heal without any problems; however, it may take several months for you to regain the full function of your finger.

Driving

Check with your insurer about driving with a finger splint.

Return to work

The amount of time you will need off work relates to the severity of your injury and your work requirements. Discuss your return to work plan with your local doctor and employer.

As a guide:

- Manual workers - If you need to climb ladders or do repetitive lifting it may take 6 to 8 weeks to return to normal duties.
- Desk workers - you can return as soon as your pain allows.

Return to sport

It is recommended that you see a physiotherapist for a guided return to sport program. You should avoid contact sports and heavy manual work for eight to 12 weeks.

Longer-term recovery and expectations

Many finger dislocations heal without problems. It may take several months for any swelling to resolve and to feel like you have full strength and flexibility in the hand.

Occasionally some people will experience loss of movement and stiffness in the injured joint and they will need to see the hand therapy team for exercises, advice and splinting to try to overcome the stiffness. They may always have difficulty making a full fist or straightening the finger fully. A minor loss of straightening is unlikely to affect function, however if the bent finger results in difficulty using the hand and the movement has not improved with hand therapy, it may be necessary to see a hand surgeon.

Less commonly, some people experience ongoing instability in the injured finger. This means that the ligaments are no longer providing the same level of support as they were before the injury and the finger may feel like it 'gives way'. If the injured joint continues to dislocate, please contact the virtual fracture clinic.

Some people may experience arthritis in the affected joint later in life. This is more likely if there has been a complex fracture associated with the dislocation or if the joint remained out of place for an extended period.

When to contact the Virtual Fracture Clinic

- If you have not heard from us within three working days after your Emergency Department visit.
- If your pain is so bad that medication and RICE (rest, ice, compression and elevation) do not help.
- If you notice increasing pain without a cause after it was improving.
- If you notice major numbness, pins and needles, or changes in circulation in your arm, hand or fingers.
- If your symptoms are still bad after 6 weeks.

If you have any questions or concerns, please contact the Virtual Fracture Clinic:

T: 0448 193 644

E: myfracture@health.qld.gov.au

This fact sheet provides some information to assist with management and rehabilitation of your injury. While it contains the recommended information, it does not contain all available information about your injury and is not a substitute for specific advice from the Virtual Fracture Clinic in respect of your injury.

All treatment options have risks and benefits. This advice is of a general nature and is appropriate for most patients with this condition. However, it may not apply to your specific injury and circumstances.

If you have any concerns about progress of your rehabilitation, contact the Virtual Fracture Clinic promptly.

Do not continue the exercises in the brochure if:

- You experience increasing pain that does not settle quickly with rest (some discomfort is common)
- Your condition has deteriorated in any way since you last consulted the Virtual Fracture Clinic
- You have a new injury or condition and have not consulted the Virtual Fracture Clinic about it.

This information is only designed for patients who are currently being treated by the Virtual Fracture Clinic at the Townsville University Hospital. If you do not understand the information seek clarification from the Virtual Fracture Clinic.

Patients should be aware that the suggested management is not guaranteed to provide any improvement in your condition.

Keep this brochure as you may need to read it again. Thank you to the Royal Melbourne Hospital VFC for their assistance.



Partnering with Consumers - This patient information brochure supports National Safety and Quality Health Service Standard 2. Consumers and/or carers provided feedback on this patient information.



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