

**Boutonniere Deformity (Conservative)
Dr. Staiger**

Time Frame	Treatment	Goals
Phase I Initial Visit	<ul style="list-style-type: none"> • Evaluate and Treat • Client's active range of motion of PIP joint into extension determines treatment: <ul style="list-style-type: none"> ○ <u>If passive range of motion is 0 degrees</u>, then thermoplastic orthosis or serial cast PIP joint into extension for 6 weeks if acute, 8 weeks for chronic deformities. Client may return for new serial cast as needed due to cast break down. ○ <u>If passive range of motion is less than 0 degrees</u>, then thermoplastic orthosis or serial cast into extension with DIP joint free. • OT typically sees these client 1-2x/week for casting/splinting, range of motion for finger extension, and edema control until client achieves 0° of passive PIP extension. Then client is casted in extension for 6-8 weeks, as instructed by physician. • Instruct client on exercises: <ul style="list-style-type: none"> ○ Active isolated blocking of DIP joint into flexion. These are important because they stretch the ORL ligament. ○ Edema control techniques. • Client should NOT take cast off at home without keeping his/her finger completely straight. • May use modalities as indicated <ul style="list-style-type: none"> ○ Modalities may include Ketoprofen, Dexamethasone, or Potassium Iodide as indicated. 	<ul style="list-style-type: none"> • Edema control • Full PIP ext in client
Phase II If Needed 6-8 Weeks After Initial Full Ext Was Achieved	<ul style="list-style-type: none"> • Active and gentle PROM exercises are initiated to the PIP joint. • Continue with DIP active and passive exercises. • Continue custom extension orthosis/serial cast at night, for an additional 2-4 weeks, then only when extension lag is present. • LMB orthosis may be utilized during the day to minimize recurrent extension lag. 	<ul style="list-style-type: none"> • Functional AROM of finger