

## BOUTONNIERE DEFORMITY (CONSERVATIVE)

Dr. Widstrom

Time Frame	Treatment	Goals
Initial	<ul style="list-style-type: none"> <li>• Evaluation and Treat</li> <li>• Patient's active range of motion of PIP joint into extension determines treatment:               <ul style="list-style-type: none"> <li>○ <u>If passive range of motion is 0 degrees</u> <ul style="list-style-type: none"> <li>- splint or serial cast PIP joint into extension with DIP free for 6 weeks if acute, 8 weeks for chronic deformities. Pt may return for new serial cast as needed due to cast break down.</li> </ul> </li> <li>○ <u>If passive range of motion is less than 0 degrees</u> <ul style="list-style-type: none"> <li>- splint or serial cast into extension with DIP joint free. See client 1-2x/week for casting/splinting until ROM PIP ext is at 0; patient remains casted/splinted for 6-8 weeks.</li> <li>- PT may complete HEP for flexion and extension at home until he/she reaches 0 degrees</li> <li>- Instruct patient on exercises:</li> </ul> </li> </ul> </li> <li>• Active isolated blocking of DIP joint into flexion. These are important because they stretch the ORL ligament,</li> <li>• Edema control techniques.</li> <li>• May use modalities as indicated</li> </ul>	<ul style="list-style-type: none"> <li>• Edema management</li> <li>• HEP</li> <li>• ROM</li> </ul>
Phase I:  6-8 weeks of full extension	<ul style="list-style-type: none"> <li>• Active and gentle PROM exercises are initiated to the PIP Joint,</li> <li>• Continue with DIP active and passive exercises,</li> <li>• Continue extension splint between exercises and at night, for an additional 2-4 weeks, then only when extension lag is present.</li> </ul>	<ul style="list-style-type: none"> <li>• ROM</li> </ul>