Technical Section

TECHNICAL NOTES & TIPS

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A makeshift mallet splint

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BACKGROUND

Mallet deformity of the finger is caused by the detachment of the extensor mechanism from the distal phalanx with or without associated fracture.¹ Mallet injuries of the fingers are common and present to a number of different care facilities. Failure to treat such injuries may result in chronic non-reducible mallet and swan neck deformities. They can be successfully treated by conservative (closed injury) and surgical (open injury) means.

Figure 1 Disposable razor and guard.

Treatment of both open and closed injuries requires a period of immobilisation of the distal interphalangeal joint. This is commonly achieved by use of a thermoplastic stack splint (Promedics, UK) or zimmer splintage secured with elastoplast.

TECHNIQUE

In the event the above methods of splintage are unavailable, one may use the guard of a standard disposable razor (Wilkinson Sword Duplo, UK) found in most hospital departments (Fig. 1). This guard produces a snug fit around the finger immobilising the distal interphalangeal joint whilst allowing the proximal interphalangeal joint to move freely (Fig. 2). The only caveat being that, in patients with larger hands, a tight fit may compromise the finger and its use should be avoided.

Figure 2 Guard as mallet splint in situ.

DISCUSSION

Rather than disposal, these guards can be collected after use of the razor and used as makeshift mallet splints. Each stack splint costs £3.95 and each zimmer splint costs £2.33, thus significant cost savings can be made.

Reference

1. Stack HG. Mallet finger *Hand* 1969; 1: 83–9