13 Alternate Closure

Two drill holes are made at the dorsal cortex of the base of the middle phalanx. A 3.0 or 4.0 nonabsorbable suture is passed through the drill holes prior to cementing the distal compo nent (**FIGURE 13A**).

The finger is then extended and the suture is passed through the thickened aspect of the central slip (**FIGURE 13B**). With full extension, the suture is tied with minimal tension.

14 Postoperative Care: Dorsal Approach

Postoperatively the PIP joint is held in neutral extension for one to seven days depending on the immediate status of the soft tissues. The DIP joint may be flexed independently as soon as the patient is capable. This allows excursion of the lateral bands to help prevent adhesions. If the integrity of the extensor reconstruction was well done, early motion of the PIP joint will help lessen extensor adhesions and gain joint excursion. If the finger is swollen, elastic wraps to reduce edema during rest periods may be helpful.

Exercises and splinting are best started under supervision of a hand physiatrist or therapist. Exercises of the DIP joint may begin immediately if the PIP joint is suitably constrained. PIP exercises are begun gradually at two to seven days. A dynamic splint is often helpful in the early phases of rehabilitation (**FIGURE 14**). This should prevent hyperextension at the PIP joint with a static extension block, but provide an elastic sling to help return the finger to neutral after the joint has been flexed. The dynamic splint may be discontinued when extension is assured, but a nocturnal and rest static splint for protection should be used for several weeks.

Exercise periods of 5-10 minutes 5-6 times per day are gradually increased as tolerated. Return of the joint to neutral after each flex is encouraged. If an extension lag increases, static splinting back into extension for an additional 2-4 weeks may allow the central slip mechanism to recover its function. Passive motion is seldom indicated and is to be discouraged until 6 weeks postoperatively.

Ideally a range of 0° to 90° is sought but if a stable pain free 60° arc of motion is obtained, the result is considered good.

FIGURE 13A

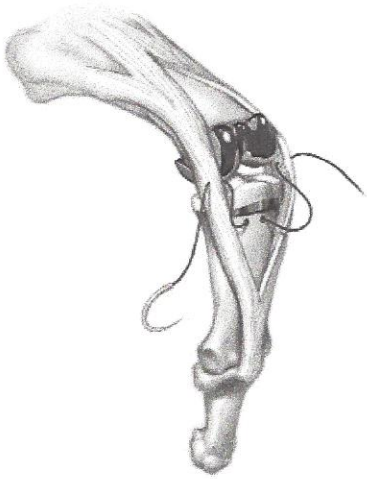

FIGURE 13B

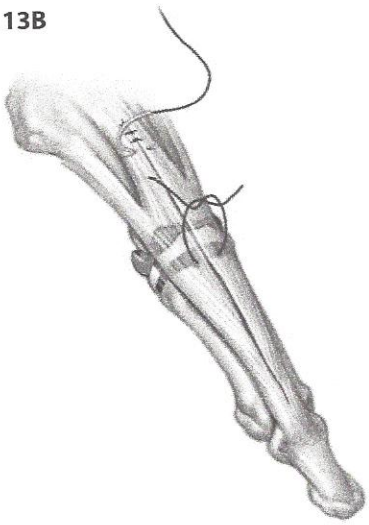

FIGURE 14