

## Current Management of:

### Zone 1 Extensor Tendon Injuries (Mallet Injuries)

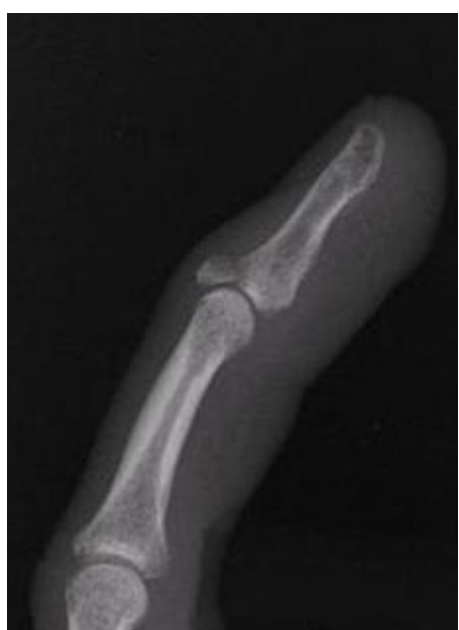
#### Bony Mallet



##### **Surgical Management:**

Bony fragment affects more than 30% of the DIPJ  
Volar subluxation of the DIPJ or subluxation of the bony fragment  
Compound fracture or associated nail bed injury

*Review with a ULQ specialist immediately. May or may not require surgical management.*

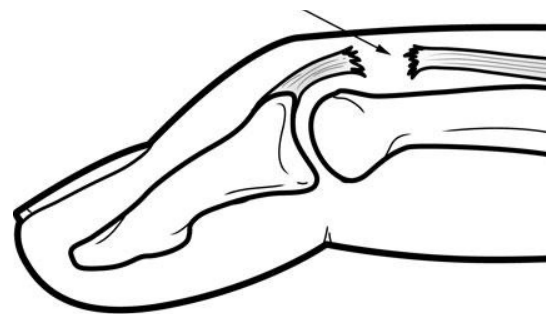


##### **Conservative Management:**

Lag at DIPJ, closed fracture + good DIPJ alignment  
Fracture fragment and/or DIPJ is not displaced/subluxed  
Fracture involves less than 30% of DIPJ

*Splint: immobilise DIPJ in neutral to slight extension. Include PIPJ if swan-necks.  
Review with ULQ specialist or hand therapist within a week.*

#### Tendinous Mallet



##### **Surgical Management:**

Lag at DIPJ + compound injury or associated nail bed injury  
Closed injury + has trialled conservative management

*Review with ULQ specialist immediately.*

##### **Conservative Management:**

Lag at DIPJ, but no associated bony injury  
Closed Injury

*Splint: immobilise DIPJ in extension. Include PIPJ if swan-neck present.  
Review with ULQ specialist or hand therapist within a week.*