

Sports Injury of the Finger

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During this time of the year, high school boys and girls have transitioned into the winter athletic seasons of basketball, wrestling and gymnastics. Unfortunately, due to the involvement of the hand with grasping, passing and catching, injury sometimes can be hard to avoid. The majority of injuries to the hand are minor and require straightforward treatment.

However, some of the major injuries of the hand are not recognized until it is too late for effective treatment. Various people are involved in the care of an injured athlete; the coach, athletic trainer, doctor, therapist and family. This is why it is important for good communication and early intervention from each individual to reach the most effective outcome.

Sporting injuries may be classified as relatively minor such as abrasions, contusions and sprains. They can also be classified according to the tissue of injury: ligaments, joints, bone, tendons, skin and soft tissue.

One injury that involves tendons of the finger that is often untreated is a dislocation of the PIP joint (middle joint) of the finger. This can occur with a fall, striking the ball or another player resulting in forcefully bending the middle joint of the finger. Often, the athlete will notice this on the court, will pull on the finger to put it back into place and resume play. These injuries can present with minimal signs but can have lasting maximal disability to the hand. The athlete typically will present with swelling, a bent position

of the middle joint and the inability to straighten the middle joint of the finger. If left untreated the athlete can develop a condition known as a boutonnière deformity.

A boutonnière deformity is caused by a torn tendon on the top of the middle joint of the finger. Initially the middle finger appears swollen and rests in a bent position. The athlete will still be able to stretch the middle joint of the finger straight with the other hand. As this injury continues to be left untreated the middle joint will become stuck in a bent position with an inability to straighten the joint. As this deformity progresses it will also affect the small joint at the tip of the injured finger and eventually the athlete will no longer be able to bend this joint. In time this injury can prevent function of both joints of the finger and decrease ability to participate in activities because of pain.

The best way to avoid developing a boutonnière deformity is to have early diagnosis and appropriate treatment, which often involves continual splinting of the PIP joint for a minimum of 6-8 weeks, a specific exercise routine for the intricate muscles of the finger and follow up with occupational therapy. With the appropriate initial treatment, an athlete can often utilize a splint and return for the remainder of the season for practice and play.

Sanford Outpatient Rehabilitation Services are available at the following locations:

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Van Demark Building, 1210 W. 18th St.
Sioux Falls, SD 57104 | (605) 328-1860

Sanford Outpatient Rehabilitation

Sanford Wellness Center, 4201 S. Oxbow Ave.
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