DISLOCATION OF THE FINGER JOINTS:

WHAT ARE FINGER JOINT DISLOCATIONS?
These occur often in sports injuries or from a fall. The most common injury is a joint in the middle of the finger, called proximal interphalangeal (PIP) joint (figure 1-6).

These can occur with a dislocation that is reduced on the field or occasionally the patients have been reduced in the emergency room following severe dislocations.

SYMPTOMS:

There is pain, swelling, and inability to bend the finger. Often these injuries are overlooked as a minor sprain, but days or weeks later the patients notice that they have limited motion of the finger.

ANATOMY:

The joints and the fingers are stabilized by a strong ligament on the palm side. It is called the volar plate. The ligament is so thick that it moves like a single plate of armor (Figure 2). There are also collateral ligaments around either side of the joint that help to prevent the joint from shifting either towards the thumb or towards the small finger as a result from injuries to the ulnar collateral or radial collateral ligament (Figure 3).

WHO HAS PIP JOINT INJURIES WITH DISLOCATION OR PARTIAL DISLOCATIONS WITH SUBLUXATION?

These can occur in individuals at any age, although much more rare in pediatric patients because that the growth plate causes a different pattern of injury. These often occur in sports injuries where the fingers are caught, twisted or hyperextended.

HOW DO WE DIAGNOSE PIP JOINT INJURIES?

Clinical examination is extremely important. Stress tests under x-rays can show whether there is looseness or laxity of the joint. Occasionally an MRI is necessary to identify ligaments that have ruptured and healed, but in a poor position so that there is edema or swelling in the damaged ligament.

HOW DO WE TREAT PIP JOINT DISLOCATIONS OR LIGAMENT INJURIES?

The vast majority of these can be treated with hand therapy where the finger is buddy taped to
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an adjacent finger and early motion is started.

CHRONIC INJURIES WITH STIFFNESS:
These often benefit from a cortisone injection to help relieve the thickened scar tissue and improve the patient’s ability to progress with therapy.

SEVERE INJURIES WITH INSTABILITY DEMONSTRATED ON X-RAY EXAMINATION:
(Refer back to Figure 3). These can require surgical repair where special bone anchors are used to reattach the ligament back down to the correct anatomic site of the bone (figure 4).

REHABILITATION:
Following either the buddy taping and splinting or the surgery, it is necessary to have the early range of therapy program. The PIP joint is very prone to stiffness as it is a beautifully designed joint with minimal tolerance for any type of scar tissue. In general, the patients can expect excellent recovery of motion and strength following these injuries. It is important to prevent re-injury during the recovery process.

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Figures courtesy of Principles of Hand Surgery and Therapy edited by Dr. Trumble