Pseudo-Boutonniere Deformity

REHABILITATION PROTOCOL

Patient Name: ______________________________ Date: __________

Diagnosis: _______________________________________________

Surgery: __________________________________________ Surgery Date: __________

Description of Diagnosis

- The term “pseudo-boutonniere” is used to classify a group of PIP hyperextension injuries that present with a boutonniere-like appearance. With the pseudo-boutonniere deformity, there is a PIP joint flexion contracture with the DIP joint positioned in extension. With a pseudo-boutonniere, the DIP joint is passively flexible with the PIP joint extended. With a true boutonniere deformity, the oblique retinacular ligament is tight. Therefore, passive flexion of the DIP joint is not possible. With the pseudo-boutonniere deformity, the extensor mechanism has not been damaged, but the volar plate (proximal attachment) has been avulsed with scarring in the flexed posture.

Conservative Management – Therapy

- If a flexion contracture is present at the PIP joint, dynamic extension splinting and/or progressive static splinting is initiated until a full passive PIP joint extension is achieved.
- The patient is instructed in unrestricted active and PROM exercises of the digit. Once full passive PIP joint extension is achieved to neutral, a cylinder cast is fitted to the PIP joint for continuous wear, while leaving the DIP joint free for active and PROM.
- Active and PROM exercises are continued to the DIP joint to prevent lightness of oblique retinacular ligament.
6 Weeks

- Once the PIP joint has been immobilized at neutral for a period of 6 weeks, active and PROM exercises are initiated 6-8 times a day for 10 minute sessions.
- Extension splinting is continued between exercise sessions and at night with a cylinder cast or extension gutter splint to the PIP joint.

7 Weeks

- PROM exercises are initiated.
- Taping and/or dynamic splint may be initiated to increase passive flexion to the PIP joint.

8 Weeks

- The extension gutter splint is gradually reduced during the day. Typically, it is reduced one hour each day with the goal of completely discontinuing the day splint by 9-10 weeks.

10 Weeks

- The extension gutter splint is discontinued at night.