

Argus Orthopaedic Zone

Tendon Injuries Of The Hand

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Transforming patient information into patient understanding.

Orthopaedic Jeopardy

The most common tendon injury that Dr. Haverbush sees.

What is _____ a mallet finger?

Mallet finger is caused by an object hitting the tip of the finger bending it down. The extensor tendon is torn away from its attachment to bone breaking off a tiny piece of bone. The finger droops down and you can't straighten it.

Key Point: It should not be neglected as it will not get better on its own and can cause permanent deformity to the finger and arthritis later.

Treatment

I have found that this injury is way too casually treated by doctors other than Orthopaedic Surgeons such as myself. The splints that are put on are not adequate and follow up is spotty. I see patients with this injury who come in 2 -3 weeks after it happened. I often need to do surgery on fingers that probably could have been avoided if I saw the person soon after the injury. I need to see the injury within a few days.

Tendon Lacerations

This section deals with injuries to the hand where the skin is penetrated usually by a sharp object.

There are two types of tendons in the hand. Those that straighten the fingers and thumb, which are called extensor tendons. The tendons that cause the fingers and thumb to bend are called flexor tendons.

Extensor Tendons

These tendons lay on the top of the fingers, thumb and hand. They are pretty superficial and are easily cut by sharp objects such as a knife. Associated nerve injuries are unusual, fortunately.

If the tendon has been cut completely it will definitely need to be repaired in surgery. I like to know about these as soon as possible so plans to repair can be made. The earlier the better.

Flexor Tendons

Injury to flexor tendons is more complicated because of the number of tendons moving a finger and the nerves that lay close to the tendon on either side. Also, the tendons can retract into the hand or wrist after being cut making repair even more difficult.

The longer the delay the harder it is to repair these structures. When a flexor tendon is cut one or both nerves may be cut too and these need to be repaired as well adding to the complexity of the surgery.

I really need to see these within a day or two after occurrence to have a chance to do a good job.

Key Point: Flexor tendons and their nearby nerves after repair often do not recover fully as if nothing happened. Scar tissue (adhesions) can make it difficult for repaired tendons to glide back and forth in their little tubes that contain them. Nerves are complicated structures that can heal imperfectly due to scar tissue.

I don't mean to make it sound hopeless. Far from it. But I need to see the injury early and recovery often involves a lot of physical therapy to get things moving again.

The End

Nobody does these things intentionally of course. If there is an open wound and contamination, the doctor seeing it initially needs to do an excellent job of cleaning it up and splinting it if I was not able to see the injury when it happened. Minimal delay in follow up will always give the best chance of a better result.

Be careful of your hands, everybody. You need them to do all you need to do!

Office Website and Argus Orthopaedic Zone Archive

All the Orthopaedic and musculoskeletal information you will ever need is yours at www.orthopodsurgeon.com! And what's more - The Argus Orthopaedic Zone Archive is on the Website. Every article I have written for Argus can be located on the Archive. The complete article! Everyone, please check all this out.

It is a wealth of information about all the things I treat in the office and hospital.

Our goal is simple - To help people return to more pain free, functional lives. Call if you need me. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush