

PATIENT INFORMATION

Common Finger Injuries in Athletes

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Comparing the injured finger to the same uninjured finger on the opposite hand is always helpful. Seek medical care, if the finger does not have its usual range of motion or looks abnormal when comparing to the opposite uninjured finger. Most injuries to the finger involve a direct blow to the tip or forcing the finger beyond its usual range of motion. Damage can involve bone, muscle, tendon, and ligament. Pain, swelling, and deformity are common. If the athlete cannot actively move the finger in all directions or the finger is deformed, immediately call your doctor. Simple x-rays of the injured finger are generally all that is needed to identify any possible broken bones or dislocations. CAT scans and MRI's are not routinely necessary. A "jammed" finger is a sprain of the joint-supporting ligaments without an associated fracture (broken bone) does not have to be "pulled out" forcibly on the field.

Treatment.

Rest, ice and elevation are good first therapies for all acute injuries. ***Compression wraps can be dangerous if they interfere with circulation to the fingertip or compress (squeeze) the nerves.***

Treatment for most finger injuries, involves: protection, immobilization (to hold the injured finger in the correct position to heal), and rehabilitation (to restore the finger to a healthy and useful condition).

If there is little or no swelling, minimal point tenderness, and normal appearance, and the finger has a full range of motion, parents may "buddy-tape" the finger until it no longer hurts (one to two weeks). Simply tape the injured finger to an adjacent finger (preferably a longer, uninjured finger) to provide protection and immobilization.

When the injury is no longer painful and tender, the athlete may do progressive resistance exercises (PRE's) to restore the full range of motion. This can be done by:

1. make a fist,
2. squeezing a ball,
3. trying to crumple up a small dish rag or towel.

Make sure that finger fully straightens out. Exercises can be done initially (48 hours after injury), in a bucket of warm water. Each activity should be repeated 10 to 15 times in two to three sessions a day until normal function has returned. Some discomfort and soreness should be expected while doing these exercises. Even after acute symptoms have subsided and normal function has been restored, some thickening and stiffness of the joint may persist indefinitely, particularly with severe injuries.

If you are uncomfortable with the length of time needed for healing, or have questions, call your pediatrician.

Return to play is dependent on the type of fracture, dislocation, or sprain; stability; use of the hand in the sport; and whether it can be protected. Ideally, the finger should be pain free. Lifetime deformities or disabilities can result from even the most minor injuries, but generally are the result of lack of proper treatment, rehabilitation, and protection.