

## Fractured or Dislocated, Injured Finger Needs Prompt and Specialized Care



(HealthNewsDigest.com) - Miami, FL, January 5, 2021 - "There is only a finger difference between a wise man and a fool," according to Greek philosophy, but, if that finger is injured, "it's the wise man who has a hand specialist check it out," says orthopedic surgeon Alejandro Badia MD "The finger could be fractured, dislocated, or both and more subtle soft tissue injuries (ligaments/tendons) might be present, all of which can severely affect the long-term functioning of the hand if left untreated."

Fingers are critical to hand dexterity and its ability to grip and grasp, notes Dr. Badia, a hand and upper limb specialist. "Primary goal of the physician is to stabilize and repair a fractured finger bone or dislocated joint as quickly as possible after injury. That is necessary to avoid complications, prevent permanent deformity, and maximize chances for a full return of the finger's mobility." Dr. Badia adds that "jammed finger" is a misnomer and an unacceptable diagnosis, as is simple aluminum splinting, which is often all that is done in the emergency room or at a general urgent care.

A fracture results when one of the phalanges – finger bones – cracks or actually breaks apart because of a blow to the finger during sports competition, work-related activities, a fall, or an accident like a slammed car door. A finger is dislocated when the bones that meet to form a joint are forced out of their natural position. The dislocation sometimes tears or ruptures supporting ligaments or tendons.

Oftentimes, a fracture and dislocation will occur in tandem because a severe enough fracture can also damage a joint, explains Dr. Badia, founder and chief medical officer of the Florida-based Badia Hand to Shoulder Center and OrthoNOW®. He is author of the book [Healthcare from the Trenches](#).

Finger injuries are among the most common types of orthopedic trauma. In fact, some physicians say finger fractures represent about 10 percent of all broken bones treated. Meanwhile, scientists, writing in the Journal of the American Academy of Orthopaedic Surgeons, state that the finger's middle joint – the proximal interphalangeal joint – is the one most frequently injured in the hand because of the length of the phalange – the lever -- above it and "the joint's exposed position." They indicate that trauma to the middle joint can be "overlooked or dismissed as nothing more than a 'jammed' or sprained finger, and treatment may be delayed if the patient 'self-treats' the injury."

Dr. Badia agrees but says "self-treatment" is not the only issue. "Many times, patients seek immediate relief for a painful finger at a hospital emergency department where physicians have little or no training in disorders of the hand," he says.

The hand is anatomically complex, consisting of 27 bones, including 14 finger bones, and a supportive system of ligaments, tendons, and nerves. Each finger consists of three joints, the thumb, two. The joints are interconnected by phalanges. Failure by a physician to appropriately identify the nature and extent of a finger injury and determine proper treatment protocol can lead to permanent hand dysfunction that affects a patient's quality of life, Dr. Badia says.

Other experts echo his comments. In a 2016 issue of *Emergency Physicians Monthly*, author Chris Courtney MD writes that emergency care physicians "often minimize fractures of the phalanges, missing ligamentous injuries or fracture patterns that require surgical intervention."

Among the complications of finger fractures and dislocations are mallet finger – an inability to extend the fingertip without physically pushing it due to a tendon injury at the distal interphalangeal joint (the topmost finger joint) – and Boutonniere deformity, in which one of the fingers is permanently bent down and inward toward the palm.

Initial symptoms of a finger fracture are similar to those of a finger dislocation. In addition to pain and tenderness, the injured finger may swell or bruise, have a numb or tingling feeling and look misshapen. The patient also may have trouble moving the finger.

Treatment approaches vary widely.

"For a simple joint dislocation, the orthopedic specialist will manipulate the bones to return them to a normal position and then either splint the finger or 'buddy' tape it – tape it to an adjoining healthy finger," Dr. Badia says. "If a bone fracture has occurred along with the dislocation, splinting may be sufficient. In more severe fracture cases, the surgeon may have to insert a thin metal rod – K-wire – to stabilize and help heal the bone fragments."

Joint dislocations that cannot be readily realigned or result in significant ligament or soft tissue damage may require surgery as well, Dr. Badia says.

"Of course, what will help ensure a good outcome for almost any finger injury is immediate action by the patient to get treatment from the right specialist," says Dr. Badia. He offers these tips:

- Contact your family physician for referral to a hand orthopedic specialist or go to a local orthopedic urgent-care clinic immediately after an obvious finger injury has occurred.
- Avoid the hospital emergency room unless bone is protruding through the skin or the injury is causing uncontrolled bleeding.
- Do not try yourself to pop a dislocated finger joint back into alignment. You likely will cause only more damage.
- After an injury, chill the injured finger by applying an ice pack to it or using ice wrapped in a towel. Keep the finger immobile until you can see the hand specialist.

"And realize that, sometimes, you just have to take the fickle finger of fate seriously," Dr. Badia says.