



Finger on the Pulse

Finger Injuries

Injuries to the fingers occur from a variety of mechanisms. In younger patients, these injuries are mostly sports (particularly ball related), whilst in older patients, a fall is more likely to be the culprit.

In both cases, the initial injury is likely to go unreported and untreated. Finger injuries in sport are often treated as “minor sprains” and are generally self-managed, sometimes due to a fear of needing time off from sport. In the older population, a fall commonly produces more serious injuries and subsequently, a finger injury may go unnoticed or not be seen as a priority.

Unfortunately, in both instances, delayed or inappropriate treatment can lead to prolonged or permanent loss of function. This is most commonly seen as a stiff, swollen joint later down the track.

It is recommended that all finger injuries be assessed, especially where swelling is a feature. Diagnosis requires a thorough history, physical examination and x-rays.

If a joint is found to be unstable or a fracture is present, referral to an orthopaedic specialist may be required. However, the majority of finger injuries are not unstable,

and can be quickly and easily managed with specific custom splinting, management of swelling and advice. It is worth noting that “buddy taping” is not the solution for most finger injuries. Splinting can be modified to accommodate an early return to sport, including swimming and other water sports. Following splinting, or late presentation, management is directed at regaining range, reducing remaining swelling, and increasing strength and function.

Finger injuries may only require one to two sessions for treatment. For further information please do not hesitate to contact us on 3281 8525.

This article was prepared by
Heidi Jen - Upper Limb Therapist

Research Recruitment - Carpal Tunnel

Darrin is treating as part of a clinical trial of neural gliding and splinting for carpal tunnel through the University of Queensland. Please see our administration team for information.

Belinda Bond is currently on maternity leave after the recent birth of Archie. We look forward to her return in the near future.

Staff Profile

HOR Physiotherapist

Heidi Jen initially joined Physioactive in 1995 after graduating from University of Queensland in 1992. Heidi's special interests are hand therapy and lymphoedema.

Hands-on-rehab became a division of Physioactive in 2005. Heidi lives locally with her husband and two children.



Post Graduate Study Update

Marnie Wride

Occupational Therapist

As part of my postgraduate studies, I was lucky enough to spend two weeks recently completing an intensive training block with Laurie Farrow. Laurie is a leading authority in occupational therapy soft tissue injury management. The modules covered a huge variety of topics from hands on treatment, nutrition & it's impact on healing, and how hand

injuries can impact the internal organs! I'm back on board now and I am looking forward to seeing our clients benefit from the new techniques.

EPCs Welcomed!