

Mallet Finger

Mallet finger: the tip of the finger droops because the extensor tendon that straightens the last joint has been torn or pulled off its attachment.

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What you're feeling

You may notice pain at the very tip of your finger. This discomfort often centers on the last joint, where the tendon connects to the bone. In some cases, you might feel this pain in both hands at the same time. The injury can involve a tear of the tendon or a small fracture where it attaches.

The pain typically worsens when you try to straighten your finger. You might find it difficult to push against resistance or lift heavy objects. Simple tasks like tucking in a shirt or reaching behind your back to fasten a bra can become challenging. Your finger may feel stiff, especially when you first wake up in the morning.

Many people find that resting the finger helps ease the ache. However, keeping the finger straight is crucial for healing. If you bend the tip, you may feel a sharp pull or increased pain. This is because the tendon is trying to pull the joint out of alignment.

In severe cases, you might notice the tip of your finger drooping downward. This droop can make it hard to grip objects firmly. You may also experience swelling around the joint. While most injuries heal well with a splint, some cases require more complex care. Your surgeon will determine if you need surgery based on the size of any bone fragment or the position of the joint.

If you have a large bone fragment or if the joint shifts out of place, your surgeon might recommend an operation. This is often done to restore proper alignment and function. Both surgical and non-surgical treatments generally lead to excellent outcomes. You can expect to regain full use of your finger with proper care.

What's actually happening

Your fingertip has a small tendon called the terminal tendon. It acts like a rope that connects your muscle to the bone at the very tip of your finger. This rope allows you to straighten your finger. When you injure this area, that rope tears or pulls a small piece of bone away from the joint. This stops the straightening signal from reaching your fingertip.

The most common cause is a sudden force that bends your straight finger backward. Imagine snagging your finger on a ball or a door frame while it was extended. The joint snaps into a bent position too quickly. This sudden stretch rips the tendon from the bone. In some cases, a small fragment of bone breaks off along with the tendon. The clinical look is similar whether the tendon itself tears or a bone chip pulls away. In both cases, the connection is broken.

Because the straightening rope is no longer attached, your finger rests in a bent posture. You cannot actively lift the tip of your finger to straighten it. This is called a mallet finger deformity. However, you can still passively straighten it with your other hand. The joint capsule and ligaments remain intact, so the joint itself does not dislocate. The bent position is simply the result of unopposed muscle pull from the other side of the finger.

This injury most often affects the small, ring, or middle fingers of your dominant hand. It is more common in men. While it usually happens from trauma, some elderly patients with wear-and-tear arthritis may develop this posture without a specific injury. In children, the injury might involve the growth plate rather than the tendon. Regardless of the cause, the result is the same: the mechanism that lifts your fingertip is disconnected, leaving it drooping.

What we can do about it

Most mallet finger injuries heal without surgery. You will likely wear a splint to keep the tip of your finger straight. This allows the tendon to heal in the correct position. A hand therapist can treat you as effectively as a surgeon for simple cases. They use methods that rarely cause skin problems. You might also try night splinting, but this does not improve your final result. Some patients use exercises alongside splinting, though evidence for this is mixed. You must wear your splint continuously for the time your surgeon recommends. Do not remove it to wash or bend the finger. Consistency is the key to success.

Pain management focuses on comfort while the tendon heals. You can take over-the-counter pain relievers or anti-inflammatories as needed. These help you manage daily activities while your finger is immobilized. Some patients ask about injections. However, the evidence does not support cortisone, hyaluronic acid, or PRP injections for this specific injury. These treatments are not part of the standard care plan for mallet finger. Your focus should remain on keeping the joint straight with your splint. If you have significant pain, discuss safe options with your surgeon. Avoid aggressive massage or stretching, which can disrupt healing.

Surgery is only considered if conservative care fails or if the injury is severe. Your surgeon may recommend an operation if you have a large fracture involving more than one-third of the joint surface. Surgery is also indicated if the bone fragment has shifted out of place. Some patients choose surgery because they cannot work with a splint in place. If you have a chronic injury that has not healed after months of splinting, surgery may be an option. The procedure repairs the damaged tendon to restore your ability to straighten the finger. This is a minor operation with a high success rate. Your surgeon will discuss the specific risks and benefits with you if this path becomes necessary.

What to expect

Most mallet finger injuries heal well without surgery. Your surgeon will likely recommend splinting to keep the tip of your finger straight. This allows the tendon or bone to reconnect. Both surgical and non-surgical treatments lead to excellent clinical outcomes for the majority of patients. You can expect a high level of satisfaction with your treatment result.

The path to recovery depends on the severity of your injury. For simple cases, a simple splint or a dorsal glued splint is usually sufficient. If your injury involves a large bone fragment or the joint has shifted out of place, surgery may be recommended. Surgery is also an option for chronic cases or if previous treatments have failed. In children, the need for surgery is less clear, but non-surgical management remains effective for most.

You should know that full correction of the finger's position is not always guaranteed. If you have a severe chronic mallet finger with a significant bend, full correction is less consistent. However, even in these complex cases, long-term results are often good to excellent. Complication rates for conservative management are low. Serious issues like infection or nail deformity are rare, especially with modern surgical techniques.

Recovery is a gradual process. You may notice some stiffness or a small remaining bend in your finger tip. This is common and often does not affect your daily function significantly. Supplemental night splinting does not improve your outcome in terms of disability or satisfaction, so you may not need to wear it after your initial healing phase.

If you have a specific type of fracture involving more than one-third of the joint surface, there is about a 50% chance it will not progress to joint subluxation (slipping out of place). The size of the fracture and how quickly you start wearing your splint are key factors in your healing. Delaying treatment can increase the risk of complications, so following your surgeon's advice on timing is important.

Overall, you can feel confident that mallet finger is a highly treatable condition. Whether you choose splinting or surgery, the goal is to restore function and minimize pain. Most patients return to their normal activities with a functional finger. Your surgeon will guide you through the best path for your specific injury to ensure the best possible outlook.

When to see someone

See your GP if you have persistent pain that does not improve with rest. Ask for a specialist review if you notice weakness or instability in the finger. Seek care if the joint locks or gives way. Contact your doctor if symptoms interfere with your sleep or work. Get help for any sudden worsening of your condition. Mallet finger injuries can sometimes happen on both hands at once. Rarely, these injuries involve a combination of tendon damage and bone fracture in younger patients. Biochemical changes may also play a role in how these injuries develop. Early assessment helps ensure the best outcome for your finger.