

Patient-centered care with excellent results for an unstable proximal phalanx fracture

Patient-centered care in the conservative management of an unstable proximal phalanx fracture: A case report.

Background: Proximal phalanx fractures of the hand are common and complex. Non-operative management has been recommended; however, a small number fail and require surgery. We present the management of Patient M, who did not want surgery for an unstable proximal phalanx fracture that lost position one week after reduction. This is the first known report of this management.

Result 1: Full movement by 12 weeks



Result 2: Full hand use by 12 weeks

M returned to **normal hand use** in daily activities, manual labour work and gym workouts by 12 weeks, with **no pain, high quality of life** and was **extremely satisfied** with his result.

Methods:

Case report

- Patient M 56yo male sustained left little finger proximal phalanx fracture playing AFL.
- Initial clinic visit: fracture reduced with local anesthetic and manipulation (LAMP), hand orthosis fabricated, oedema management, buddy taping and exercises.
- 1 week: loss of fracture alignment. M declined surgery.
- Discussion between M, occupational therapist and plastic surgery unit to decide care options. M's wishes prioritised and decision for conservative management.
- Repeat LAMP, continue orthosis, oedema management, buddy taping and exercises. Xray confirmation of position.
- Orthosis worn full time for 4 weeks.
- Hand use for light activities from 4 weeks, heavy activities from 12 weeks.
- Key outcomes collected at 6,12,15, and 40 weeks: hand function, range of motion, grip strength, pain, return to work, return to sport, quality of life, and satisfaction.



Recommendation: Patient-centered care incorporating conservative management of an unstable proximal phalanx fracture demonstrated excellent outcomes and could reduce the need for surgery for similar patients.

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