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## **Catching a déjà vu? A repeat finger injury in a high school football player**

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**HISTORY:** A 15-year-old sophomore high school football wide receiver sustained a left 4th finger injury during practice. He is a right-hand dominant male with a past medical history significant for a left 4<sup>th</sup> finger Salter Harris Type II proximal phalanx fracture treated non-operatively with successful healing eight months prior to the current injury. While catching a pass, he received a direct impact to his left ring finger by the football. Upon immediate contact with the football, he experienced severe pain, swelling and bleeding.

**PHYSICAL EXAMINATION:** Left 4th finger dorsal dislocation with exposed bone, sensation intact on ulnar aspect, 2+ cap refill, diminished sensation to light touch on radial aspect.

**DIFFERENTIAL DIAGNOSIS:** 1. Jammed finger 2. Mallet finger 3. Open fracture 4. Volar plate injury without dislocation 5. Finger laceration

**TEST AND RESULTS:** Radiographs of left 4th digit demonstrate mildly comminuted transverse fracture of the distal aspect 4th proximal phalanx. There is ulnar displacement of the distal fracture fragment by 100%; dorsal displacement by greater than 100%. On the lateral view, the distal end of the fracture phalanx protrudes through the skin. Mild foreshortening of the digit. No other fracture identified. Open displaced mildly comminuted fracture involving the distal aspect of the fourth proximal phalanx.

**FINAL/WORKING DIAGNOSIS:** Recurrent left 4th proximal phalanx fracture, resulting in open fracture and near amputation.

**TREATMENT AND OUTCOMES:** Emergent operative irrigation and debridement of the open fracture, followed by reduction and internal fixation with percutaneous pinning for stabilization. Anticipating pin removal in two weeks in which he will be five weeks post-op. Plan to begin occupational hand therapy following surgical healing.