Fracture of the Proximal Phalanx in the Right Little Finger

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Introduction
A 55-year-old male presented with a complete fracture of the right proximal phalanx of the little finger following a fall. The results of several sessions with the PER are described.

Case History
On 14 July 2007 a 55-year-old male tripped on a gutter carrying a tray of food. He fell forward and extended the right arm to break the fall. The dorsal aspect of his left hand impacted and scraped on the cement path whilst his right hand broke the fall. In so doing, his right little finger was extended, snapping the proximal phalanx, which resulted in his little finger being in a position of 30 degrees extension and 45 degrees lateral deviation to his hand. His immediate reaction was that he had dislocated his finger. He responded by grabbing the little finger and pulling it into traction to "pop the joint back into place". It was a very painful procedure.

Clinical Findings
The patient presented on the 16 July with an acutely tender finger, with a black haematoma extending dorsally along the length of the little finger and extending 2cms onto the dorsum of the hand. The palmar aspect of the little finger was black. The finger was extremely tender to light touch and swollen over the proximal two thirds of the finger.

Medical Examination Findings
Plane film radiographs of the finger were taken on the 16th. There was a complete separation of the shaft of the proximal phalanx. The patient had actually realigned the two sections of the bone to allow healing. The fracture is seen in photos 1 and 2.

Treatment
The session protocol was 4 minutes over the fracture site with the loop coiled (photo 9) plus 2 minutes over the upper thoracic spine in particular over the T1 area. This was given on the 16, 17, 19, 20, 23 and 24 of July.

Results
The initial results were very rapid. The haematoma (photos10, 11 and 12) and pain had resolved 90% within 48 hours with two sessions. By the fourth day the patient was moving his finger freely with no pain and I was able to squeeze the fracture site with no pain being felt by the patient. The graze on the hand had gone from red weeping tissue to that seen in photo 13 within 48 hours. Progressive images are shown of the fracture on day 5 (photos3 and 4), day 10 (photos 5 and 6), day 23 (photos 7 and 8).
Discussion and Conclusion

- The symptomatic changes in terms of pain and movement of the finger were rapid and spectacular.
- The haematoma resolved in 2 to 3 days from black and blue to normal skin colour.
- The oedema resolved within 3 to 4 days completely.
- In terms of patient comfort, the session of a fracture site with the PER was unsurpassed.
- The callous formation was present within the first 10 days but at day 23 appeared to be approximately 60% to 80% formed. This is enough to provide stability and strength to the join but would not be sufficient to allow for heavy contact as in some sporting activity.
- The fact that sessions had to cease at day 10 could be a factor. More sessions may well have produced a more complete join at the fracture site at day 23.