

## **A Surgical Correction and Innovative Splint for Swan Neck Deformity in Hypermobility Syndrome**

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**Abstract :** Objective: Splinting is a great domain of occupational therapy profession. Making a splint for the patient would depend upon the need or requirement of the problems and deformities. Swan neck deformity is not very common in finger it may occur after any disease. Conservative treatment of the swan neck deformity is available by using different static splints only. There are very few reports of surgical correction of swan-neck deformity in benign hypermobility syndrome. Method: This case report describes the result of surgical intervention and hand splint in a twenty year old lady with past history of cardiovascular stroke with no residual neurological deficit. She presented with correctable swan neck deformity and failed to improve with static ring splints to correct the deformity. She was noted to have hyperlaxity (EhlerDanlos type) as per modified Beighton's score of 5/9. She underwent volar plate plication of the proximal interphalangeal joint of the left ring finger along with hemitenodesis of ulnar slip of flexor digitorum superficialis (FDS) tendon whereby, the ulnar slip of FDS was passed through a small surgically created rent in A2 pulley and sutured back to itself. Result: Postoperatively, the patient was referred to occupational therapy for splinting with the instruction that the splint would work some time for as static and some time as dynamic for positional and correction of the finger. Conclusion: After occupational therapy intervention and splinting, the patient had a full correction of the swan-neck deformity with near full flexion of the operated finger and is able to work independently.

**Keywords :** swan neck, finger, deformity, splint, hypermobility

**Conference Title :** ICOT 2017 : International Conference on Occupational Therapy

**Conference Location :** Paris, France

**Conference Dates :** March 29-30, 2017