Feedback

We appreciate and encourage feedback. If you need advice or are concerned about any aspect of care or treatment please speak to a member of staff or contact the Patient Advice and Liaison Service (PALS):

Freephone: 0800 183 0204
From a mobile or abroad: 0115 924 9924 ext 65412 or 62301
E-mail: pals@nuh.nhs.uk
Letter: NUH NHS Trust, c/o PALS, Freepost NEA 14614, Nottingham NG7 1BR

www.nuh.nhs.uk

Follow us on Twitter: @NUHChildrensOT

If you require a full list of references for this leaflet please email patientinformation@nuh.nhs.uk or phone 0115 924 9924 ext. 67184.

The Trust endeavours to ensure that the information given here is accurate and impartial.

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Photo: ©iStockphoto.com/Andrew Rich
Camptodactyly can be caused by a number of different structures in the finger, including tight skin, contracted tendons and ligaments, abnormal muscles, and irregularly shaped bones. The doctors might call this a flexion deformity. This means you will probably have one or more bent fingers that cannot completely straighten.

**How common is it?**

It is estimated to affect approximately 1% of the general population but it can affect people differently. In general, it will develop when you are a child or teenager.

Camptodactyly affects the middle knuckle (known as the proximal interphalangeal joint, or PIPj). The small finger is most commonly affected, but it can affect your other fingers as well.

Camptodactyly occurs more often in girls than boys. While most cases are sporadic, some patients will have a family history of relatives with similar tight bent fingers.

**Treatment**

If your knuckle is only a little bit bent, it doesn’t normally cause any pain or stop you doing things. Because of this, the doctors will not normally operate until your knuckle is bent more than 30 degrees.

Camptodactyly often becomes worse if you have a growth spurt. If it gets very severe - particularly very young children or teenagers with rapidly progressing flexion contractures - surgery can be recommended. As there is no single cause for camptodactyly, different people will have different operations to correct it. Although surgery can improve your fingers, you will probably still have a small flexion deformity, and there is a risk that the knuckle might tighten and start to bend again.

**Daily Activities**

If your fingers stop you doing any daily activities, you should discuss these with your occupational therapist. They will be able to give you advice or treatment to help

**Splint**

Before thinking about surgery, the doctor will refer you to the occupational therapist, who will provide you with a splint. The splint should be worn **at night** and will work on straightening your fingers whilst you sleep.

The splint will look like the one in the photo.

Some people find that their splint doesn’t stay on at night. If your splint keeps falling off, then you must phone us and we will make another splint in a different design.

Your occupational therapist will see you regularly and adjust your splint as your fingers get straighter.

You **must** bring your splint to all appointments.

You **must not** attempt to alter the splint yourself.