

Clinical Pearls



TOUCH THE DOTS • • • •

The active hook position provides numerous benefits when working to regain finger flexion, not the least of which is elongation of the interosseous muscles. Although active hook exercises alone cannot remediate significant interosseous muscle tightness (the MP joint must be blocked in extension/hyperextension), accurate active hook exercises can relieve very mild interosseous muscle tightness and can also retain the gains made by other means.

Specific patient instruction is the key. When the patient is asked to flex the finger tips but keep the MP joint extended, the patient may appear to do well but concentration on finger flexion invariably allows

MP joint flexion to occur, defeating the goal of a precise stretch to the interosseous muscles. Perhaps a better way to assure accurate exercise is to place a mark (a dot) on each fingertip pulp and on the volar base of each finger at the proximal finger crease (just distal to the MP joint) and ask the patient to “touch the dots together.” This command immediately elicits a strong component of MP joint hyperextension, recruiting the extensor digitorum communis muscles while also fully flexing the interphalangeal joints. The dots don’t even have to be present for the patient to remember how to do the exercise correctly!!



Patient attempts 'active hook' position. Note that the MP joints are not fully extended.



The patient is attempting to 'touch the dots together,' creating active MP joint hyperextension with accompanying interphalangeal joint flexion.