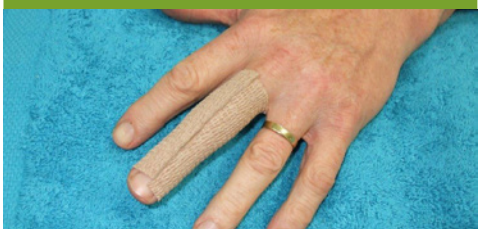
IN TOUCH Hand Therapy HANDout #11

10 REASONS TO REFER A PATIENT TO INTOUCH HAND THERAPY

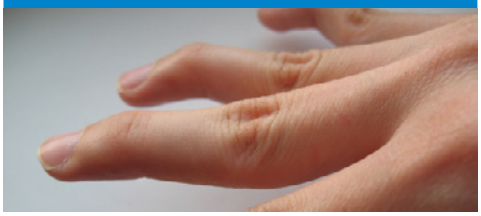
ACUTE INJURIES AND SWELLING:

It is really hard to rest an injured hand or wrist adequately. We can offer advice about acute injury management, assess and provide appropriate splinting including that which controls swelling. Swelling that persists can lead to adhesions and joint stiffness so patients benefit from referral sooner rather than later to facilitate their rapid recovery



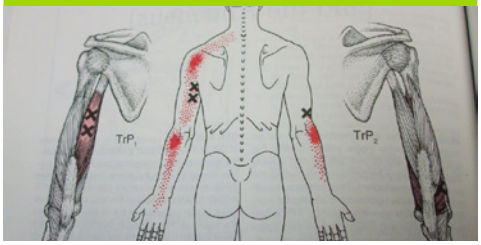
SPOTTING SUBTLE SIGNS

Joint instabilities, odd nerve compressions, ligament laxity or early development of joint contractures. We can reason them out, assess and decide if Hand Therapy has a place in the management of the problems we identify. If we feel it is appropriate we can facilitate onward referral when that is the GP's/referrers' preference or communicate our findings and recommendations back to the referrer.



TRIGGER POINTS

Many muscle trigger points around the shoulder gridle will refer convincingly into the hand and wrist. Our therapists' are trained in acupuncture and massage techniques to deal specifically with trigger points. A stretching programme is often helpful as self-management as well as recognising poor movement patterns that may be a contributing factor.



RETURN TO WORK

Supporting an injury appropriately can make return to work possible sooner. It might also be the case that our assessment highlights those who will benefit from delayed or graded return to work and in these cases we hope that good communication between GP, Case Manager and patient can make this process more straight-forward.

REFERRING TO A SPECIALIST?

If you are unsure as to what is the best course of management – consider referring to both a Specialist and a Hand Therapist. It saves waiting time for the patient and may sometimes deem the surgical review unnecessary – particularly for stiff PIP joints. We do get referrals from Hand Specialists who have triaged referrals and sent the patient to us while they wait for their specialist appointments – particularly for thumb CMCJ Arthritis, stiff and swollen PIPJ post-injury and mallet fingers

MALLET FINGERS

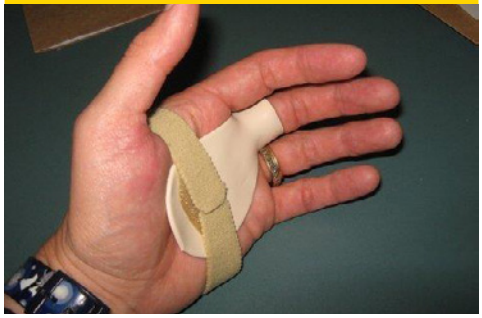
We attended the Joint Hand Surgeons & Hand Therapists' Conference in Queenstown last year and mallet finger management was extensively discussed. It was by far the preferred option of the surgeons (and therapists') to manage all but large, unstable, avulsion mallets – including chronic cases – conservatively as it is difficult to operate without creating loss of DIPJ flexion. The consensus for management was 6 weeks continuous splinting for bony mallets and 8 weeks for tendon avulsions, followed by a splint weaning process. Customised management usually means fewer skin problems and a better result.

ARTHRITIS

The pain of early thumb arthritis can be eased with conservative management and good function maintained for as long as possible. Splinting to support the joint, web-space stretching and strengthening stabilising muscles of the thumb can be of benefit here. Joint care advice has been shown to be as effective as anti-inflammatory medication and as we spend 30 minutes with each patient we have the time and resources to help patients learn better self-management.

DE QUERVAINS AND TRIGGER FINGERS

Those patients wanting to avoid cortiosteriod injection can be offered hand therapy and splinting. In Trigger Finger of less than 3 months duration, splinting has been shown to have a 72% success rate.



EXERCISE AS MEDICINE

Empowering patients to become well informed and help themselves is always our aim and is just as important in Hand Therapy as for any part of the body. We take the opportunity to encourage anybody to increase the amount of physical activity they do.

SPLINTING:

While it is generally well-known that Hand Therapists can provide splints, it is probably less well-known the breadth of splints we make and variety of conditions that splinting can benefit.

Hand Therapists custom-make splints from special mouldable plastics for all manner of problems, from the common winter sports thumb UCL sprain, to undisplaced finger fractures that require more than buddy strapping, to stiff joints post-injury that benefit from pulley-system mobilisation splints that patients can use regularly at home.

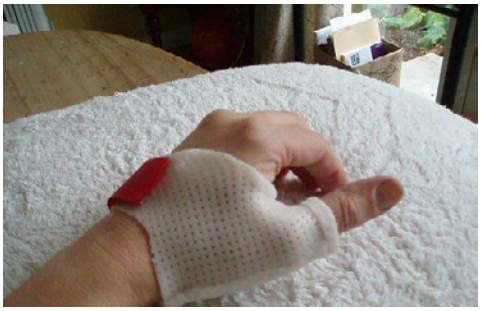
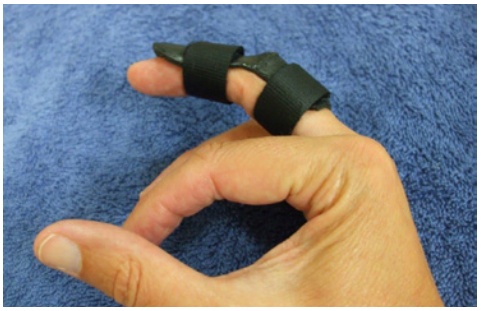
We also have a large stock of of-the-shelf splints that are not readily available elsewhere. We issue these splints for conditions such as thumb CMCJ Arthritis, Carpal Tunnel Syndrome, Wrist Sprains, De Quervains Tenosynovitis to name a few. The example shown bottom right is for post-wrist fracture forearm stiffness – the splint helps to gently stretch the forearm into supination or pronation – two movements that when stiff limit a patient's function a great deal.

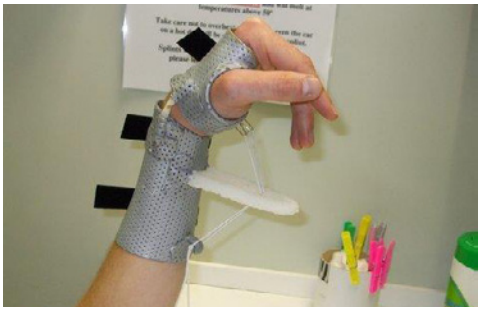
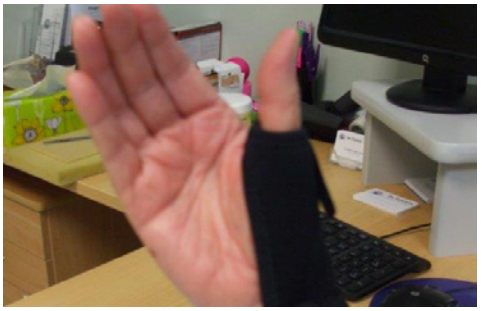
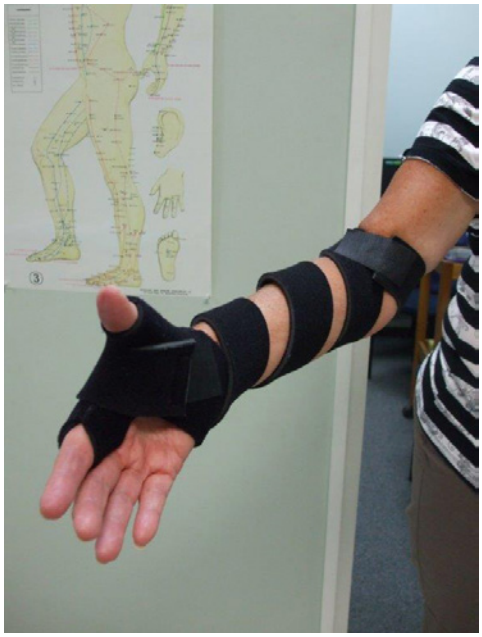
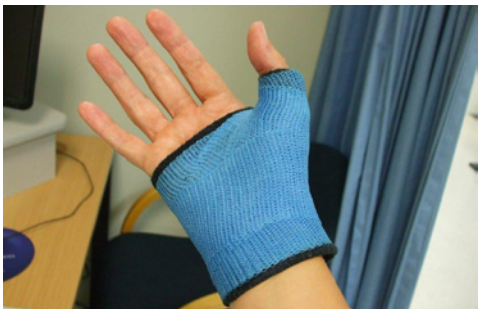
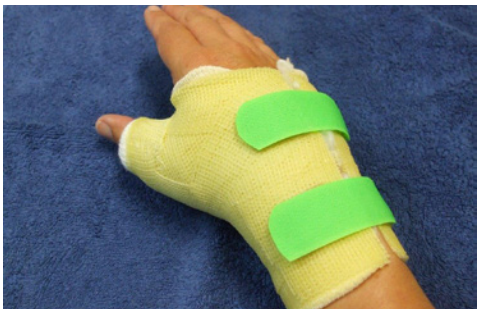
This is just a fraction of what we have in stock. We are also able to order in those unusual devices when our assessment highlights they would be helpful (padded elbow supports for Ulnar Neuritis, anti-vibration gloves, etc)

We also use Soft Cast – a polyester casting material that looks a lot like fibreglass but is a little more flexible – a very comfortable and supportive splint for eg severe sprains that need maximum support or where scaphoid fractures are suspected. Soft Cast can also be used to make excellent lightweight re-usable braces for return to sport taped in place to make it allowable on the field.

For those under ACC, many of these splints are fully or partially funded for patients.

We would welcome your calls or emails if there is a patient of yours with a particular problem that you are not sure would benefit from splinting.

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WE ARE LOCAL AND CONVENIENT

We have clinics in Hornby, Lincoln and Rolleston, all with great parking. Save yourself printer ink and refer using ERMS. If you would like cards or referral pads give us a ring on 03 344 0053.

CLINIC LOCATIONS

Hornby – 64 Carmen Rd, Ph: 03 349 3388
Lincoln – 19 Gerald St, Ph: 03 928 1671
Rolleston – 43 Shelley St, Ph: 03 347 9494