

HAND THERAPY REFERRAL GUIDE

INJURY	REFERRAL	GENERAL TREATMENT	POTENTIAL SPLINT
SURGICAL INTERVENTION Hand & Upper Limb Trauma Elective	On presentation	Pre-surgical casting/immobilisation Post-surgical review and protection of injured structures Simple wound management Scar and oedema management Patient education Rehabilitation.	Dictated by injury
FRACTURE Phalanx/Metacarpal Scaphoid/other carpal Distal Radius/Radial head Elbow Humerus	On presentation	Stable fractures: Splint for protection and commencement of early range of motion. Unstable fractures: splint to immobilise through to clinical union. Oedema management, graded return to normal movement and activity, strengthening if indicated.	Finger, thumb, wrist and forearm, elbow or arm based Plaster of Paris/Fibreglass casting on request
DISLOCATIONS PIP Joint dorsal PIP joint volar Avulsion fractures Elbow	On presentation	Protective splinting and progression of range of motion when safe. This can vary depending on avulsion type and joint affected. Extended oedema management and dynamic splinting to regain lost range of motion may be required. NOTE: Volar PIP joint dislocation likely to result in central slip injury = Boutonniere deformity.	Finger, thumb, wrist and forearm or elbow based
LIGAMENTOUS Wrist DRUJ Elbow	On presentation	Assessment and diagnosis is imperative. Splint to rest and protect. Progress to mobilisation and full activity with a graded program.	Wrist and forearm or elbow based
TENDONITIS Dequervains Lateral epicondylitis/Tennis elbow Medical epicondylitis/Golfers elbow Trigger Finger	On presentation	Splint to rest and off load injured structures 4-6 weeks (can vary). Transition to soft bracing prefabricated/neoprene for extended support. Graded return to normal movement. Activity analysis and adaptation if required.	Finger, thumb, or wrist and forearm based
DEFORMITIES Mallet Finger Boutonniere	On presentation	Splint for correct joint position during acute healing: Immobilisation for 6-10 weeks (can vary). Hygiene review, oedema management and progression of range of motion when safe.	Finger based
NERVE COMPRESSION Carpal Tunnel Cubital Tunnel Nerve Palsy	When possible	Patient education, splint to rest and offload nerve 4-6 weeks (can vary). Active exercises, nerve gliding and functional adaptation. Ongoing monitoring with sensory assessment and manual muscle testing.	Finger, thumb, wrist and forearm or elbow based
ARTHRITIS Osteoarthritis Inflammatory	When possible	Patient education including joint protection, pacing and graded activity. Protective splinting, compression and advice on assistive equipment.	Finger, thumb, wrist and forearm or elbow based