





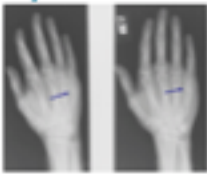




NEWTOWN HAND THERAPY

<u>Condition</u>	<u>Cause / Mechanism of injury</u>	<u>Presentation</u>	<u>Management</u>
Mallet Finger	<ul style="list-style-type: none"> Forced DIP joint flexion with finger extended Ball on finger tip Stubbing finger making the bed 	<ul style="list-style-type: none"> Inability to actively extend finger tip Extensor 'lag'  Complication if untreated is possible swan-neck deformity 	<ul style="list-style-type: none"> Splint in extension continuously for 6 weeks bony mallet, 8 weeks tendinous mallet, followed by wean period  Xray in splint to ensure DIP joint not subluxed if large bony fragment
Boutonniere Deformity	<ul style="list-style-type: none"> Flexion force on extended finger Injury to central slip and volar migration of lateral bands 	<ul style="list-style-type: none">  Deformity may not be apparent until weeks after injury 	<ul style="list-style-type: none">  Splint PIP joint in extension for 6 weeks, lateral bend exercises++, progressive ex's to regain PIP flexion
Trigger Finger	<ul style="list-style-type: none"> Inflamed, swollen flexor tendon gets stuck under A1 pulley 	<ul style="list-style-type: none"> Finger catching, or stuck in flexion, often in the morning May need to use other hand to straighten out 	<ul style="list-style-type: none"> Night extension splint Coban wrap Splint limiting end range flexion for day Duration depends on severity, ? 4 - 6weeks
Carpal Tunnel Syndrome	<ul style="list-style-type: none"> Compression of the median nerve as it passes from forearm into hand. 	<ul style="list-style-type: none"> Tingling or numbness in index finger, middle finger and thumb Symptoms often worse at night More severe cases, thenar muscle weakness and atrophy 	<ul style="list-style-type: none"> Wrist splint with wrist neutral to wear when sleeping Median nerve glide ex's Education of aggravating activities Depending on severity of symptoms, may need carpal tunnel release
De Quervains tendinopathy	<ul style="list-style-type: none"> Repetitive thumb extension & wrist deviation 	<ul style="list-style-type: none"> Often seen in 'new mums' Pain radial side of wrist, worse with ulnar deviation 	<ul style="list-style-type: none"> Custom -made splint to support thumb & wrist 4-6 weeks Cortico-steroid Injection Surgery to release 1st dorsal compartment if conservative management not adequate
Basal Thumb Joint Osteoarthritis	<ul style="list-style-type: none"> Aggravated by pinching small objects tightly 	<ul style="list-style-type: none"> Pain with pinching Tender over cmc jt +ve Grind test Often changes on Xray 	<ul style="list-style-type: none"> Initially cmc protection splint x 3/52, then agg act Thenar muscle strength Education re: balance b/w rest & ex Cortisone or surgery

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PIP Joint Injuries	<ul style="list-style-type: none"> Typically hyperextension force, injuring volar plate and collateral ligaments 	<ul style="list-style-type: none"> Painful, swollen joint and finger Restricted movement <ul style="list-style-type: none"> May have small avulsion fracture of volar plate 	<ul style="list-style-type: none"> Coban Finger splint ROM ex's immediately if joint stable Buddy strap for sport >6/52
Metacarpal Fractures	<ul style="list-style-type: none"> Impact injury, often punch injury Boxer's fracture (#neck of 5th metacarpal) 	<ul style="list-style-type: none"> Pain, swelling around metacarpal Loss of prominence of knuckle Xray to confirm # 	<ul style="list-style-type: none"> Check for rotation deformity with finger flexion, amount of metacarpal shortening Conservative management splint POSI, gentle active ex's + /- buddy strapping