

QUICK REFERENCE TABLE

DIAGNOSES	GENERAL INITIAL PROTOCOL	SPLINTS/PLASTERS
Fractures of the finger, hand, wrist & arm	Splinting or casting as required for 6 weeks, followed by a rehab program for movement and strength.	Thermoplastic splint or waterproof cast
Wrist pain/instability	Assessment and splinting, graded exercise program and proprioception program as required. Graded exercise program as pain settles.	Thermoplastic or neoprene splint
Mallet injury (extensor tendon zone 1)	Bony mallet: splint continuously for 6 weeks, then begin slow wean from splint (for tendinous mallet splint 8 weeks in slight hyperextension)	Dorsal extension splint for DIP joint
Dupuytren's disease	Provision of information regarding therapy process & completion of pre-surgery assessment (including measurement)	Thermoplastic hand splint post surgery
Arthritis	Splinting (thermoplastic or neoprene), graded exercise program, joint protection information, functional retraining, proprioception exercises to regain stability.	Thermoplastic and/or semi rigid neoprene splints
Carpal tunnel syndrome (pre & post surgery)	Trial of wrist splinting for 6 weeks, with nerve gliding exercises as appropriate. Post surgical exercise and functional program, scar management.	Wrist splint
Ulnar nerve compression (elbow)	Trial of elbow night splinting to hold elbow in extended position for 6 weeks. Nerve gliding exercises. Desensitisation program is often included for sensitivity.	Elbow splint (can be neoprene or thermoplastic)
deQuervain's (thumb tenosynovitis)	Thermoplastic thumb spica splint for 3-4 weeks, then wean to neoprene splint if needed with graded exercise program. Strengthening for prevention, and education of ergonomics.	Thumb spica splint
Trigger finger	Trial of thermoplastic splint to immobilise MP joint, to be worn day/night, and neoprene stall for support as needed. AROM for tendon gliding initiated once triggering settling.	Thermoplastic trigger finger splint
Boutonniere deformity (PIP joint flexion cont.)	Thermoplastic extension splinting of PIP joint for 6 weeks, with DIP joint isolated AROM, followed by active range of motion protocol to improve PIP joint motion.	Finger PIP extension splint or capener
Amputation of finger tip	Non-bulky dressing to encourage movement of finger/thumb. Commence early active movement and swelling control. Start early scar management/desensitisation.	Finger splint to support healing
Scar tissue	Scar massage, desensitisation, silicone and compression provided to encourage softening of scar and decrease hypersensitivity and adhesions.	Splints or Neoprene stalls for scar compression and stretch.
PIP joint dorsal dislocation	Active exercises should begin in the first week in a protected splint to prevent stiffness. Avoid passive extension.	Dorsal blocking splint for the finger involved with PIP in 20 degrees flexion.
PIP joint volar dislocation	Immobilisation in splint for 4-6 weeks, followed by graded exercise program.	Dorsal extension splint with finger in full extension
Hand pain	Review of aids to help at home or work, exercise programs to prevent deformity and reduce pain, splinting to help support joints.	Thermoplastic or neoprene splint