



# riverina hand therapy

## Referral Guide for Hand Injury Patients

### Riverina Hand Therapy

Riverina Hand Therapy is home to the provision of experienced hand and wrist therapy treatments, supporting patient's recovery from acute and chronic conditions and facilitating return to function and work

This local service provides treatment for hand and upper limb injuries for patients in the Riverina and surrounding areas of Greater Southern NSW. Patients are seen promptly by one of our occupational therapists, who are committed to providing the highest standard of care and treatment.

### Our location:

Wagga Wagga main office

**Please direct all bookings, referrals and enquiries to our Wagga Wagga office**

Tel: (02) 6925 0157 Fax: (02) 6925 0150

Suite 19/325 Edward Street (PO Box 6259)

Wagga Wagga NSW 2650

admin@riverinahandtherapy.com.au

### The referral system

Early intervention is often paramount to successful patient outcomes, so earlier referrals are encouraged, even in the first few days post injury or surgery. On the back of this form is a general chart that may assist in planning your referral. This is a general guide for the basic management of some common injuries, and will need to be individualised according to the patient's specific injuries.

### Referral Information

Referral pads are available for your use to assist you, or you may choose to provide a separate referral. To assist in planning the best treatment for each patient, the following information is important to include on any referral;

- Patient contact details
- Date of injury/surgery
- Details of surgery and/or injury  
(please include the zone of injury if you are referring a tendon repair)
- Contact details of the referring person  
(phone number is most useful in case requests need to be discussed)

**Amy Geach, Occupational Therapist (Director)**

Provider Number: 2806943Y

ABN: 81 121 754 890

Suite 19/325 Edward Street,

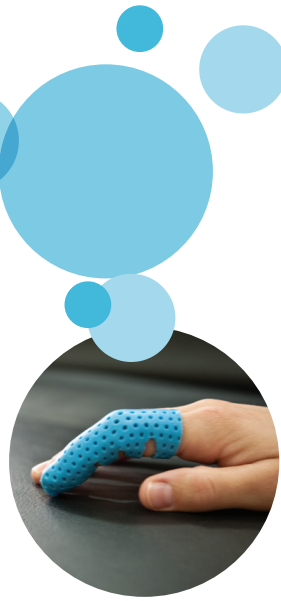
PO Box 6259, Wagga Wagga NSW 2650

**All appointments & enquiries;**

phone: 02 6925 0157 Fax: 02 6925 0150

email: admin@riverinahandtherapy.com.au

[www.riverinahandtherapy.com.au](http://www.riverinahandtherapy.com.au)



Providing  
specialised hand  
therapy assessment  
and treatment for  
people with hand,  
wrist and upper  
limb injuries and  
conditions



# Hand Therapy Referral Guide

INJURY	REFERRAL	GENERAL INITIAL PROTOCOL	SPLINTS / PLASTERS
Extensor tendon zone 1-2 (Mallet finger)	1-7 days post injury	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.
Carpal Tunnel Syndrome	Onset of symptoms	Trial of wrist splinting for 6 weeks, with nerve gliding exercises as appropriate	Wrist splint
Ulnar nerve compression (elbow)	Onset of symptoms	Trial of elbow night splinting to hold elbow in extended position for 6 weeks	Elbow splint (can be neoprene or thermoplastic)
Osteoarthritis	Onset of symptoms	Provision of joint protection information, advice regarding assistive devices and supportive splinting	Thermoplastic and/or semi-rigid neoprene splints
deQuervain's tenosynovitis	Onset of symptoms	Thermoplastic thumb spica splint for period of 3-4 weeks, then wean to neoprene splint if needed with graded exercise program	Thermoplastic thumb spica splint
Trigger finger	Onset of symptoms	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	Early as possible	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.	Thermoplastic finger PIP joint extension splint
Distal radius fracture	Post cast removal	<b>Non-operative:</b> Immobilisation in cast for 6 weeks. Active motion to commence post 6 weeks if fracture united.	Forearm based cast for 6 weeks
	1-4 days post op	<b>ORIF:</b> Splint and early active motion if fixation stable at 1-2 days post operative. Early swelling control important.	Forearm base wrist splint for 3-6 weeks
Scaphoid fracture	Post cast removal	<b>Non-operative:</b> Immobilisation in cast for 6-12 weeks. Cast removed once scaphoid has united.	Forearm based cast
	1-7 days post op	<b>ORIF:</b> If stable, can commence gentle active motion in first week post operative	Forearm based wrist splint for 6 weeks
Metacarpal fracture	1-4 days post injury or surgery	<b>Non-operative:</b> Patient splinted for 3 weeks in splint. Active exercises commenced at 3 weeks.	Neck fractures: Hand based POSI splint
		<b>ORIF:</b> Patient splinted for 3 weeks in splints, but can begin active exercises if ORIF stable at 1-2 days post operative.	Shaft & base fractures: Forearm based POSI splint
Proximal and middle phalanx fractures	1-4 days post injury or surgery	Splint and early gentle active motion if fracture is stable or has had ORIF. Stable ORIF fractures are suitable to commence active motion at 1-2 days post op to prevent stiffness and adhesions. Early oedema management important	Volar hand based POSI splint for affected and adjacent fingers to be fitted within 1-7 days
Distal phalanx fracture	1-4 days post injury or surgery	Splint and early gentle active motion if fracture is stable or has had ORIF. K wire fixation need to wait until wire removal until begin exercises. Early oedema management.	Dorsal extension splint for DIP joint to be fitted within 1-7 days
Amputation of finger tip	1-7 days post injury or surgery	Non-bulky dressing to encourage movement of finger/thumb. Commence early active movement and swelling control (check if any restrictions if skin grafts used). Start early scar management/desensitisation	Only necessary to protect skin grafting, or if patient needs support to decrease pain.
Scar tissue	1-3 weeks of injury	Scar massage, desensitisation, silicon and compression provided to encourage softening of scar and decrease hypersensitivity and adhesions	Splints used for scar contracture Neoprene stalls for scar compression in fingers
PIP joint dorsal dislocation	1-3 days post injury	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	1-3 days post injury	Immobilisation in splint for 4-6 weeks.	Dorsal extension splint with finger in full extension.