



HAND AND WRIST INJURY REFERRAL GUIDE

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Territory Hands
Hand Therapy



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Providing Quality Hand Therapy for the Top End

At Territory Hands we are passionate about hands. We aim to provide excellent care for those who come our way.

This is a quick reference to guide you when referring common hand injuries or conditions. We are here to make your work easier. If you have any queries, feel free to call and chat. Therapists: Beth, Ngaire, Kate, Jasmyn or Admin team - Tracey and Lakota.

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HAND THERAPY REFERRAL GUIDE

Condition	Referral	Initial Hand Therapy Management	Splinting/Cast
Mallet Finger (Zone 1 - 2 Extensor injury)	1-7 days post injury	Maintain DIP extension/hyperextension full time 6-8 weeks. Mobilise PIP joint. Graduated mobilising. Skin care is an important part of hand therapy education	Custom made DIP extension orthosis full time 6-8 weeks then a further 2 weeks at night time.
PIP joint injuries	1-5 days post injury If dislocation - immediately post reduction	Dorsal dislocation protect PIP joint in a finger splint or buddy strap. Volar or lateral dislocation splint PIP in extension. Oedema management and graded mobilisation progressed over a number of weeks.	Dorsal Finger orthosis or buddy splinting.
Skier's thumb - Thumb MP joint Injuries	1-7 days post injury or 1-7 days post op	Stable - Protective thumb splinting 6-8 wks. Oedema and pain management. Graded mobilisation. Unstable/Stener's - Immediate referral to hand specialist	Hand based thumb orthosis
Finger Fractures	1-5 days post injury	Splint and early active mobilising if fracture stable or ORIF. Early oedema & pain management and post operative wound care if applicable.	Proximal phalanx - hand based Middle phalanx - hand based or finger based depending on stability
Fingertip Crush and Detipping injury (post op)	3-7 days post op	Protective splinting for fingertip and graded mobilisation when fractures are stable. Wound/scar and oedema management and then desensitisation	DIP/fingertip orthosis for protection
Metacarpal Fractures	1-4 days post injury	Protective splinting 3-5 weeks and early mobilising. Pain and oedema management	Hand based orthosis
Wrist Fractures	Post cast removal or 1-5 days post op	Cast/splint 6 weeks. Finger and thumb ROM. Mobilising after cast/splint removal. Post operative - protective wrist splinting and early active mobilising. Oedema and scar management	Forearm based cast or orthosis ORIF - forearm based orthosis
Scaphoid Fractures	Post cast removal or 1-5 days post op	Cast/splint wrist +/- thumb inclusion 6-8 weeks. Post operative: Protective splinting 6 weeks. Mobilising commenced 3-6 weeks post op. Oedema and scar management	Forearm based cast or orthosis ORIF - forearm based orthosis
Trigger thumb and Trigger finger	Onset of symptoms	3-6 weeks full time splinting to immobilise MP joint to prevent triggering. AROM started when triggering settles. If unresponsive referral to specialist.	Thermoplastic hand/finger based orthosis (trigger splint)
Dequervains Tendinopathy	Onset of symptoms	3-6 weeks full time wrist/thumb splinting. (off for skin care). Gentle wrist mobilising. Wean to neoprene support or taping.	Wrist and thumb orthosis
Carpal Tunnel syndrome	Onset of symptoms	Wrist splinting at night. Education about causes and management. Nerve gliding exercises for a healthier nerve. Compression may also be added.	Wrist orthosis
OA	Onset of symptoms	Provision of joint protection and adaptive techniques for activity. Supportive splinting for pain relief. Maintaining joint range	Finger, thumb or wrist orthosis depending on joints
Wrist ganglions	Onset of symptoms or 1-5 days post op	Protective splinting, education about joint protection, compression over area of ganglion. If recurrent, referral to wrist specialist.	Wrist orthosis
Scar tissue	1-3 weeks post injury	Scar massage, desensitisation, taping and silicon to scar	Silicon products, neoprene or thermoplastic splinting for contractures.