



Providing Quality Hand Therapy for the Top End

At Territory Hands, we are passionate about providing excellence in care for people with hand and wrist injuries or conditions. We have put this referral guide together to help make your work a little easier in decisions about when to refer for hand therapy. We are also happy to chat with you should you have questions about what is appropriate and what isn't.

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You can also email referrals to admin@territoryhands.com.au



Hand Referral Therapy Guide

CONDITION	WHEN TO REFER	INITIAL MANAGEMENT	CUSTOM MADE SPLINTING
Mallet Finger (Zone 1 - 2 Extensor Injury)	As soon as possible	Maintain DIP extension/hyperextension full time 6 - 8 weeks. Skin care is very important.	DIP Exention
PIP Joint Injury	As soon as possible	Dorsal dislocation finger splint or buddy strap. Volar or lateral dislocation finger splint. Oedema & pain management graded mobilisation progressed over a number of weeks	Dorsal finger splint or buddy
Skier's Thumb Thumb MP Joint Injuries	As soon as possible	Stable - protective MP joint thumb splinting. Oedema & pain management graded mobilisation. Unstable/stener lesion - immediate referral to a hand specialist.	Hand based thumb splint
Finger Fractures	As soon as possible	Splint & early active mobilising if fracture stable or ORIF. Early oedema & pain management & post-operative care wound care if applicable.	Proximal phalanx - hand based Middle phalanx - hand based or finger based depending on stability
Fingertip Crush & Detipping Injury (post op)	As soon as possible	Protective splinting for fingertip & graded mobilisation when fractures are stable. Wound & oedema management.	DIP/fingertip splint for protection
Metacarpal Fractures	As soon as possible	Protective splinting & early mobilising. Pain & oedema management	Hand based splint
Wrist Fractures	As soon as possible	Splint/cast finger & thumb ROM. Post-op: protective wrist splinting & early active mobilising. Oedema management.	Forearm based cast or splint. ORIF forearm splint
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 splint
OA	Onset of symptoms	Provision of joint protection and adaptive techniques for activity. Supporting splinting for pain relief. Maintaining joint range.	Finger, thumb or wrist splint depends 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 a wrist specialist.	Wrist splint
Scars	1 - 3 weeks post surgery	Scar massage, desensitisation, laser, taping and silicone to scar.	Silicon products, neoprene or thermoplastic splinting for contractures