**Bursary Report for the British Association of Hand Therapists**

**Sinéad Kennelly**

**BAHT Level II- Management of the Thumb**

**08/09/2022 – 10/09/2022**

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| **Introduction:**  (100 words max; include details of who you are, why you applied for this bursary and your experience of the event)  My name is Sinéad Kennelly, a qualified Occupational Therapist since 2012, working in Hand Therapy for almost 3 years. I applied for this bursary as I acquired a new hand therapy role meaning I was no longer eligible for funding through my trust. I was keen to still get the opportunity to attend this BAHT Level II as there is limited availability at present. I am really grateful as the course offered an excellent opportunity to consolidate my knowledge of assessing and treating the thumb as well expanding my evidence based practise. |
| **Topic:**  (500 words +/- 10%; this will be uploaded onto the BAHT website and may be included in an e-bulletin. The topic of this report will be agreed in negation with the Director of Bursaries. The report should not contain any comments that are potentially damaging or libellous.)  I currently work in a large Hand Therapy department treating traumatic and chronic hand injuries. I completed the BAHT Level II – Management of the thumb course in September 2022 to advance my knowledge of thumb anatomy, conditions affecting the thumb and treatment options available.  Anatomy learning:  The course gave me a better understanding of the clinical presentation of intersection syndrome. I now understand that it occurs at the muscle bellies of the first and second extensor compartments. Understanding that it can occur with repetitive activities such as rowing has helped me to consider this in history gathering with the patient. In my current role I have started to see more patients presenting with wrist and thumb pain and this learning will enhance my differential diagnosis.  I gained a clearer insight into the stabilisers of the thumb. I understand the positive effect of the stabilising “O” posture and its role in rehabilitation.  I developed my understanding of the deforming forces of the thumb, particularly in thumb OA. I understand the need to avoid strengthening of EPL, AdP and in later stages APL. I feel more confident in education patients on this.  I learned the role of the sesamoids in thumb MCPJ stability.  Clinical practice:  I learned about the Nalebuff classification. I am currently increasing my chronic conditions caseload and using this classification will enhance my assessment and documentation.  I discovered the use of dynamic splinting in zone 7 thumb extensor repairs which will be useful to consider in practice.  I previously used estimated distance from splint or table as a measurement of thumb retropulsion. I was introduced to the retropulsion kapanji score which I now implement as a more consistent score.  In the management of trapeziectomies, I now ensure I recommend avoiding key pinch and creating sheer and compressive forces as this would cause adductor pollicus to pull MC into adduction.  UCL injuries impact the stability of the joint. Long period of immobilisation, weakened intrinsic which are important in stabilising MCPJ. I now implement the use of isometric strengthening within the splint to minimise weakness caused by prolonged splinting.  I gained a better understanding of the role of positioning versus loading. This is useful in assessment and treatment of many conditions. Grading from holding at marble to squeezing a peg are practical modalities I now implement. Asking patients to hold some rolled up paper for splinting positioning allows more optimal splinting positions.  As part of the course assessment, I completed an essay on the management of thumb OA. I completed academic writing and expanded my research on the topic. I implement this learning on a regular basis and feel more confident in the management.  Through my role, I regularly supervise Band 5 Hand Therapists and students. I will use the evidenced based knowledge to enhance my teaching on managing thumb conditions.  I will apply the learning from the course in my daily practice through my treatment modalities, exercise programmes and patient education. |