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

**[Catherine Rolls]**

**[Peripheral Nerve Injuries of the Upper Limb]**

**[June 24-26th 2019]**

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| **Introduction:** I am a band 7 hand therapist working predominantly with an orthopaedic caseload. I currently assess a number of patients referred with peripheral nerve compressions or neuralgia. I have less exposure to acute nerve trauma and repair but in my capacity as band 7, when these do arise I would treat them. I came on this course to increase my depth of understanding around the management of an acute nerve injury and consolidate my knowledge around nerve compressions. (word count 78) |
| **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.)The course of peripheral nerve injuries of the Upper Limb was run in Cardiff by a highly skilled team of predominantly occupational therapists and a physiotherapist. The course was run over three days. Day one included an introductory lecture into neuroanatomy of the upper limb by a neurophysiologist. This gave a broad outline of upper vs lower motor neuron pathologies. This was followed by an introduction into the therapeutic management of peripheral neuropathies which expanded on the introductory lecture and touched on current research into when to exercise following a nerve injury and how to dose this correctly. This was new information to me and very relevant for injuries such as radial nerve palsy. The implications of the research were that there is benefit to early passive mobilisation of the limb to not just prevent contracture but to stimulate recovery, followed by gently active exercise once some motor function has returned. Following these introductory lectures each of the radial, median and ulnar never were covered over day one and two. The teaching followed a similar format with a review of the course of the never and muscles innervated and discussion of common compression sites and how these might present (including differential diagnosis). Lectures were followed by workshops covering manual muscle testing, splitting and potential rehab ideas. As a physiotherapist I found the MMT to be more of a refreshe, and would perhaps appreciated a practical component to the splinting, but the rehab discussion gave me new ideas on how to strengthen patients and the approaches that have worked for others.The lectures on sensory assessment assessment and treatment were some of the most useful to me. I use a variety of sensory assessment techniques such as monofilament testing, but have not been taught a systematic approach to this. I feel much more confident on what sensory assessment techniques and tools are available and when to assess.Interspersed with these core topics were interesting and informative lectures on nerve glides as well as a fantastic consultant plastic surgeon who talked about nerve repair technique and implications for recovery. She made an incredibly complex topic very relevant and easy to understand.Overall this course met my expectations, and while as a senior therapist there was not a huge amount of content that was completely new to me it has given me real confidence in my assessment of peripheral nerve injuries. I will be disseminating the key messages to teaching within my department and again I feel that I have gained a more logical approach to assessment and treatment that I can convey in a confident manner to other hand therapists.Without the support of BAHT I could not have attended this course and I thank them for this bursary. (word count 457)  |