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

**Bríd Coffey**

**Surgery and Therapy Management of Flexor and Extensor Tendon**

**Injuries to the Hand**

**From 28th September to 30th September 2018**

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| **Introduction:** I am a band 6 Occupational Therapist working in Hand Therapy. I work in an outpatient setting offering hand therapy services to adult and paediatric patients following trauma and elective surgery. I decided to attend this course as I wanted to learn more about flexor and extensor tendon injuries and learn about the best approaches available on how best to manage them in practice. I also wanted to attend this course to ultimately advance my practice to benefit my patient and service needs. |
| **Topic:**The course was organised and seamlessly run over 3 days by Sue Beale. It was hosted at the Queen Elizabeth Hospital Birmingham. The course was split into lectures and practical workshops delivered by Consultants and the Hand Therapy team.Day 1 focussed on flexor tendons. The first lecture was Consultant led and started the course by reviewing the complex anatomy and associated flexor tendon zones of the flexor tendon before proceeding onto perfecting the range of clinical assessments used in practice to confirm injuries. This session allowed participants from worldwide and prominent hand units in the UK to confirm that all of our clinical assessments are standardised.We were given surgical insight into the management of injuries and the various types of sutures used. It was an eye opening session with plenty of opportunity to ask questions about surgery and medical management. We were later given the opportunity to repair our very own flexor tendon, a model taken from the foreleg of a sheep. Under guidance from the surgical team, we performed various sutures. This is where my true appreciation of the work by surgeons became evident. Their work is nothing short of a miracle as this was not an easy task. I can confidently say that I would not have trusted my repair to last the intensity of rehabilitation.The lightbulb moment of the day was the lecture on therapy management of flexor tendons. I have spent a lot of time worrying about which regime to use with patients and finally came my answer. The perfect flexor tendon regimen has yet to be created. We were provided with a toolbox of resources to assist our clinical reasoning process when tailoring treatment for each individual. Day 2 focussed on extensor tendons. We had an energetic presentation on the extensor tendon anatomy, reviewing the zones of injury along with practical hands on practice of the clinical assessment. Next, we were taken through the surgical management of extensor tendons. In the lecture on therapy management of the extensor tendons, the message was loud and clear It is so important to know your extensor tendon zone anatomy and structures as this is vital when influencing and easing your decision making process in the regimen selection. So learn it!! A much appreciated lecture came on the therapy management of nerves. This is my more feared area of practice. Interestingly, 37% of flexor tendon injuries are associated with a digital nerve injury. The reality of an associated nerve injury with tendon injury is immediate and longstanding reorganisation of the sensory brain cortex. That is a pretty frightening reality. We were provided with the latest sensory retraining techniques and I will be making sensory retraining a priority in my practice. The day finished with a practical workshop on splinting. We had the opportunity to practice a range of flexor and extensor tendon splints as used in the various regimens. Like any course, there are always more experienced and skilful therapists and I was incredibly lucky to pick up some tips to advance my own splinting skills. Day 3 was just as packed; it concentrated on the complications that can arise in flexor and extensor tendon surgery. These lectures were incredibly insightful for the therapist in practice. We examined all aspects of the surgical zones, early complications and how to treat and overcome them. The therapy led workshops in the afternoon explored these complications in more detail and generated much discussion and ideas for practice. The final lecture of the course looked at patient education and offered tips to encourage patient adherence to therapy. A heartfelt thank you to the BAHT committee for the bursary to be able to attend this very worthwhile course. |