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

**Linda Davies**

**PIP joint – NES – BAHT level 2 Bursary**

**December 6th-8th 2018**

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| **Introduction:**  My name is Linda Davies, a Band 6 Hand Therapist. I applied for the Bursary to attend a course that I had heard many positive comments about. I hoped and believed that the course would not only benefit myself but my patients, the department I work in. However, finances were prohibitive to my attendance. Like most therapist increasing cost of living are not being met by pay rises and this has been adverse to budgeting. I believe that the bursary would not only support me financially but also aid in my reflection of the course due to the commitment required. The course lived up to all expectations. |
| **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 PIP – so much more than a hinge joint!  I was extremely fortunate to gain a BAHT level II bursary to attend the NES ‘Management of the PIP joint’ 3-day course. Portsmouth Hospital were gracious hosts and 30 hand therapists greatly appreciated their efforts. We started the course at the deep end, plunging straight into anatomy and biomechanics lectures. These were broken up with workshops on pathophysiology of stiffness and its treatment, swelling management, goniometry and pain. Day 1 for me led to the affirmation that the PIP joint is so much more than a joint that simply flexes and extends. One of many learning points for e.g. was how the proximal phalanx head is shaped more like a square in the little finger and for each digit in a lateral order of progression; the heads gradually become more angled and rectangular. These subtle changes to head shape are not there just to help archaeologists identify which bone goes where, they are shaped like this to allow minute intricacies in rotation at the PIP joint so a functional grip can be achieved. The course provided a much-appreciated platform to revisit anatomy knowledge that, in my case, simply does not happen as frequently as it should. The ability to freely clarify areas of uncertainty with other colleagues/lecturers affirmed just how hand therapist are indeed specialists who have advanced knowledge of anatomy.  Day 2 started with lectures on instability, altered biomechanics and fractures of the phalanx, followed by workshops on splinting and flexor and extensor tendon injuries. These lectures were greatly appreciated by myself (and others I am sure). The central slip in my practise has historically been a structure that was either my ‘friend or enemy’ and I never fully got to grips with when to employ testing. The discussion on the Elson’s/modified Elson’s test provided the much appreciated ‘light bulb’ moment. Whilst on paper this tests looks simple to perform the practicalities of implementation in a swollen/painful joint often left me none the wiser if the central slip was involved. Reassurance that this test is not as easy to employ as it seems and anecdotal explanations as to when other therapists employ the test was priceless in my clinical reasoning of application in practise. Hearing ‘it’s ok’ not to test if it is too swollen, if patients don’t understand what you are asking or you think it will actually cause damage was reassuring to hear. These things seem obvious but often the pressure in a busy clinic can sometimes lead me to adversely complicate my practise.  The last day – despite the impending doom of the exam - was jammed packed with management of OA/RA, dupytrens, trigger finger, differential diagnosis and case studies. The course was comprehensive in including the DIP and MCP joint too. The complex anatomical relations between these three joints, at the risk of sounding like a broken record, is fascinating. Never again will I underestimate the Oblique Retinacular Ligament(ORL)! I had not appreciated (and if I am honest understood until the course) the link that the ORL has in contributing to DIP joint flexion at end range fist making.  I am immensely grateful to BAHT for the bursary and for the opportunity to attend a course that has benefitted all aspects of my practise. Thank you. |