

Standards of Hand Therapy Practice in the Rehabilitation of Fingertip Terminalisation

Endorsed by:

British Association of Hand Therapists

Devised by the Rehabilitation of Fingertip Terminalisation Standards Working Group, 2023

Further information is available from: https://www.hand-therapy.co.uk

This BAHT Standard has been developed to compliment the respective BSSH Standard of Care in Hand Trauma. It is based on research and expert opinion.

Definition:

These standards relate to hand therapy in the treatment of fingertip terminalisation in adults and children.

Standards

- Referral to hand therapy should be dependent on injury severity and clinical need. Children with fingertip injuries do not usually require hand therapy. *If* deemed necessary, hand therapy should commence within 3 weeks of receipt of referral.
- Assessment and formulation of a treatment plan to be provided by a specialist hand therapist or appropriately trained therapist with direct access to specialist support if required. Access to accurate operative details is imperative.
- 3. There should be easy communication and rapid access to the surgical team if the therapist has concerns at any point.
- 4. Patients should be offered follow-up hand therapy appointments depending on clinical need, considering pain, oedema, scar, mobility of the hand, functional use/ inclusion and psychological management.
- 5. Rehabilitation should be supported by verbal, written and/or electronic information
- 6. Virtual appointments or patient-initiated follow-up can be considered at the therapist's discretion.
- 7. Outcome measures should reflect rehabilitation need.
- 8. In the absence of a satisfactory outcome, the patient should be referred to a hand surgeon to discuss treatment options.

Implementation of these standards should be used to guide and advise therapists in the clinical setting. However, it is recognised that care may be influenced by factors including access to hand therapy, nature of the injury as well as patient factors. Professional judgement, based on clinical reasoning, will strongly influence the management and outcome.

Evidence and Supporting Literature

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