



BRITISH ASSOCIATION
OF HAND THERAPISTS

Standards of hand therapy practice in the rehabilitation of open hand injuries with no structural repair

Endorsed by:

British Association of Hand Therapists

Devised by the Rehabilitation of Open Hand Injury with No Structural Repair
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 the rehabilitation of hand lacerations with no structural repair in children and adults.

Standards

1. Referral to hand therapy should be dependent on injury severity and clinical need. If deemed necessary, hand therapy should commence within 3 weeks of receipt of referral for adults, and 2 weeks of receipt of referral for children as scarring and adhesion develops earlier.
2. 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 judgment, based on clinical reasoning, will strongly influence the management and outcome.

Evidence and Supporting Literature

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Membership of the Standards Working Group

Mollie Boyce

Juliette Bray

Nicola Cherry

Raelene Marx

Megan Robson

Fiona Spruce

Leanne Topcuoglu

Andrea Jester (in relation to paediatrics)

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