



BRITISH ASSOCIATION  
OF HAND THERAPISTS

## **Standards of hand therapy practice in the non-surgical rehabilitation of collateral ligament injuries of the thumb metacarpal phalangeal joint (MCPJ) and interphalangeal joint (IPJ)**

**Endorsed by:**

British Association of Hand Therapists

Devised by the ligament Standards Working Group, 2023

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

**Definition:**

These standards relate to the non-operative management of all closed collateral ligament injuries of the thumb MCPJ and IPJ in adults.

## **Standards**

1. Following a decision for non-operative management, patients should be referred to an appropriately trained therapist or specialist hand therapist experienced in the management of ligament injuries for assessment and formulation of a treatment plan.
2. The first appointment should be face-face within 7 days of referral and include a documented assessment of joint integrity.
3. The patient's level of pain, values, occupation and hand function requirements should be discussed and considered in a joint decision-making process. Expectation regarding joint appearance / aesthetics should be discussed and managed.
4. If an orthosis is indicated, this should be based on individual assessment, clinical reasoning and agreed local clinical guidelines.
5. An exercise regimen should be commenced to maximise range of movement once ligament integrity has been established.
6. Virtual appointments or patient initiated follow ups can be utilised at clinicians' discretion and based on clinical need.
7. There should be easy communication and rapid access to the Consultant team if the therapist has concerns at any point.
8. The rehabilitation regimen should be supported by both written and verbal information.
9. Measurements should be taken of total active motion when mobilisation commences, and thereafter using a standardised technique, and compared to the contralateral hand.
10. Grip and pinch strengths should be assessed once joint integrity and stability has been confirmed, and no earlier than week eight post injury, using a standardised technique and compared with the contralateral hand and established normal values.
11. A recognised patient reported outcome measure should be used during therapy and on discharge in addition to range of movement, grip & pinch strength and patient satisfaction.
12. In the absence of a satisfactory outcome, the patient should be referred to a hand surgeon to discuss other treatment options.

**Implementation of these standards should be used to guide and advise therapists in the clinical setting. It is recognised that care may be influenced by factors including access to hand therapy, nature of injury, patient characteristics. Professional judgment, based on clinical reasoning, will strongly influence the management and outcome following collateral ligament injury of the thumb.**

### **Evidence and Supporting Literature;**

BSSH 2023 British Society for Surgery of the Hand Evidence for Surgical Treatment (BEST)

Evidence which supports the suggested splinting time:

Johnson, J.W. and Culp, R.W. (2009) 'Acute Ulnar Collateral Ligament Injury in the Athlete', *Hand Clinics*, 25, pp. 437-442.

Patel, S., Potty, A., Taylor, E.J. and Sorene, E.D. (2010) 'Collateral ligament injuries of the metacarpophalangeal joint of the thumb: A Treatment Algorithm', *Strategies in Trauma and Limb Reconstruction*, 5, pp.1-10.

Sen, S., Badge, R. and Murali, R. (2018) 'Ligament Injuries of the hand', *Orthopaedics and Trauma*, 33(1), pp.38-44.

Tang, P. (2011) 'Collateral Ligament Injuries of the Thumb Metacarpophalangeal Joint', *Journal of the American Academy of Orthopaedic Surgeons*, 19(5), pp. 287-296.

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