BRITISH ASSOCIATION
OF HAND THERAPISTS

Standards of Hand Therapy Practice in the Rehabilitation of Surgically Repaired Collateral Ligament Injuries of the Fingers

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 management of all surgically repaired collateral ligament injuries of the fingers in adults.

Standards

1. At time of surgery patients should be referred to a specialist hand therapist, or appropriately trained therapist, with direct access to specialist support for assessment and formulation of a treatment plan.

2. Access to surgery details is recommended to support clinical reasoning.

3. The first appointment should be face-face and within 7 days of surgery.

4. 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.

5. Intervention should include wound care, oedema and pain management. Wound care carried out outside of the therapy setting should replace protective post-op splinting until the patient is assessed within the therapy department.

6. If an orthosis or buddy taping is required for ligament protection, these should be based on individual assessment, clinical reasoning and locally agreed clinical guidelines.

7. Ligament integrity should be assessed and documented in line with expected healing times.

8. An exercise regime should be provided to maximise the range of movement outcome and based on individual assessment, clinical reasoning and locally agreed guidelines.

9. Virtual appointments or patient initiated follow ups can be utilised at clinicians' discretion and based on clinical need.

10. There should be easy communication and rapid access to the Consultant team if the therapist has concerns at any point.

11. The rehabilitation regimen should be supported by both written and verbal information.

12. Measurements should be taken of total active motion when mobilisation commences, and thereafter using a standardised technique, and compared to the contralateral hand.

13. Grip and pinch strengths should be assessed once joint integrity and stability have been confirmed using a standardised technique and compared with the contralateral hand and established normal values.

14. 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.

Implementation of these standards should be used to guide 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 and surgical management. Professional judgement, based on clinical reasoning, will strongly influence the management and outcome following repair of collateral ligaments of the fingers.

Evidence and Supporting Literature;

Bui, D., Jenkins, M., Schick, B and Sivakumar, B.S. (2021) 'Outcomes of Acute Operative Repaur of Complete Digital Proximal Interphalangeal Joint Collateral Ligament Ruptures: A Systematic Review', *The Journal of Hand Surgery,* 26(4), pp. 644-653.

Delaere, O.P., Suttor, P.M., Degolla, R., Leach, R. and Pieret, P.J. (2003) 'Early Surgical Treatment For Collateral Ligament Rupture of Metacarpophalangeal Joints of the Fingers', *The Journal of Hand Surgery,* pp. 309-315.

Mild Support:

Lee, S.J., Lee, J.H., Hwang, I.C., Kim, J.K. and Lee, J.I. (2017) 'Clinical outcomes of operative repair of complete rupture of the proximal interphalangeal joint collateral ligament: Comparison with non-operative treatment', *Acta Orthopaedica et Traumatologica Turcica,* 51, PP. 44-48.

Prucz, R.B. and Friedrich, J.B. (2015) 'Finger Joint Injuries'*, Clinical Journal of Sport Medicine,* 34, pp. 99-116.

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