

BRITISH ASSOCIATION OF HAND THERAPISTS

Standards of hand therapy practice in the rehabilitation of surgically repaired collateral ligament injuries of the thumb

Endorsed by: British Association of Hand Therapists

Devised by the ligament Standards Working Group, 2023 Further information is available from: <u>https://www.hand-therapy.co.uk</u>

Definition:

These standards relate to the management of all surgically repaired collateral ligament injuries of the thumb in adults.

Standards

- 1. Following surgery patients should be referred to a specialist hand therapist or appropriately trained therapist for assessment and formulation of a treatment plan.
- 2. Access to surgery details is recommended to support clinical reasoning.
- 3. Patients should be seen face-to-face and within 4 weeks of surgery.
- 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 is indicated, this should be based on individual assessment, clinical reasoning and agreed local 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 has been confirmed, and no earlier then week eight, 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 judgment, based on clinical reasoning, will strongly influence the management and outcome following repair of collateral ligaments of the thumb.

Evidence and Supporting Literature;

Allahabadi, S., Kwong, J.W., Pandya, N.K., Shin, S.S., Immerman, I. and Lee, N.H. (2023) 'Return to Play After Thumb Ulnar Collateral Ligament Injuries Managed Surgically in Athletes – A Systematic Review', *Journal of Hand Surgery Global Online*, 5, pp. 349-357.

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Ly, L., Bentejac, A., Corcella, D. and Forli, A. (2023) 'Clinical and functional outcomes of surgical treatment of grade III ulnar collateral ligament injuries of thumb metacarpophalangeal joint', *Hand Surgery and Rehabilitation*, 42, pp. 127-133.

Schroeder, N.S and Goldfarb, C.A. (2015) 'Thumb Ulnar Collateral and Radial Collateral Ligament Injuries', *Clinical Journal of Sport Medicine*, 34, pp. 117-126.

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