

Bursary Report for the British Association of Hand Therapists

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Introduction:

I work as a clinical hand specialist within a major trauma centre and as I have attended hand therapy specific conferences I was keen to attend a combined surgical and therapy conference. I also thought that it would be interesting to attend a European event to gain an insight into the practices of therapists and surgeons beyond the UK which would provide different treatment ideas and also a wider pool for networking.

The conference was excellent with a wide range of topics presented from both surgeon and therapist perspectives to further my interest in the management of hand injuries.

Topic:

I attended a variety of lectures on the DRUJ with excellent detailed descriptions of the complex anatomy and how this causes wrist pain. Due to the visual aids showing the direction of stresses within the joint it provided a greater understanding of how forces on the joint and any instability within the area would cause wrist pain. I have now incorporated these images in our in service training documents to aid my colleagues understanding of the area.

I also attended a discussion of functional splints to reduce DRUJ pain on activity. I have presented these ideas at our therapy team meeting and we will be trialing these new splint designs on patients to improve function but support the wrist. By meeting exhibitors from different companies across Europe I sourced different styles of wrist braces and have arranged for a splinting representative to visit our department to demonstrate their use in clinical practice.

I attended an excellent session on the PIPJ and using a relative motion flexion splint to treat closed central slip injuries instead of serial casting. Although I have used relative motion before I have never used it for this purpose. The argument for using it to enable full function was well presented and since the conference I have fabricated the splint, presented it to colleagues and we are planning on using the idea within a service review of these injuries.

I also attended an excellent therapy led discussion on functional dystonia. Although it focussed on musicians it broadened my understanding of the psychological component behind the condition and psychological management strategies that should be in place along with physical therapy. It also informed me of the time scales of how long it can take to improve symptoms which in future will make me more patient when treating this client group. The talk would also encourage me to seek psychological help for these patients earlier in the management and look more at workplace or stress management.

In the session on athletic injuries there was the opportunity to discuss management of acute injuries and techniques using strapping or splinting in the management of chronic injuries which I will use with my caseload. It was also interesting to discuss the demands of elite sport on the recovery process and learn techniques how to manage this when supporting the patient through their injury.

Overall, it was an excellent conference with the opportunity to attend detailed surgical lectures prior to attending the corresponding therapy specific lectures. It provided a great opportunity to network with a large pool of hospitals and make contacts with different splinting/scar management companies.

I am extremely grateful to BAHT for the bursary and the opportunity to attend my first international conference.