BRITISH ASSOCIATION
OF HAND THERAPISTS

Standards of hand therapy practice in the rehabilitation of hand injuries requiring revascularisation and/or replantation

Endorsed by:

British Association of Hand Therapists

Devised by the Revascularisation/Replantation Standards Working Group, 2022

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.

Standards

1. Following surgery all 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, with specific knowledge / skills relating to:

- Monitoring vascularity
- Wound integrity and healing
- Splinting principles in the presence of multiple structural repairs
- Restoring motion and function in the presence of multiple structural repairs

2. Following surgery, hand therapists should have access to clear and accurate operative details and the opportunity for liaison with the MDT regarding post-operative management.

3. The patient should be assessed by the hand therapist within 72 hours or as clinically appropriate.

4. Face to face hand therapy should be offered, as a minimum, on a weekly basis in the acute phase of recovery in a face to face appointment.

5. Patient clinical care may benefit from the consideration of a combination of face to face and audio-visual care to support on-going rehabilitation. Clinical decision making should guide and inform the approach based on complexity of injury, patient social factors and mental health status.

6. The postoperative rehabilitation regimen should be supported by both written and verbal information and, where possible, virtual methods including videos, app’s and audio-visual appointments.

7. Therapy management should include:

- Patient education around realistic outcome and function.

- Monitoring of psychological status with onwards referral as needed
- Monitoring of reported pain and early MDT involvement for proactive management of neuropathic pain if required, along with therapy techniques.
- Problem solving approach to splinting for protection, facilitation of range of motion and tendon glide, prevention of contractures and remodelling of soft tissues.
- Initiation of phase 1 sensory re-education within 7 days after surgery and progression to phase 2 at pertinent timescales.
- Assessment of sensory and motor function at 3,6 and 12 months.
- Functional rehabilitation aimed at achieving individual goals. Advice on return to work should be provided or signposted.

8. Outcomes should be assessed in relation to restoration of function with specific attention to patient attainment of goals. PROM at discharge.
    - Minimum follow up of 12 weeks.
    - Regular audit of outcomes and potential complications as agreed with the MDT.

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 serviced and the degree of injury, as well as patient characteristics and surgical management. Professional judgement, based on clinical reasoning, will strongly influence the overall management and outcome following replantation/ revascularisation.

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