



BRITISH ASSOCIATION  
OF HAND THERAPISTS

## **Standards of hand therapy practice in the rehabilitation of surgically repaired thumb extensor tendon injuries: zones II-V**

**Endorsed by:**

British Association of Hand Therapists

Devised by the Extensor Tendon Injuries 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. Access to accurate operative details is required.
2. There should be easy communication and rapid access to the Hand team/surgical team if the therapist has concerns at any point.
3. Following a robust repair the selected rehabilitation regimen should be initiated ideally between three to five days and before seven days.
4. The selected rehabilitation regimen should include a protective hand or forearm based splint dependant on the zone of repair and choice of regimen with the thumb in an extended and abducted position. There should be some shared decision making between the patient and therapist in selecting the treatment regimen.
5. The rehabilitation regimen should include an early protective movement element ideally from the first appointment to promote tendon glide, dependent on operative guidance and clinical reasoning.
6. Patients should be offered regular hand therapy appointments depending on the patient's clinical need such as: tendon integrity and glide, compliance, fit of splint, swelling and wound/skin quality.
7. The postoperative rehabilitation regimen should be supported by verbal, written and / or electronic information.



8. A set of outcome measures should be taken during therapy and upon discharge. This should include range of motion (ideally including the contralateral side), strength and patient reported outcome measures (PROM).
9. 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. However, it is recognised that care may be influenced by factors including access to hand therapy, injury as well as patient characteristics. Professional judgement, based on clinical reasoning, will strongly influence the management and outcome.**

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## **References**

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