HAND THERAPY EXPERTS

HAND THERAPY REFERRAL GUIDELINE

DIAGNOSIS	HAND THERAPY TREATMENT	WHEN TO REFER	SPLINTS/CASTS
Boutonniere Deformity/Central Slip Injury	Full time splinting, lateral band gliding exercise, post-op hand therapy	As soon as possible Post-op: as soon as possible	Custom finger splint with PIP joint in extension
Carpal Tunnel Syndrome	Night splinting, nerve and tendon gliding exercises, activity modification, post-op hand therapy	At onset of symptoms Post-op: when required	Wrist splint May require MCP joint immobilisation for lumbrical incursion
Carpal Fracture	Splinting, range of motion, strengthening, post-op hand therapy	As soon as possible Post-op: within 1 week	Thermoplastic wrist splint or waterproof cast
Cubital Tunnel Syndrome	Night splinting, nerve gliding exercises, activity modification, post-op hand therapy	At onset of symptoms Post-op: when required	Elbow extension splint or extension towel wrap
De Quervain's Tenosynovitis	Splinting, tendon gliding exercises, trigger point release, nerve glides	At onset of symptoms Post-op: when required	Thermoplastic thumb and wrist splint, taping or soft splints in less severe cases
Distal Radius fracture	Splinting or casting, range of motion and strengthening, post-op hand therapy	As soon as possible Post-op: within 1-2 weeks	Waterproof short-arm cast or thermoplastic wrist splint
Lateral elbow tendinopathy "Tennis elbow"	Bracing, graded tendon strengthening, dry needling, trigger point release	At onset of symptoms	Tennis elbow brace (+/- wrist splint in severe cases)

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Mallet Finger	Splinting, tendon gliding and splint wean when minimal extensor lag at 6-8 weeks, post-op hand therapy	As soon as possible Post-op: as soon as possible	Thermoplastic DIP joint immobilisation splint May require anti-swan neck splint with DIP joint immobilised
Metacarpal Fracture	Splinting, oedema management, early active mobilisation, post-op hand therapy wound care, scar management	As soon as possible Post-op: as soon as possible	Thermoplastic hand or wrist splint depending on fracture location and type
Osteoarthritis (Hand or Wrist)	Splinting, joint protection strategies, heat modalities, activity modification, post-op hand therapy hand therapy	Onset of symptoms Post-op: within 1 week	Thermoplastic or soft splints thumb and wrist splints Leather wrist brace
Phalangeal Fracture	Splinting, oedema management, range of motion, strengthening, post-op hand therapy review	As soon as possible Post-op: as soon as possible	Thermoplastic hand or finger splint depending on fracture type and location
PIP Joint Dislocation	Splinting, range of motion exercises, oedema management, return to sport guidance, post-op hand therapy review	As soon as possible Post-op: as soon as possible	Thermoplastic dorsal blocking finger splint Buddy tape for less severe injuries
Scaphoid Fractures	Splinting or casting, range of motion and strengthening, post-op hand therapy	As soon as possible Post-op: within 1-2 weeks	Wrist waterproof cast or thermoplastic splint, depending on fracture severity and surgeon preference

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Scar Management	Scar massage, provision of silicone products, desensitisation, compression	After wound closure, or appearance of thick, red or raised scars	Splints may be necessary for tight scars causing contractures
Tendon Repairs or Nerve Repairs	Splinting, post-op hand therapy, range of motion, strengthening, desensitisation	Post-op: as soon as possible	Splint design dependent on which tendon and or nerves are repaired
Trigger Finger/Thumb	Splinting, tendon gliding exercises, oedema management, post-op hand therapy	Onset of symptoms Post-op: when required	Finger splint or hand-based MCP joint immobilisation splint
Ulnar Collateral Ligament injury (Skier's thumb)	Splinting full time, range of motion, strengthening, post-op hand therapy	As soon as possible Post-op: as soon as possible	Thermoplastic hand-based thumb spica splint
Volar Plate Injury	Splinting, range of motion and oedema management	As soon as possible	Thermoplastic dorsal blocking finger splint
Wrist Ganglion	Splinting, wrist stability exercises	Onset of symptoms Post-op: when required	Wrist splint
Wrist Sprain (TFCC, ECU or scapholunate ligament injuries)	Splinting, wrist stabilisation and proprioception exercises, post-op hand therapy	As soon as possible Post-op: within 1-2 weeks	Thermoplastic wrist splint, wrist widget or sugartong splint, depending on type of injury and surgeon preference
Kids Handwriting	Assessment of writing posture, provision of various pen grips,	When possible	Soft thumb or finger splint if required, pen grips or writing equipment

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	splinting, strengthening		
Hypermobility (fingers, thumb or wrist)	Assessment of hypermobile joints, splinting, joint protection advice	When possible	Finger splints (e.g. anti swan neck or soft finger splint), thumb splint or wrist splint for hand activities

Disclaimer: this is a general referral guideline for referring health professionals. Hand therapy treatment and splinting may vary depending on injury type and hand surgeon preference. For open hand injuries, displaced fractures or rotational deformities, please refer the patient to the nearest hospital or a hand surgeon. If you are unsure whether a patient is appropriate for hand therapy referral, please contact our clinic from the below details.

North Sydney
Mater Clinic, Ground Floor, Suite G02
3 Gillies St, Wollstonecraft NSW 2065

Northern Beaches Sydney
24 Middleton Rd
Cromer NSW 2099

Ph: 1300 334 263
E: info@handtherapyexperts.com.au
W: handtherapyexperts.com.au