

Hand therapy for your injured worker patient

In 2015 WorkSafeBC's Hand Therapy Program treated 4141 injured workers. The goal: to provide timely, specialized treatment to help injured workers get back on the job as soon as it is safe to do so.

The program is delivered through our contracted network of 42 hand-therapy clinics around the province. These clinics, staffed by certified hand therapists, provide services to workers who have sustained injuries to the upper extremity, below shoulder level.

Referrals

Workers either self-refer to one of the clinics, or are referred by a family physician, hand surgeon, or WorkSafeBC. Physicians may refer an injured worker patient directly to one of the contracted hand-therapy providers, or recommend to the case manager that the injured worker be referred to the program.

Hand-injury treatment: An example

The following example illustrates how a typical hand injury might be treated within our hand-therapy framework.

A 45-year-old carpenter—we'll call him Don—was moving a large doorframe when he accidentally caught his left fifth digit in the doorframe cutout, dislocating it at the PIP joint. Don went to the emergency department, where the digit was X-rayed, reduced under local anesthetic, X-rayed again to confirm the absence of fractures, and then placed in a large protective splint.

One week later Don followed

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up with his family physician, who referred him to one of our certified hand-therapy clinics. There, the hand therapist told Don he had sustained a boutonniere deformity-type injury and required a hand-surgery consultation. She then gave the case manager an update and sent a referral to our Visiting Specialist Clinic (VSC), requesting immediate consultation with a hand surgeon.

That same week a VSC hand surgeon determined that Don's boutonniere deformity required immediate surgical intervention. Don underwent percutaneous pinning of the fifth PIP joint to stabilize it while the soft tissue damage healed.

Three days postsurgery Don returned to the hand-therapy clinic with a referral for a thermoplastic resting splint to protect the immobilized digit while allowing range of motion to the unaffected joints. The referral also requested ongoing hand therapy to unaffected joints until the percutaneous pin was removed. Don went to hand therapy two to three times per week.

Five weeks postsurgery the hand surgeon removed the percutaneous pin and referred Don back to the hand therapist. Don slowly progressed with his passive range of motion, active range of motion, and splinting.

At the third week of mobilization the hand therapist contacted Don's employer to discuss return-to-work opportunities. The employer, a mid-size construction company, was able to offer Don appropriate modified duties and hours while he continued hand therapy.

After 2 additional weeks of progressive strengthening and functional exercises the hand therapist contacted Don's employer to discuss and establish a progressive graduated return-to-work plan. Don continued to work

with the hand therapist, completed the graduated return-to-work plan over a 3-week period, and returned to work without limitations.

The hand therapist continued to treat Don for 2 weeks beyond his return to work to maximize recovery and durable return to work, and then discharged him, fit to return to work with no limitations and no permanent functional impairment.

Further information

For more information on WorkSafeBC's Hand Therapy Program please contact our Health Care Services team at 604 232-7787 or toll free 1 888 967-5377, or visit the hand-therapy page at worksafebc.com.

If you have questions regarding a specific worker patient's hand injury, please call a medical advisor in your nearest WorkSafeBC office.

—**Gabrielle Jacobson, MScPT**
Program Manager, Financial Services and Health Care Programs

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For more information, contact Kerri Phillips at kerri.phillips@worksafebc.com or visit www.worksafebcphysicians.com.