Exploring Hand Therapy

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From The Editors Desk

Exploring Hand Therapy dba Treatment2go recently released these popular movie courses:

- Orthotics: Creative Static Splinting Made Simple,
- Orthotics: Creative Mobilization Splinting (SPS & Dynamic)
- Clinical Activities: Clinic, Bedside, Home movie course
- Our propriotory online E-books ARTHRITIS UNLOADED (OA & RA), Flexor Tendons Get a Grip and soon to be released Extensor Tendons.
- For details see page 5.

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ENJOY!

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Susan Weiss OTR, CHT

Nancy Falkenstein OTR, CHT

Featured Article

by Nancy Falkenstein OTR/L, CHT

Wounds and Hand Therapy

Can OTs treat wounds? That is a great question. Of course OTs can treat wounds. Now, with that said, the extent of implementation is dependent upon each State's Scope of Practice. As usual, AOTA is working diligently with the states to ensure wound treatment including debridement and sharp debridement are included in the scope of practice.

We, as hand therapists, see wounds on a regular basis and need to feel comfortable implementing treatment ranging from observation, to moist wound healing, to sharp debridement. There has been chatter about upcoming wound certification for hand & upper extremity. Currently one can be wound care certified (WCC®) and it covers the entire body and is geared towards nurses. This article is just a small synopsis of wounding and treatment. Personally I have always been interested in wounds and implementation. Wound healing can be predictable and we can make a positive influence in the outcome. We know for optimal healing, a well devised plan must be developed and must include wound etiology, appropriate assessment, principles of wound healing, scientifically based treatments, and prevention measures. Our wound care plan must include appropriate goals and reevaluation of the process on a regular basis. Obviously all of the details are beyond the scope of this article but let's begin with the understanding of what is wounding. Let us start with some basic definitions:

We are going to divide our definitions into 3 subsets consisting of wounds, burns, & ulcers.

Wounds:

Acute wounds: Wounds caused by trauma or surgery and typically require limited local care.

Chronic Wounds: Wounds that take longer than the predicable or usual healing process because of underlying conditions, such as

continued on page 3

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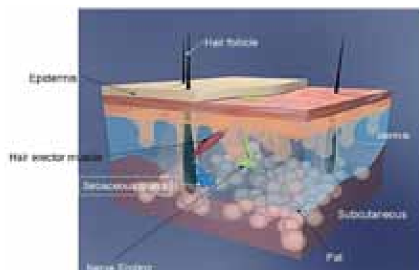
pressure, diabetes mellitus, poor circulation, poor nutritional state, immunodeficiencies, or infection.

Full-thickness wounds: Tissue destruction extending through the dermis to involve subcutaneous tissue and possibly muscle or bone; tissue can appear snowy white, gray, or brown with a firm leathery texture. Examples may be deep burns, deep ulcers, and advanced pressure ulcers.



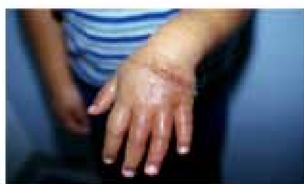
Partial-thickness wounds: Tissue destruction through the epidermis extending into, but not through the dermis. Examples are tape burns, sunburns, blisters that do not have blood, skin tears, and stage II pressure ulcers.

Lacerations: Torn or jagged wounds.

Burns:

Superficial (first degree burns): Damage limited to the epidermis characterized by erythema, hyperemia, tenderness, and pain.

Partial-thickness (second degree burns): Superficial to deep partial-thickness wounds characterized by large blisters, edema, pain, aa wet weeping shiny surface.



Full-thickness (third degree burns): Full-thickness wounds characterized by deep red, black or white appearance; edema, painless nerve ending damage, and exposed subcutaneous fat layer.

Ulcers:

Typically hand therapists do not treat advanced ulcers but we should be familiar with the types of ulcers as some of our nursing home and home health patients have one of the following ulcers.

Arterial ulcer: caused by ischemia and includes pain and tissue loss.

Diabetic ulcer: caused by trauma or pressure secondary to neuropathy or vascular disease related to diabetes mellitus.

Pressure ulcer: Caused by ischemia from pressure; this localized tissue damage is also called a decubitus ulcer, bedsore, or pressure sore.

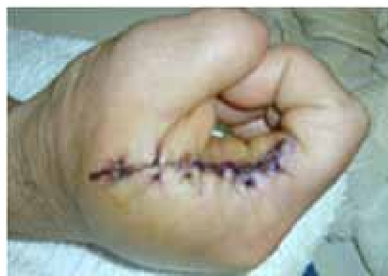
Venous ulcer: local losses of epidermis and various levels of dermis and subcutaneous tissues.

This article will briefly mention the phases of wound healing and not elaborate on them. Phases of wounding, is a fascinating orchestra of cellular events beyond the scope of this article. In general the phases are:

- Inflammatory phase
- Proliferative phase
- Maturation phase

Types of wound repairs fall into one of three types:

- **Primary intention** which is typical of surgical wounds with the skin edges approximating. These wounds have a lower infection rate and involve little tissue loss and heal with a minimal scarring after 4 to 14 days.
- **Secondary intention** healing typically are chronic in nature such as pressure ulcers or any wound where the skin edges are not approximating and these wounds involve greater tissue loss, a higher risk of infection, and longer healing time.



- **Tertiary intention** are wounds that are left open to heal. Examples may be dupuytren's McCash procedure and infected wounds. Risk of infection and tissue loss has a higher rate with open wounds.

There are many local factors that may impede wound healing and I will briefly list them:

- Pressure, a dry environment, trauma, edema, infection, necrosis and incontinence. In addition to the local factors there are systemic factors that may impede wounding and we should be familiar with them, such as: age, body build, chronic diseases, nutritional status, vascular insufficiencies, immunosuppression and radiation therapy. Of course there are other wound healing complications that may consist of infection, hemorrhage, dehisence, evisceration (protrusion of visceral organs), and fistula.

We as hand therapists may often choose adjunctive therapies often seen in wound care. They may consist of:

- Electrical stimulation
- Hydrotherapy
- Ultrasound
- Low level laser therapy
- Nutritional support
- Compression therapy
- Support surface (wedges, pillows, chairs, wheelchairs, splints)
- Hyperbaric oxygen (typically seen at wound centers & administered by nurses & MDs)

continued page 4

Wound Dressings

Choosing the ideal dressing can be daunting especially with thousands of wound-care products on the market. Therefore understanding wounding, phases, type of wound (necrotic, infected, yellow, red), skin properties, patient factors and developing a plan of care are all essential in the process. In general dressings should protect the wound, provide a moist environment, and prevent maceration of the periwound. As with all dressings the ***goal is to create an environment that promotes wound healing and supports the body in healing itself.*** You should consider the following when choosing a dressing:

- Wound and skin related factors such as cause, severity, environment condition of periwound skin, wound size, depth, location, exudate and risk of infection.
- Patient-related factors such as nutritional, vascular, medical status, cognitive status, comfort, odor-control, & cost-benefit ratio.

All of the above are important when choosing an appropriate dressing for a wound. Also, dressing related factors such as availability, durability, adaptability and the general use are all important factors. Below are some tips in the form of questions you should ask when choosing the ideal dressing:

- Does the dressing protect the wound from secondary infection?
- Does the dressing provide a moist wound-healing environment?
- Does the dressing provide thermal insulation?
- Can the dressing be removed without causing trauma to the wound?
- Does the dressing remove drainage and debris (autolytic debridement)?
- Is the dressing free from particles and toxic products?

We know there is no magic dressing available and choosing the appropriate dressing is only one important aspect of the wound healing formula. As always, it is critical to evaluate the entire patient and situation when choosing the ideal dressing.

Now with that said, we must address the traditional gauze dressings consisting of wet to dry, moist to dry, and wet to moist treatments. Although these are still viable options they are antiquated and many believe are unnecessary painful options. Although gauze treatments are cost effective, easily available and absorptive in nature, they are not the dressing of choice. Moist wound products are superior compared to the traditional gauze treatments. However, there are occasions you may choose gauze dressing.

The wound color classification is well accepted in the wound care community. Briefly listed are the types of wounds based on color:

- Black/low exudate
- Yellow/high exudate
- Yellow/low exudate
- Red/high exudate
- Red/low exudate
- Pink/low exudate
- Red/unbroken skin

Obviously each of the above types of wounds requires a different dressing. For example the goal of a yellow/high exudating wound would be to remove slough and absorb exudate where as the red low exudating wound goal would be to maintain a moist environment and promote granulation and epithelization. Therefore the types of dressing may be hydrocolloids, alginates, enzymes, hydrofiber, or foams for the yellow wound and the red wound you may choose foams, sheet hydrogels, transparent film and maybe hydrocolloids.

Wound care is a combination of knowledge and art. Your knowledge is how the cellular aspects of tissue respond to the wound products. Knowing the wound products and how they will respond to a wound is the art of intervention. Of course you must always reevaluate the wound, periwound, patient factors both medical and cognitive, as well as insurance factors.

Wound care is not complete without documentation. Documentation is the vital link to carry over and choosing the appropriate dressing at reevaluation. Remember your documentation should paint a picture of your treatment for all who read the notes. It is critical to remember that intervention may and often is shared by other professionals and they must be able to read your notes and know instantly the entire wound care plan/process. Remember documentation will directly impact reimbursement and help protect clinicians against litigation. Some clinical settings such as home health and nursing homes have specific wound documentation requirements and most likely the facility will have a documentation form. But in general I have listed documentation tips:

Documentation:

There are several important pieces of information that should be included with wound documentation. Things You'll Need:

- Measuring tape or a measuring wound film

continued on page 5

- ◊ Tip: you can use a plastic bag and sharpie to draw the outline of the wound. Then before you fill in the chart cut the bottom side of the sandwich bag off & discard because this side is contaminated from touching the wound.
- Sterile cotton swab

- ◊ Describe the exact area and location where the wound is located.
- ◊ Measure the length (vertically) of the wound at its longest point.
- ◊ Measure the width (horizontally) of the wound and record these numbers.
- This information will be used to determine whether the wound is growing or getting smaller over time.
  - ◊ Place the cotton end of the swab into the deepest area of the wound.
  - ◊ Make a mark on the stick at the level of the skin.
  - ◊ Measure this distance and document the depth of the wound in your notes.
  - ◊ Describe the tissue (i.e., granulating, yellow, eschar) in the wound bed, as well as any drainage or odor.
- Different areas of the wound may contain different types of tissue.
- Sketch the wound in your notes and label the areas appropriately or use digital photos and put in the chart.
  - ◊ Describe the wound in terms of a clock; example at 3 o'clock noted granulating tissue and 6 o'clock noted yellow low exudate wound.
- Document specific treatment provided during the wound care

process, including the removal of dead tissue, any topical medications applied and dressings that are used.
- Document wound cleansing and

continued on page 10

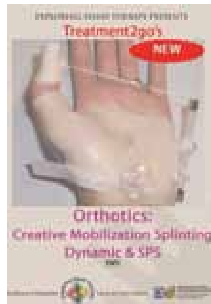
New Releases

Orthotics: Creative Static Splinting Made Simple

This is a mixed level up to intermediate level splinting workshop featuring immobilization splints (static) for the upper extremity. The instructional format includes a didactic lecture to include PowerPoint® presentation, up close and personal splint examples, followed by detailed splint fabrications, splint critique and allotted follow along lab time for participants to fabricate splints. Participants will also become familiar with MARKETPLACE splints to compliment their customized splints. Participants manual (over 125 pages in FULL COLOR) will include splint patterns, photos, FAQ, and occupation based principles relating to immobilization splinting. Participants will be introduced to the knowledge requirements of splint fabrication, including upper extremity anatomy, stages of wound healing, and the characteristics of a variety of different splinting materials.

http://www.liveconferences.com/product.asp?cid=223

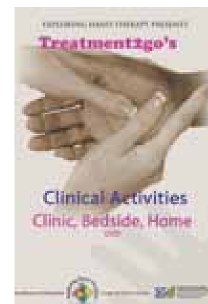
Orthotics: Creative Mobilization - Dynamic & Static Progressive Splinting



This is mixed learning level (ranging from intermediate to advanced splinting) workshop featuring mobilization splints of the upper extremity, including dynamic and static progressive designs is 9.0 AOTA approved contact hours. Includes a didactic lecture on DVD to include PowerPoint® presentation on the principles of mobilization, up close splinting examples, followed by splint fabrication demonstrations from beginning to end, a splint critique session, and a follow along lab time for participants to fabricate splints. Participant manual (112 FULL color pages) includes splint patterns, FAQ, photos, glossary, and occupation based principles relating to mobilization splinting. Participants will be introduced to the concepts of Evidence Based Practice, Low Load Prolonged Stress (LLPS), Total End Range Time (TERT), torque, and force.

http://www.liveconferences.com/product.asp?cid=224

Clinical Activities: Clinic, Bedside, Home



Excellent interactive 4 contact hour movie course demonstrating a variety of exercises that can be incorporated into your clinical setting (Clinic, Bedside, Home).Exercises range from table top exercises, fitness, balance to interactive technology to enhance your plan of care. Featuring Puttycise© tools enhancing your clinical exercises. See outline for specifics. Learning methods: Demonstration, lecture, written manual, PowerPoint, and exam. Learning level mixed ranging from beginner to intermediate. Add on the 101 Creative Therapy Ideas (106 pages)- you will be glad you did!

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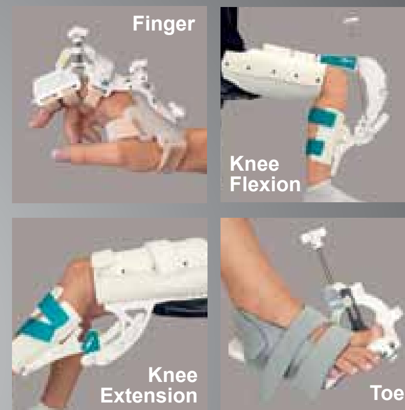

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Test Your Knowledge

1. When documenting and describing the location of a wound what household object is often cited?

2. In reference to touch screen phone users - a good tip is to use the phone in a horizonal position to reduce the amount of reaching with thumbs. T/F

3. It is recommended to use a full keyboard when texting on the phone. T/F

4. Texting and driving in emergency situaions is accepted T/F

5. Surgical wounds are classified into what type of wound repair?

6. Superficial first degree burns often present with bloody blisters. T/F

7. The McCash procedure uses the secondary form of wound repair/closure. T/F

8. What is WCC?

9. What is the primary goal when dealing with all wound dressings?

10. Transparent films are a dresssing of choice for what type of wound classification?

11. Orthotics: Creative Static Splinting Made Simple and Orthotics: Creative Mobilization Splinting are new EHT movie course releases. T/F

Answers on page 10

Evelyn J. Mackin

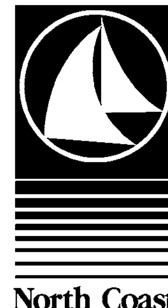
Fellowship in Hand Therapy

Hand Rehabilitation Foundation

North Coast Medical, Inc.

The Philadelphia Hand Center, P.C.

College of Health Professions at Thomas Jefferson University



Applications are now being accepted for a funded fellowship position in the Hand Therapy Department of The Philadelphia Hand Center, P.C., starting in January 2, 2012 and July 1, 2012. A six-month fellowship is offered in hand management and patient care, including pre- and postoperative assessment, treatment planning, splinting, return-to-work programs, and outcomes. Applicants must be a graduate of an accredited occupational therapy or physical therapy program (bachelor's or master's degree), be licensed, and have a minimum of one year's clinical experience, preferably in the area of upper extremity rehabilitation. Applicants will be selected on the basis of their demonstrated interest in the specialty of hand rehabilitation and their desire to advance their therapeutic skills in hand management. Preference will be given to applicants who evidence financial need and will practice in an underserved area. The deadline for submission is October 15, 2011 for the January 2, 2012 fellowship, and March 15, 2012 for the July 1, 2012 fellowship.

For more information, visit our web site at

www.handfoundation.org, or contact:

Terri Skirven, OTR/L, CHT, Director of Hand Therapy,

The Philadelphia Hand Center, P.C.

700 S. Henderson Road, Suite 200, King of Prussia, PA 19406

E-Mail: Tskirven@handcenters.com *Telephone:* (610) 768-4468

Creative Activities

by C. Phelan OTR/L, CHT & J. Peck-Murray MOT, OTR/L, CHT

THEY'RE EVERYWHERE… but how can we adapt them for use?

They're all around you.... everyday items just waiting to be used for exercise: cards, kitchen utensils, jar lids, rubber bands, wrapping paper rolls, mirrors, PVC pipes, tennis balls, cotton balls, plastic bags, rice, light switches, wood, corks and many other items hiding in your kitchen and bathroom drawers or hanging on your garage walls. Your home is a warehouse of inexpensive equipment that can be useful in your clinic or readily available to patients for their home exercise program (HEP).

Increasing costs of clinic equipment and lack of availability of exercise items challenge therapists. We are often searching for inexpensive exercise tools vital to clinics and home programs. Some options are things that we use every day: the tongs we use in our salad bowl each night, the rubber bands that hold the bunch of green onions together at the food market, the chopsticks we used last night at the Chinese take out, the tongue depressors from the doctor's office, or the turkey baster from Thanksgiving Day. Also, a walk through the local hardware store can introduce us to a slew of items waiting to be adapted for exercise.

What we need to do is recognize the ability to use everyday items in our clinical practices and home programs. By nature, therapists are a very adaptive group. We can take a diagnosis, evaluate the obvious, search for the hidden and then devise a functional treatment plan with appropriate goals for the patient's benefit and the doctor's satisfaction. The items we choose to use to accomplish the established goals are up to us.

We all have access to fantastic catalogs full of wonderful exercise tools and programs. But, what do we do if we are faced with a limited clinic budget and limited patient insurance coverage? How do we fill in the gaps? Where do we go to provide our patients with equipment and tools to meet their goals, improve their motivation and home program compliance?

A colleague and I realized we often created therapy ideas for our patients. She worked in a large pediatric facility and had the mind for toys. I was in a privately owned adult clinic and often puttered in my home garage workshop. We would often share our ideas with each other and were excited about sharing with others. We developed our exercise ideas into prototypes with written instructions. We had the opportunity to share these ideas at local and national meetings in hands-on workshops and they were well received. Fellow therapists and our patients kept asking us to put the information in a manual.

So we embarked on an exciting two year journey. We developed each page with an individual exercise idea listing the purpose, needed supplies, assembly instructions and explanation for use. We took our own photos of each idea with our digital cameras in a sunny spot with a blue towel for background. These photos came out surprisingly well and we were able to crop them to fit on each page. We separated the ideas into chapters with focus on body parts and function. We developed a table of contents, indexes, chapter divisions, title pages and graphics. We designed the manual to be spiral bound to make it easy to copy each page for patient home program. This journey led us to attending local writers groups, many meetings with editors and graphic artists, finding a local printer, learning about self publishing choices and setting up our own business. We are now investigating the digital options for the manual and realizing the marketing opportunities. We are now proud of our self published accomplishment: ***101 Creative Therapy Ideas-upper extremity and hand therapy exercises for the adult and pediatric patients.***

We encourage you to tap into your own creative side for your patients. Just look around your clinic or home office, your garage, or your purse for items that can safely be adapted to accomplish a specified need for therapy.

Visit Exploring Hand Therapy for book details:
http://www.liveconferences.com/product.asp?cid=218

Ergo Corner by Nancy Falkenstein OTR/L, CHT

Technology Ergonomics

During the constraints of our work day we expect our employer to provide an ergonomically correct environment and we are expected to practice good ergonomic posture. But what happens when we are relaxing watching TV, gaming, or using our smart phones? Well, unfortunately our ergonomic and safety awareness tends to be left at the workplace. Unfortunately CTD or RSI (repetitive strain injury) doesn't know if you are at work or at home slouching on the couch gaming for hours or playing "words with friends" on your smart phone.

Gaming:

Games are most often enjoyed after work or school activity when muscles may already be fatigued or when tendons and nerves may already be stressed or inflamed. Players may unwittingly end-up in awkward and unhealthy positions (for example, lying on the stomach with the neck craned up to see the television screen).

Due to the repetitive nature of gaming here are some tips to help reduce RSI:

- If pain is present while playing, rest from the activity for 4 to 10 days.
- If painful, use cold packs for 15 to 20 minutes after play to control inflammation and spasms.
- Take 5 minute breaks for every hour of play.
- Stretch often (when taking breaks).
- Perform 20 - 30 minutes of cardio activity daily to improve circulation and increase oxygen flow throughout the body.
- Use pillows or wedges to support the arms when playing.
- Use the lightest touch possible when activating the controller.
- Try to keep the arms relaxed and the controller positioned close to your lap rather than having your arms fly up towards your chest.
- Try to alternate more intense games or play sequences with those that are less intense.
- Turn off the vibration on the controller or at least sequence between on/off.
- The room should have adequate lighting. There should be no glare on the screen.

- Prevent eye strain by following the 20-20-20 rule. For every 20 minutes of play, focus for 20 seconds on an object 20 feet away.

Continued on page 11

Learn and Earn

EHT has another LEARN & EARN opportunity by reading this jam packed publication!

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Answers to Quiz (from page 6)

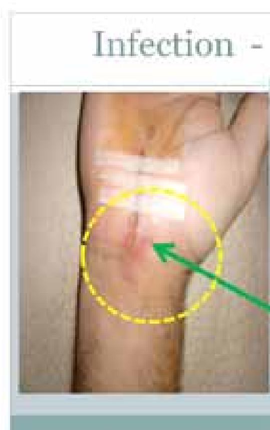
1. A clock - example at 2 o'clock noted red granulating tissue
2. False - vertical is correct
3. True
4. False - NEVER text and drive
5. Primary intention
6. False - blood in blisters are classified as Partial Thickness (2nd degree) burns
7. False - Tertiary intention
8. Wound Care Classification
9. ***The goal is to create an environment that promotes wound healing and supports the body in healing itself.***
10. ***Red wounds or pink/red wounds***
11. ***True -- Exploring Hand Therapy recently released two fantastic up to date ORTHOTIC courses. For details please visit:***

http://www.liveconferences.com/product.asp?cid=217

Featured article continued from page 5

type of product used.

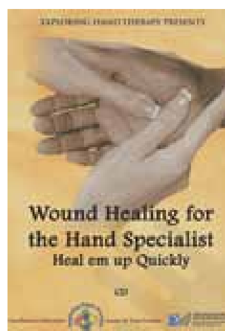
- Document the progress toward the established goals and ensure you reassess with each treatment and set new goals if needed.
- Always document suspicious areas such as infection and action taken such as called the doctor, changed dressing, took photos, etc.
- Always document patient and family wound education and make notes to the depth of comprehension.



Remember wound care is constantly changing and your documentation should reflect the progress or lack of progress.

Exploring Hand Therapy has two fantastic courses dedicated to wounding and wound intervention.

- Our comprehensive course is: ***Wound Care for the Hand Specialist: Heal em up Quickly!*** 4.5 AOTA approved contact hours for details go to: **http://liveconferences.com/product.asp?cid=8.**



- Also an up to date quick reference 2.5 contact hour AOTA approved wound course you must have is: ***Wounds: Tips, Tricks & Trivia.***

For details please visit **http://liveconferences.com/product.asp?cid=212**

Wound healing and implementation is a great area to expand your knowledge. See you online.

Exploring Hand Therapy

Ergo Corner continued from page 9

- Do not lie on the stomach instead use a chair designed for gaming.

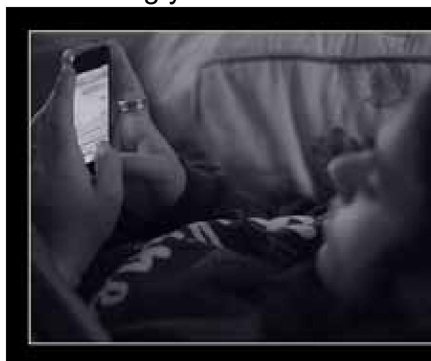
Smart Phone Ergonomics

The typical mobile subscriber sends and receives more text messages than telephone calls, according to a recent trend report published by the Nielsen Company. The posture we assume while texting and emailing from mobile devices—using our thumbs to type, crunched over a tiny keyboard—is unnatural. That said, it only presents problems when we do it constantly without giving our body enough breaks. The term “Blackberry thumb” has been coined by the media and medical professionals to describe this phenomenon. This typically creates pain at the base or in the muscles of the thumb or wrist. The thumbs are not made to do such repetitive tasks in such a small area.

Tips for Texting:

- Reduce your keystrokes. More keystrokes equals more strain on your hands and thumbs—so keep your messages brief.

- When possible, take advantage of word prediction or auto complete tools which can be used on your phone.
- When selecting a device, pick one that has a full keyboard. Some models require you to tap the key twice or three times to select the letter you’d like. This increases repetition.
- Use shortcuts. Shortcuts not only help you quickly get things done, but also reduce the need to scroll. You can find these shortcuts by referring to your user manual.
- Use a neutral grip when holding the device. A neutral grip is when the wrist is straight, not bent in either direction.
- Maintain an upright posture while texting.
- Avoid bending your head down and rounding your shoulders.



- Rest the thumb by using alternative fingers. Try not to use only the thumb use index finger for scrolling.

Tips for Keyboard users:

- Type using the pad of your fingertip.
- Avoid using the tip of your fingernails. This can create an awkward bent position for your thumb which can lead to possible discomfort.

Tips for Touch Screen users:

- Use your phone in a vertical position while typing; this will Reduce the amount of reaching space your thumb will have to cover to push a key.
- Use Swype® option if available
- If you do have thumb or wrist pain, don’t plan to compensate with a stylus or pen as touch screens are heat sensitive and will not recognize anything but a fingertip.

NEVER TEXT & DRIVE!

- Use a blue-tooth hands free device when driving.
- Install voice activated software in the car to allow communication without texting, dialing, or searching the phone book.

Below is a link to a youtube presentation on texting please visit:

http://current.com/technology/93148161_smartphone-ergonomics-safe-tips-mobile-or-smart-phone-use-while-driving-traveling-on-the-move.htm

Enjoy safe texting and gaming!

Treatment2go

Exploring Hand Therapy's

Quick Reference Therapy Guide

Shoulder Impingement

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