

Hand Therapy

Computer: Welcome to the conference.

Hand Therapist – Amy: Hey there.

Consumer’s father – Mark: Hello.

Consumer – Charlie: Hey.

Hand Therapist – Amy: Hi. My name’s Amy. I’m one of the occupational therapists that works in the hand therapy clinic. How are you?

Consumer – Charlie: Yeah, alive.

Hand Therapist – Amy: Now, I just want to check that I have Charlie and who else do I have here today?

Consumer – Charlie: My dad, Mark.

Hand Therapist – Amy: And are you at your normal house at the moment? You’re at home?

Consumer - Charlie: Yes, just at home. Yeah.

Hand Therapist – Amy: Okay, perfect. Alright, my understanding is that you were provided a thermoplastic splint last time you came to see us in clinic. Do you still have it at all?

Perfect. Would you mind popping that one on for me? Just so we can check the fit. You’ve mastered putting it on by yourself.

Consumer - Charlie: Yeah.

Hand Therapist – Amy: Awesome.

Consumer - Charlie: No help.

Hand Therapist – Amy: Now, how is it fitting? Because I know it’s been a little while since we last saw you.

Consumer - Charlie: Probably smaller. It’s tighter around the Velcro, like just squeezes on and I’ve got the finger being chopped off at the end.

Hand Therapist – Amy: Yep. If you hold it up on the side like this for me. Yep, okay and so if it’s the Velcro straps, that’s something we could send in the mail and have you reapply them yourselves. But for the fit, we’ll have to get you back into the clinic to, I guess, do you up a new one.

Consumer - Charlie: Okay.

Hand Therapist – Amy: Were you tolerating the splint okay? Was it comfortable?

Consumer - Charlie: For small periods of time but after a while it would get quite sore, so overnight.

Hand Therapist – Amy: Yep, you weren't quite tolerating it.

Okay. I just want to get an idea of how, kind of, tight the skin is now. So, Dad if I could get your help, I'm going to ask you to just, with your other hand, stretch it up as straight as you can. And Dad, if I could get you to actually just have a little bit of a feel under there and let me know how tight that is feeling.

Consumer's father - Mark: Yeah, it's extremely tight actually.

Hand Therapist – Amy: Yeah okay. And if you're just relaxed, does it feel a bit looser or about the same? Is it just when you're pulling it on that big tension?

Consumer - Charlie: Yeah. It straightens out and gets tight.

Hand Therapist – Amy: Alright. So, Charlie, I wanted to have a look at your range of motion now.

Alright Charlie, so if you could keep your hand up, I'm going to use the goniometer to take some measurements.

Alright. So, hold it up and straighten it as tight as you can. That's it. Is that your absolute best? So do all of your fingers. Yep, that's it. Straighten, straighten. Great and you can relax.

I know that we had asked you as well to get a protractor ready. So, do you have all those? Fabulous, thank you.

So, I'm going to ask you and your Dad to take some measurements now. So, if you can lie your hand with your little finger down on the page. And with your pen, or with Dad's help, if you can draw from the nail along the edge down to the wrist of Charlie's best straightening.

Consumer's father - Mark: I'll just tilt this down.

Hand Therapist – Amy: Yeah, that would be helpful. Thank you.

So best straight. And then once you've finished, before you move Charlie, I'm just going to get Dad to mark out each of the joints. So, the base, the middle, and the top. Yep. Perfect. That's good.

Now with your protractor, I'm going to ask you to measure at the top knuckle, the middle knuckle and this base knuckle and let me know what the degrees are.

Consumer - Charlie: For the top, about 20 degrees.

Hand Therapist – Amy: Yep.

Consumer - Charlie: For the middle, about 40.

Hand Therapist – Amy: Yep.

Consumer - Charlie: About 10 for the base.

Hand Therapist – Amy: Great. Thank you. So, with those measurements, I'll just explain. So, the bottom joint here is going into about 10 degrees of hyperextension. So, it's going past zero. Your

angle at your middle joint is not quite reaching straight. So that, at the moment, is about 40 degrees from straight and then the tip as well is starting to hyperextend as well, a little bit.

So, we're going to move onto the Theraputty exercises. Have you got that with you now? So that's like the playdough stuff. You still have it. I wasn't sure if you would. I wasn't sure if we were going to have to use a pair of socks or something instead. So, I'm just going to spin the computer now so that I can show you the first exercise. But these exercises are just going to be working on the little muscles inside your hand to see if we can help improve that straightening position, okay?

So first flatten it down into your pancake. Then using your duckbill position, straight fingers, bending from your big knuckles, you're going to turn the pancake into a volcano. So, you can move your hand around the putty so that all of the edges are coming in. And you're going to squeeze into that.

Consumer - Charlie: I guess that's as good as it's getting.

Hand Therapist – Amy: Good job. Alright, so you're happy with those exercises to start with?

Consumer - Charlie: Yep.

Hand Therapist – Amy: Alright Charlie, well we've got that appointment booked in for you next time, face-to-face. Thanks for joining me. You can go play video games now or do your homework.

Consumer's father - Mark: Homework.

Consumer - Charlie: Yeah, homework.

Hand Therapist – Amy: I'm Amy. I'm an occupational therapist and I am working in hand therapy at the moment. I first started doing video conferencing about 14 months ago now. I've just found that video conferencing is really patient-centred. So, people are actively involved in their care now. They're able to kind of be a part of the process maybe more so than when they come into clinic. So, we're getting people to, you know, palpate their fractures, and get really creative with their measurements. We've also found it super helpful for mums and dads that are looking after the kids at home. So, rather than bringing all their kids to the clinic, they're able to just log online and still get that good quality therapy that they would face-to-face.

Consumer's father - Mark: As far as some of the advantages, I agree - it frees up - the disrupt to his school term is going to be less. And for me to drive across town, his school is on the other side of town, to pick him up after school and then to get back to the appointment would be...I mean peak hour traffic is just always going to be a disaster. This just makes it so much more relaxed, easier. He can just catch the public transport home as he normally would. So, I think it's going to be a lot less stressful and a lot easier.

Consumer - Charlie: Also, the environment at home is just a lot more comfortable than kind of a patient at a doctor's office. It just feels better.

Hand Therapist – Amy: So, some of the things or some of the requirements when we would need to get patients into the clinic is if that patient needs a splint. So, if we're fabricating a thermoplastic splint, they will need to come in so that we can make that, as it's customised. If someone has a

wound or they're post-acute or just had their surgery and they've still got a fresh wound that they need us to be providing wound care for, obviously we still can't do that via telehealth. I mean there are other options. We can liaise with GPs as well. So, if avoiding the hospital was necessary, there's ways around it. But really the splinting is probably the biggest thing that is very challenging to do from home.

Consumer's father - Mark: It's only really for that actually setting the brace - physically setting the brace - that you would have to go in.

Consumer - Charlie: You'd have mould it to the finger, but you need the finger for that so...

Consumer's father - Mark: We could chop it off.

Consumer - Charlie: Yeah, unless you want to chop it off.

Hand Therapist – Amy: I find it very easy. It's as simple as the patient receiving a link, clicking on the link and then, I guess, both connecting from each side. So, there's been a lot of work that's gone into the telehealth video conferencing. And I think it would be a shame not to kind of move forward with it, because patients just find it so valuable.

The other thing I love about video conferencing is you actually get to be really creative as well. So, you get to use the patient and their own environment. Things that they would just do normally, and you get to see how they're managing with their hand injury with the activities that they do every day.

A few other things that we have to be quite creative with is measurements and palpation and assessments as well. So, for example, with oedema or swelling management, whereas normally in the clinic we would use a tape measure and do that ourselves we can ask the patient whether they have a tape measure, and they can measure that for us with our instruction. They can use a piece of string and just mark that off as well. So, that is really helpful with oedema. We can get them to palpate. Does it feel soft? Does it feel hard? Using the post mail is very helpful. I don't think I've sent as much in the post in recent times as I ever have in my life. So, sending people Theraputty or new straps or a compression garment that we've got them to measure and then we've chosen an appropriate size.

So, all of those things have been really helpful, even down to scars and wounds. So, getting the person to show us, getting them to feel it, asking them does it move? Is it looking raised? So, lots of description, comparison with the other hands. Use of function to measure strength. So, can they lift the milk out of the cupboard? Can they go and grab the can? Can they fit their whole hand around something in the cupboard? Can they make a cup of tea? Can they make a sandwich? So, all of those functional activities which we probably don't have as much opportunity to do in clinic, we can really start to engage and get them using. With the splints, they're quite tricky to get them into clinic is easier, just due to being customised. But if it's just a small little adaptation, you can give them instructions. You know, flexing the material a bit or they can get a little bit of hot water and just smooth out an edge or two.

Consumer's father - Mark: It's quite a good...

Consumer - Charlie: I can remember last time when I actually went in, it was just very similar, just get exercises and told how often the range that your fingers is currently bending at. And then you'd leave and come back later when you got another check-up.

Hand Therapist – Amy: With Charlie's appointment today, I was hoping to achieve, looking at his range of motion to see where we kind of were from his last review. Wanted to check if he remembered his exercises and to check his splint. So, I don't think there's a whole lot that I couldn't have done or would have changed if he was in person. The only thing would be probably making him a new Thermoplastic splint that was fitting appropriately because he had had a bit of a growth spurt. He did an excellent job at measuring his movements. I got the same when I used my goniometer compared to his protractor. So, we got the exact same measurements. Dad was able to help out with feeling through that tightness and giving us just some descriptive words. And I think that you're really able to be creative when you are doing the telehealth session. You can get the computer. You can move it around. You can flip the screen down. You know, you can talk to them face-to-face, and you can show them with your hands what you want. So, not a whole lot I think I would have done differently if he was in clinic.

Consumer - Charlie: She'd always give an example, so I know what to do. She'd explain it and you'd do it with her, and she'd go alright how about you use straight fingers, make sure you keep them - like she'd keep reminding you. So, it's no different to being in there.

Hand Therapist – Amy: You do have to still allow that time. So, it isn't as quick as just giving someone a phone call because it is still a therapy session, and you still need to talk to your patient. You have time to get your objective measures and to have an assessment and to make any recommendations. So, it's not super quick we can fit double the patients in, but it's definitely not longer than a normal face-to-face.