

## Guideline for Therapy Intervention Post Repair Flexor Pollicis Longus

This guidance does not override the individual responsibility of health professionals to make appropriate decision according to the circumstances of the individual patient in consultation with the patient and /or carer. Health care professionals must be prepared to justify any deviation from this guidance.

### INTRODUCTION

This guideline covers the post operative care of patients with a flexor tendon repair to the thumb throughout zones 1-5 attending therapy departments in Worcestershire.

All patients following a flexor tendon repair should be referred to occupation therapy/physiotherapy (as soon as is practical) after surgery for hand rehabilitation. The referral should describe the full patient diagnosis and the operation details.

### THIS GUIDELINE IS FOR USE BY THE FOLLOWING STAFF GROUPS :

Therapists who have undertaken a period of supervised practice in this field within the previous 2 years.

Supervising/senior therapists to work towards British Association of Hand Therapists (BAHT accredited training at Level II in Elective, Trauma and Hand Therapy).

### Lead Clinician(s)

An Van Hyfte

Clinical specialist OT

Guideline reviewed and approved by Hand Therapy Clinical Governance:

23<sup>th</sup> June 2022

Review Date:

23<sup>rd</sup> June 2025

This is the most current document and is to be used until a revised version is available

**Key Amendments made to this Document:**

Date	Amendment	By:
18.05.2011	Wrist position in splint to be 0-20°	An Van Hyfte
18.05.2011	To start course of ultrasound as appropriate from week 2 onwards	An Van Hyfte
18.05.2011	Guideline approved at Occupational Therapy Clinical Governance	An Van Hyfte
15.05.2013	Guideline reviewed at Therapy Hands Clinical Governance group. Exercises at week 1 amended to include 'active extension to the limit of the splint'.	Mandi Rawlings
30/04/2015	Guideline reviewed at Therapy Hands Clinical Governance Group. No changes to document required.	An Van Hyfte
August 2017	Document Extended for 6 months in line with TMC approval	TMC
December 2017	Sentence added in at the request of the Coroner	
December 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
7 <sup>th</sup> March 2018	Guideline reviewed and re-approved by the Therapy Hands Clinical Governance Group	Alison Hinton
September 2020	Guideline reviewed and re-approved by the Therapy Hands Clinical Governance Group	An Van Hyfte
June 2022	Guideline reviewed at Therapy Hands Clinical Governance Group. Alteration made to scar management to include the use of dissolvable sutures.	An Van Hyfte

## GUIDELINE FOR THERAPY INTERVENTION POST REPAIR FLEXOR POLLICIS LONGUS

### INTRODUCTION

This guideline covers the post operative care of patients with a flexor tendon repair to the thumb throughout zones 1-5 attending therapy departments in Worcestershire.


All patients following a flexor tendon repair should be referred to occupation therapy/physiotherapy (as soon as is practical) after surgery for hand rehabilitation. The referral should describe the full patient diagnosis and the operation details.

### COMPETENCIES REQUIRED

- Therapists who have undertaken a period of supervised practice in this field within the previous 2 years.
- Supervising/senior therapists to work towards British Association of Hand Therapists (BAHT accredited training at Level II in Elective, Trauma and Hand Therapy).
- Adherence to the Trusts guidelines on wound management and infection control aseptic technique for Therapists.

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**GUIDELINE**

<b>Time</b>	<b>Intervention</b>
<p><b>In theatre</b></p>	<ul style="list-style-type: none"> <li>Following the repair, a dorsal based POP is applied to the forearm and covering the full extent of the thumb. Wrist : 0-20°extension Thumb CMC: flexed and abducted under second metacarpal. MP joint- 20° IP joint - full extension</li> <li>If there is a clinical reason for a variation in the positioning, it must be clearly documented on the therapy referral.</li> </ul>
<p><b>As soon as possible after surgery (ideally 24-48 hrs)</b></p>  <p><b>Advice and education</b></p> <p><b>General Considerations</b></p>	<ul style="list-style-type: none"> <li>To be seen by a therapist.</li> <li>Remove the surgical dressing and theatre POP.</li> <li>Apply a lighter dressing to any of the wound areas using aseptic technique.</li> <li>Removable thermoplastic splint constructed- positioned as per theatre instructions, on operation notes and/or referral. Do NOT apply strapping underneath the thumb.</li> <li>Patient is advised to position the forearm in elevation when sitting/sleeping using pillows.</li> <li>Patient is advised to maintain range of movement of unaffected joints regularly.</li> <li>Patient is advised to keep splint <b>on</b> at all times.</li> <li>Patient is advised not to use the affected hand for any activity i.e. work/ driving/lifting/housework</li> <li>Splinting information leaflet to be given to the patient</li> <li>Follow up appointment to be booked in 1 week's time.</li> <li>Cotton stockinette (<b>not</b> tubigrip) can be worn under the splint to absorb perspiration.</li> <li>Be aware that patients can be allergic to the splint materials, and this requires monitoring.</li> <li>If the patient has nerve involvement and sensation/reduction loss care is required when applying materials which can be over 60°</li> </ul>
<p><b>From splint application – up to 6 weeks post op</b></p>	<p><b>Early Active Regime –</b></p> <ul style="list-style-type: none"> <li>Exercises to be carried out <b>within the splint</b></li> <li>Regularity of exercises to be at therapist discretion, taking into consideration any post surgery inflammation and oedema.</li> </ul>

	<p><b>Week 1</b> (up to 7 days from the splint application)</p> <ul style="list-style-type: none"> <li>• <b>passive</b> flexion of the thumb slowly to the patient's full limit</li> <li>• <b>Active</b> thumb flexion- IP and MP joints and then active extension to the limit of the splint.</li> <li>• <b>Opposition</b> –active and passive</li> <li>• Full tendon gliding of all other digits.</li> </ul> <p><b>Week 2</b> Week 1 exercises to be continued.</p> <p><i>If non-dissolvable, sutures should be removed at Consultant / Fracture Clinic at the Consultants discretion – between 10 – 14 days. If dissolvable sutures in place, scar management can commence 14 days post surgery if the wounds are closed.</i></p> <p><b>Post suture removal or 2 weeks post surgery</b></p> <ul style="list-style-type: none"> <li>• Hand hygiene advice given (to wipe down arm/hand using commercially available antiseptic wipes with the arm supported on a flat surface, with the hand/wrist in a fixed position and the splint removed).</li> <li>• Advice to be given on the cleaning of the splint.</li> <li>• Patient will commence a course of ultrasound as appropriate.</li> <li>• <i>Scar management advice:</i> To commence once the wound is closed (with no signs of infection). Scar massage is introduced using a non perfumed moisturiser (E45 or aqueous cream)Patients are taught to use circular motions along the scar working distal to proximal to help the reduction of oedema.</li> </ul> <p><b>Week 3</b> Introduce protected ROM wrist. Refer to regime flexor tendon repair. Review every two weeks.</p>
<p><b>6- 12 weeks</b></p>	<ul style="list-style-type: none"> <li>• Remove the splint 6 weeks post surgery and continue previous exercise regime. Introduce <b>active</b> wrist and thumb extension.</li> <li>• Introduce light use of the hand in ADL's. The patient can return to work if he has a sedentary job.</li> <li>• The patient may drive at week 7</li> </ul> <p><b>Serial Splinting</b> If contractures are identified, serial splinting is introduced at night to provide a gentle constant stretch from week 8 onwards.</p>

<b>12 weeks onwards</b>	<ul style="list-style-type: none"><li>• The patient should have full active wrist and digit extension, stretching exercises should be introduced if this is a problem</li><li>• The patient can return to manual work. Playing of sports as recommended by the consultant/therapist.</li></ul>
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**Monitoring Tool**

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
	General adherence to the guideline.	As part of the out-patient notes audit in therapy	Yearly	Senior therapists in physio and occupational therapy out-patients departments	Clinical governance for therapies and clinical governance for hand therapy.	Once per year, after the notes audit.

**REFERENCES**

- Occupational Therapy splinting and hand therapy procedure. WAHNSHT (2000); Elliott J.
- Occupational Therapy Risk Assessment COSSH; WAHNSHT (1999). Elliott J.
- Selly Oak Hospital Birmingham: Hand Protocols
- Queen Victoria Hospital NHS Trust, Hand Therapy Protocols
- Derby Royal Infirmary, Hand Therapy guidelines
- Frenchay Hand Centre, Bristol, Hand Therapy Guidelines
- Hereford NHS Trust, Hand Therapy Guidelines.
- Brigham and Women’s hospital, hand therapy guidelines.
- Hand Therapy Protocols Alexandra Hospital/Worcester Royal Hospitals; WAHNSHT (2002) Worcestershire Hand Therapies Group
- Hand Therapy Principles and Practice Butterworth Heinemann – Salter M, Cheshire L Chapter 12 Splinting the Hand (2000)
- Rehabilitation of the Hand: Surgery and Therapy Forth Edition Mosby (1995) Hunter James, MD; Mackin Evelyn, PT; and Callahan Anne, MS-OTR/LCHT
- University Hospital Coventry and Warwickshire, hand therapy protocols
- <http://handtoelbow.com/>, therapy guides

**CONTRIBUTION LIST**

**Key individuals involved in developing the document**

Name	Designation
Miss Anna Moon	Orthopaedic Consultant, Alex
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Physiotherapy Departments (outpatients)	WRH, Alex, Kidderminster
OT Departments (outpatients)	WRH, Alex, Kidderminster

**Circulated to the following individuals for comments**

Name	Designation
Hand Therapy Clinical Governance	

**Circulated to the following CD's/Heads of dept for comments from their directorates / departments**

Name	Directorate / Department

**Circulated to the chair of the following committee's / groups for comments**

Name	Committee / group
	Hand Therapy Clinical Governance



**Supporting Document 1 - Equality Impact Assessment Tool**



**Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form**  
Please read EIA guidelines when completing this form

**Section 1 - Name of Organisation** (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	<input checked="" type="checkbox"/>	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

<b>Name of Lead for Activity</b>	<b>An Van Hyfte</b>
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<b>Details of individuals completing this assessment</b>	<b>Name</b>	<b>Job title</b>	<b>e-mail contact</b>
	An Van Hyfte	Clinical specialist OT	a.vanhyfte@nhs.net
<b>Date assessment completed</b>	<b>07/07/2022</b>		

**Section 2**

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	<b>Title:</b> WHAT-OCT-008 'Guideline for Therapy Intervention Post Repair Flexor Pollicis Longus' (FPL)			
What is the aim, purpose and/or intended outcomes of this Activity?	This is an evidence based guideline for the rehabilitation of patients who have had a surgical repair of the FPL tendon.			
Who will be affected by the development & implementation of this activity?	<input type="checkbox"/> Service User	<input type="checkbox"/> Staff		
	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities		
	<input type="checkbox"/> Carers	<input type="checkbox"/> Other		
	<input type="checkbox"/> Visitors	<input type="checkbox"/>	<b>N/A</b>	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity			

	<input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	We have compared our guideline with the practice of specialist hand therapy units in Queen Elisabeth Birmingham, UHCW, Pulvertaft centre Derbyshire and have revisited the existing literature available on the British Association of Hand Therapists (BAHT) website
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Discussed with the main consultants and reviewed in the therapy clinical governance meeting held on 23/06/2022
Summary of relevant findings	The guideline is up to date

### **Section 3**

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

<b>Equality Group</b>	<b>Potential positive impact</b>	<b>Potential neutral impact</b>	<b>Potential negative impact</b>	<b>Please explain your reasons for any potential positive, neutral or negative impact identified</b>
<b>Age</b>	✓			
<b>Disability</b>	✓			
<b>Gender Reassignment</b>	✓			
<b>Marriage &amp; Civil Partnerships</b>	✓			
<b>Pregnancy &amp; Maternity</b>	✓			
<b>Race including Traveling Communities</b>	✓			
<b>Religion &amp; Belief</b>	✓			
<b>Sex</b>	✓			
<b>Sexual Orientation</b>	✓			

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Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
<b>Other Vulnerable and Disadvantaged Groups</b> (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			
<b>Health Inequalities</b> (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	√			

**Section 4**

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	N/A			
<b>How will you monitor these actions?</b>	<b>By regular audit of notes, observed practice (please see monitoring section of the document)</b>			
<b>When will you review this EIA?</b> (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	<b>June 2025</b>			

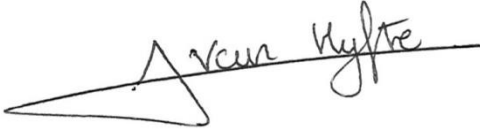
**Section 5 - Please read and agree to the following Equality Statement**

**1. Equality Statement**

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

<b>Signature of person completing EIA</b>	 An Van Hyfte
<b>Date signed</b>	07/07/2022
<b>Comments:</b>	
<b>Signature of person the Leader Person for this activity</b>	
<b>Date signed</b>	
<b>Comments:</b>	



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**Supporting Document 2 – Financial Impact Assessment**

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	<b>Title of document:</b>	<b>Yes/No</b>
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	No

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval.