The importance of occupational therapy in hand therapy

Key facts

Occupational therapists are major contributors to the multi-professional approach that is required in the delivery of specialist rehabilitation to people with conditions affecting the hands or upper limbs (IFSHT 2010); 73% of members of the British Association of Hand Therapists who have achieved the award of Accredited Hand Therapist are occupational therapists. This is reflective of the large contribution that this profession makes to the field of hand therapy.

The range of conditions that may receive hand therapy is very considerable, and includes congenital abnormalities, traumatic injury, degenerative conditions, soft tissue damage, burns and nerve injury (IFSHT 2010).

The focus of occupational therapy intervention is to assist individuals in maintaining or regaining the ability to participate in their desired occupations such as work, activities of daily living, educational pursuits, leisure, play and social participation (Amini 2011).

Hand injuries produce functional consequences and the occupational therapist's focus on meaningful activities and participation enables therapeutic interventions to be approached within the specific context of how the individual interacts with their environment (Fitzpatrick and Presnell 2004). A systematic review of interventions for the hand, wrist and forearm found support for the use of occupation-based assessment tools, environmental adaptation to improve function and reduce pain, and use of activities of daily living (Arbesman et al 2011).

In studies undertaken to establish the benefits of occupation-based interventions in hand therapy, Colaianni and Provident (2010) found that occupation-based hand therapy interventions increased client motivation, satisfaction and adherence, and promoted a faster functional recovery due to the relevance of the activities to the individual’s daily life and interests. Such activities also addressed psychological factors such as fear, pain and confidence. Furthermore, Jack and Estes (2010) identified that a holistic, client-centred and occupation-based approach to the treatment of hand injuries resulted in improved patient outcomes through facilitating adaptation and improved performance of functional activities.

Such specialist occupational therapy interventions require advanced post-graduate education and clinical experience but benefits to the client include a return to a productive lifestyle following injury, disease or deformity (BAHT 2013). For example, an occupational therapy-led service for people with conditions such as carpal tunnel syndrome demonstrated effective early diagnosis and management without increasing the demand for surgical procedures or opinion (Rose and Probert 2009).

Hand injuries are the second most frequent incidence of workplace injury; Amini (2011) considered the effectiveness of occupational therapy interventions with people who had a range of work-related injuries or conditions of the forearm, wrist and hand by means of a systematic review. The findings supported the effectiveness of occupation-based activities and interventions through techniques such as early mobilization, splinting, pain control techniques and workplace interventions.

Osteoarthritis of the hand is one of the most common causes of pain in older adults and around 12% of men and 19% of women of 45 years of age or more report hand pain. In the UK it is estimated that at least 4.4 million people have X-ray evidence of moderate-to-severe osteoarthritis of their hands (NICE 2014).
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NICE (2014) recommends occupational therapy for support with activities of daily living, and individuals can be enabled to manage their pain through an occupational therapy-led intervention combining splinting, education, training in joint protection techniques and the use of adaptive equipment (Roundtree 2011).

The use of orthotics in the conservative management of people with rheumatoid arthritis is commonplace and effective. Occupational therapists regularly use splinting as part of their intervention with this client group in order to decrease hand and wrist pain and to improve function; the most commonly used splints are the resting splint and the thumb post splint (Henderson and McMillan 2002).

Key benefits

Occupational therapy-led hand therapy services can improve the patient pathway by providing early access to a specialist opinion for diagnosis and management of specified hand conditions, thus improving access to care and service delivery. The implementation of this patient pathway is intended to support cost efficiencies (Rose and Probert 2009).

For people with work-related injuries and conditions, occupational therapy interventions such as early mobilisation, splinting, pain control and workplace interventions have been found to have positive effects (Amini 2011).

In a study of upper limb injuries or surgery, where occupational therapy was the only rehabilitation service provided, functional performance gains were found to be significant following client-centered intervention when measured by the Canadian Occupation Performance Measure, the Disability of Arm, Shoulder and Hand questionnaire and the Short Form 36 (Case-Smith 2003). This study also demonstrated that a period of six to eight weeks of occupational therapy produced an 80% success rate in return of full function to patients with significant hand injuries or following hand surgery.

Occupation-focused hand therapy interventions can increase client motivation, satisfaction and participation, and promote faster functional recovery (Coloianni and Provident, 2010).

References


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