NEWSLETTER

Winter Edition - 2015

Our clinics:

East Melbourne

Gipps St Consulting Suites Suite 52, Level 5 166 Gipps St

Berwick

Berwick Specialist Suites Suite 2, Level 1 50 Kangan Dve

Chadstone

Waverley Plastic Surgery (cnr Huntingdale road) 169 Waverley Rd

Sunbury

Suite 11 33-35 Macedon St

PO Box 2320 Hawthorn 3122

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Proximal Interphalangeal Joints

Proximal interphalangeal joint (PIPJ) sprains are the most common ligamentous injury in the hand. Often sustained during sporting activities (finger vs ball), it is important to accurately diagnose these injuries in order to determine the best treatment method. Inaccurate diagnosis often leads to ligamentous laxity, joint instability, fixed flexion deformities and ongoing pain.

X-ray scans with posterior, anterior and true lateral views are most helpful in determining stability of the joint and can often pick up volar plate avulsions. Ultrasound scans can determine if a central slip or ligamentous rupture has occurred.

Our therapists complete a thorough assessment prior to deciding on the best course of treatment. PIPJ injuries often benefit from a period of custom splinting, oedema management and carefully tailored exercises to allow the joint to settle prior to commencing strengthening.



A Boutonnière deformity as a result of a Central Slip rupture



Welcome to the second edition of Re-Wired Hand Therapy's newsletter.

You will find:

- Updates on our clinics and staff
- Therapy intervention for Osteoarthritis
- A therapist's perspectives on proximal interphalangeal joint sprains
- · Updates on new research in hand therapy.

Our newsletters are designed to keep in touch with you. With a team of eight Occupational Therapists, a Practice Manager and locations across Melbourne, we are able to assist you in the treatment and management of hand injuries.

Due to high demand, we have expanded our Sunbury clinic hours!

Monday 8am to 12:30pm
Tuesday 8am to 5pm
Thursday 8am to 5pm
Friday 10am to 5pm

Osteoarthritis (OA)... The winter pain

Osteoarthritis (OA) is most common in the interphalangeal joints of the fingers, followed closely by the carpometacarpal joint of the thumb. Thumb OA is often reported as most painful out of all hand OA, especially in the dominant hand.

Twice as common in middle aged women than men, the incidence of OA is expected to rise due to the global aging population. Though less common, hand OA can also occur in a younger population due to hyper mobility caused by ligamentous laxity.

OA can occur post trauma or through accumulative wear and tear from everyday use.



A splint to support the base of the thumb during functional tasks.



To prevent further degenerative changes, our therapists ensure each patient has a thorough understanding of the condition. Splinting for joint support can reduce pain and maintain participation in daily activities.

Once pain free, a personalized exercise program is incorporated to strengthen the antagonist muscle groups.

We also stress the importance of selfmanagement during inflammatory periods and suggest aids that may be helpful in preventing further joint changes.

Congratulations to our therapists Sara
Brito and Helen Scott for successfully
achieving the prestigious award of
Certified Hand Therapists (CHT) with the
American Association!

The wonderful world of splint making



A customized nose guard can help a keen basketballer return to sport following a fractured nose.



A personalized dynamic finger extension splint ensures perfect fit.



Dynamic splints can also gradually stretch stiff joints.



Splints for DeQuervain's disease can also be customized with additions that are removable for function.