

Fall 2005

Announcement!!

- ❖ Our clinic and staff would like to congratulate Joy Kirkwood on the birth of her new baby girl, born on August 10, 2005, weighing in at a healthy eight pounds 13 ounces.
- ❖ We are pleased to welcome our new certified hand therapist, Terra Branton, who will be working full time between our two clinics to further develop the hand program and cover Joy Kirkwood's maternity leave.
- ❖ The clinics would also like to welcome their new kinesiologist, Kabir Bhagaria, who is covering Carman McKay's maternity leave.
- ❖ Join us in welcoming Kim Gauthier who has joined our team at the Guildford clinic as our new office manager.
- ❖ We would also like to welcome our new interim registered physiotherapist, Shaveen Kullar, who will be working full time between both locations.
- ❖ We wish a fond farewell to physiotherapist Edwin Chock who is no longer with the Coquitlam Physiotherapy Centre.

New Referral Pads

We have recently developed new referral pads that can be used for both our Guildford and Coquitlam locations. They have a fresh look, with the same standout purple color. In addition, our physiotherapy referral pads are now a salmon color to help distinguish the difference between hand therapy and physiotherapy treatment. These new looks encompass a variety of services that we provide to the community, and presents it in a comprehensive format. It also allows the referring physician the ability to specify which therapist they wish their patient to see.

Common Types of Hand Injuries

Of the majority of work-related injuries treated in emergency rooms hands and fingers are the most commonly treated body part. "More than a quarter-million people suffer serious hand injuries each year," says Joseph E. Sheppard, MD, associate professor and head of the University of Arizona Department of Orthopedic Surgery. "Hands are one of the most commonly injured parts of our bodies."

The hand is one of the most anatomically intricate and complex parts of the body. When injured, care must be given to all the different types of tissues that make the hand function. Hands require sensation and movement, such as joint motion, tendon gliding, and muscle contraction. Impaired function of the hand can result from injuries of the skin, nerves, bones, joints, muscles, tendons and blood vessels of the entire upper extremity.

The hand is involved in almost every activity we undertake from the moment we wake until we end our day. While many people may think it would take a serious traumatic injury to really affect the way they use their hands, common and more frequent injuries can be just as problematic.

Mallet finger, also known as "baseball finger," is the most common injury to the extensor tendon, which functions to straighten the end of the finger. When the extensor tendon separates from the distal phalanx, the tip of the finger is no longer able to straighten. Mallet finger is caused by a blow or jamming injury to the tip of the finger. The injury is a result of a sharp sudden force on the distal interphalangeal joint (DIP joint) that causes the extensor tendon to rupture. Treatment for mallet finger may involve surgery if there is a fracture that is large or out of position. If there is no fracture

• *Orthopedics* • *Sports Medicine* • *Active Rehabilitation* • *Splinting and Bracing* •

• *Need a referral pad? Please call us* •

(604) 951-7345 • *Suite 405, 15127 – 100th Avenue* • *Surrey BC V3R 0N9*

Clinic Services

Physiotherapy Services

- orthopedic, manual and manipulative therapy
- sport specific training
- personal conditioning
- WCB/MSP/insurance therapy provider
- ICBC MVA rehab programs

Hand Therapy Services

- immediate traumatic & post-surgical care
- wound care
- custom hand splinting/bracing
- scar management
- WCB recognized hand therapy provider
- work conditioning

Common Conditions

- back injuries
- neck pain & whiplash
- sports injuries
- traumatic injuries
- TMJ associated pain
- post fracture
- arthritic problems
- sciatica
- carpal tunnel
- overuse injuries
- sprains & strains

Common Types of Hand Injuries Con't

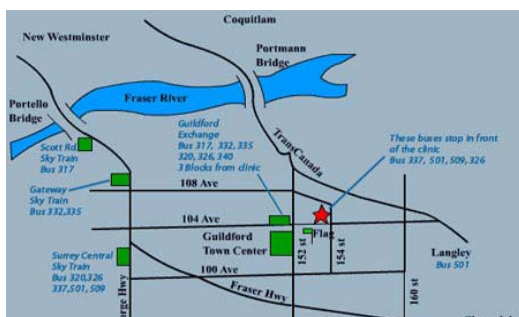
splinting the finger, by a certified hand therapist (CHT), in a straight position may be all that is necessary. At the end of the splinting period, the ability to extend the finger will be evaluated and guarded active flexing of the fingertip may begin. The goal of rehabilitation is to safely return the individual to their normal activity as soon as healing is successful.

Skiers thumb, another common injury, occurs as a result of an acute injury to the ulnar collateral ligament (UCL). The most common cause of a UCL injury is an acute abducting (radially directed) force upon the thumb or a combination of torsion, abduction, and hyperextension at the first MCP joint. Depending on the degree of impact of these forces at this joint, the UCL may tear either partially or completely. Treatment consists of placing the hand in cast designed to immobilize the thumb for a period of four weeks, followed by a two-week period of immobilization using a removal splint so that range of motion exercises can be initiated.

Carpal tunnel syndrome (narrowing of the carpal tunnel) is a common injury, which results from compression of the median nerve restricting motor function as well as a sensation along the median nerve distribution of the hand. Compression of the carpal tunnel can stem from a variety of factors, such as anterior dislocation of the lunate bone, swelling secondary to Colles' fracture of the distal end of the radius, synovitis secondary to rheumatoid arthritis, or anything causing swelling secondary to other general trauma affecting the wrist. Treatment of carpal tunnel can vary from conservative to non-conservative treatment. In this condition, alteration of activities is important, which includes taking frequent breaks from repetitive activities and stretching before and after activities. A kinesiologist or physiotherapist may be helpful in reviewing ergonomic tips or performing a work place evaluation. If surgery is necessary, a rehabilitation program may be beneficial in helping to restore full functionality of the wrist.

Although the aforementioned hand injuries appear to be the most common in a clinical setting they are certainly not the least. DeQuervains tenosynovitis, lateral / medial epicondylitis, cubital tunnel syndrome, Dupuytren's contracture, and trigger finger are only a few hand conditions often seen and treated by a CHT in a clinical environment. CHT's not only have the in depth knowledge of working with the hand, wrist and elbow they utilize a variety of conservative treatments (i.e. – hot water whirlpool, contrast baths, and hot wax). Wound care, scar management, edema control, desensitization / secondary re-education, musculoskeletal strengthening and splinting / bracing are also performed by a skilled CHT.

Guildford Physiotherapy & Hand Therapy Clinic (604) 951-7345



www.guildfordphysio.com

Coquitlam Physiotherapy & Hand Therapy Center (604) 939-2833

