**Bursary Report for the British Association of Hand Therapists**

**Dr. Leanne Miller**

**‘What you have learned on the course and how you will be able to put the information you have gained into practice’.**

**IFSHT/IFSSH 6-10th June 2022**

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| **Introduction:**  (100 words max; include details of who you are, why you applied for this bursary and your experience of the event)  I am an Occupational Therapist and integrated team lead of the hand therapy service at the Norfolk and Norwich University Hospital NHS Foundation Trust. I have specialised in hand therapy for ~16 years and have been privileged to attend the past 3 IFHST/IFSSH congresses in Buenos Aires, Berlin and now London. Attendance at these events is a highlight of a hand therapists’ calendar. Realising that you are part of a wide international family of like-minded therapists all striving for excellence in the research and clinical practice of hand injuries and conditions for the benefit of our patients is quite special. |
| **Topic:**  (500 words +/- 10%; this will be uploaded onto the BAHT website and may be included in an e-bulletin. The topic of this report will be agreed in negation with the Director of Bursaries. The report should not contain any comments that are potentially damaging or libellous.)  I have summarised my top 2 areas of learning from the IFSHT Congress 2022 and explained how I will integrate this new learning into my practice.   1. **Splint designs for conservative management of proximal phalanx fracture.**   Nick Gape and Brent Byrne each presented a novel method of using different splinting techniques and materials for the conservative management of proximal phalanx fractures.  Brent showed a thermoplastic method of bracing the fracture in a hand based style whilst allowing IPJ motion. We triage, assess and treat a lot of PP #’s and usually manage them with a thermoplastic volar POSI splint which restricts movement from the IPJ’s and can be cumbersome and limit function which may impact on compliance. Brent’s version looked comfortable, more functional and in keeping with principles of early active mobilisation for these injuries.  Nick’s example took things one step further in some respects, moving away from a rigid splint, using a Breathaprene wrist support with a dorsal strap across the proximal phalanx of the fractured and adjacent digit to bring the MCPJ into flexion aims to relax the intrinsics and therefore helps to correct the volar apex of the fracture. This is not a method I had considered before as I didn’t think the material would be robust enough to be used with this type of injury. He presented positive results from this splint in that it maintained reduction of the fracture, required fewer therapy sessions, none requiring surgery and the technique was now being adopted with comminuted PP fractures. As this technique was cheap and appeared to be a functional and acceptable method for patients this is something I will be taking back to my team and practicing the techniques in our team teaching sessions. Both the neoprene and Brent’s TP pattern will add to our repertoire of possible way to treat these injuries.   1. **Changing terminology to avoid misinterpretations**   Malvika Gulati gave an excellent overview of the management of osteoarthritis (OA). I am particularly interested in this topic not just from a professional point of view but a personal one, given a strong genetic predisposition. I was aware of the shift in thinking in the diagnosis and management of OA from Versus Arthritis literature and how important this is to bust myths and therefore educate our patients accurately. The particular pearl of wisdom that I took from this lecture was the use of the term “joint protection”. This is a term I have used for many years and has much research surrounding it. In the 2018 update of the EULAR recommendations Malvika advised that we should move away from this term as it implies the need to rest the joints and avoid using them which goes against the best available current evidence. In light of this I will go back not only to my own hand therapy team but to the rheumatology OT/PT team in my department to share this and suggest we adopt the use of the phrase ‘education and training in ergonomic principles’ instead. This will hopefully ensure as a department we are giving our patients clear, current and sound advice and information to best manage their OA symptoms.  **Word Count 526** |