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

**[Michelle Morgan]**

**[ BAHT II/ Management of the thumb]**

| **Introduction:** I have been a hand physiotherapist for the last 8 years, currently based at a busy acute trust in a burns and plastics outpatients department. I have wanted to attend a course on the thumb for a while as I feel it is my weakest area. It was a fantastic course, very well presented, touching upon areas I had known little about and clarifying and augmenting knowledge in other areas. A great venue at Wrightington Hospital really helped in how the course was organised and my enjoyment of the 3 days.Word count 91 |
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| **Topic:**A key area which will change my practice is my understanding of the deforming forces of the thumb and, more importantly, my confidence in discussing this with patients in terms they will understand. While I did not think it at the time, I now feel that prior to this I must have been wishy washy in my explanation to patients. I now feel I can confidently explain, relate it to the exercises, splint and the importance of positioning. This has impacted upon the rehab regime I now give patients. I have enjoyed discussing this with other colleagues and enhancing our rehab protocols as well as improving functional outcomes.During the discussions on outcome measures, there was a discussion on Patient Specific Functional Score (PSFS) which I had neither used nor heard of before. While we use other outcome measures I really felt this was more patient specific based on their top 3 functional difficulties and associated goals. After discussion with the team at our monthly training meeting, I will now start using this for the patients to refer back to their original key problems, taking ownership of their exercise plan which is geared towards their own goals. Patients have commented they have felt they have understood the reasoning behind their exercises because they know the problems they are working towards are clear. I have found this has made the patient more engaged with their own progress. We had a range of workshops regarding splinting, and time to practise patterns. It was interesting to spend time with therapists from other units who discussed their ways of doing things to achieve the same goals. In particular, a splint for maintaining the MC head position during hand function when the thumb mc base is starting to dorsally sublux. I have used this type of splint before with varying degrees of success, but I now realise I had not been precise in positioning the volar band correctly. I have used it successfully several times since the course. My fellow band 6s and I have arranged a training session where we will practise this splint as I have had good results. Excellent course which has really given me that confidence to discuss this area with the wider MDT, and review our rehab guidelines and outcome measures. Thank you for the bursary.Word count. 479 |