What I have learned and how I have put this into practice

I work in a large hand trauma unit and regularly assess and treat thumb injuries (fractures, tendon injuries, nerve injuries) and treat patients with WRULD and arthritis affecting the thumb. This course has allowed me to consolidate my learning in a) clinical anatomy and clinical conditions b) assessment skills and c) treatment skills.

**Clinical Anatomy and Clinical Conditions**

**Specific learning points:**

1.Intersection Syndrome. Prior to attending the course, I had thought intersection was resulting from EPL crossing 2nd compartment but now I understand it to be compartment 1 crossing over compartment 2 muscle bellies. I also feel like it was emphasised how this condition is usually linked to specific activities e.g. rowing. This learning has supported by assessment of referrals with ‘thumb pain’ and now feel more confident identifying intersection syndrome.

2. Trigger Thumb in extension – I had not realised that people can trigger in extension and previously believed trigger thumb always presented as triggering into flexion.

3. Nalebuff – I was not aware of the Nalebuff classification. Useful when describing deformities. Since have had patients with RA and OA patients with thumb deformities and I was able to describe the joints but also use this classification

4. Deforming forces on thumb – I know have a better understanding of some deforming forces on thumb, especially in cases where there is laxity at CMCJ ligaments i.e. AP, EPL and potentially APL. This has supported me in being specific in my exercise prescription with OA patients.

5. Stabilising forces of thumb – I had previously used my departments OA thumb stability exercises with little understanding of ‘why’ I gave out which exercises and which muscles were specifically being targeted e.g EPB to help extend the first MC

6. Nerve innervation of thumb – this course has helped me to consolidate my knowledge on motor and sensory innervation on thumb. I specifically learned re standardising my sensory assessment and to be aware of anatomy variations.

**Assessment Skills**

**Specific learning points:**

It has supported me to ‘fine tune’ my **assessment** of the thumb. Please see specific learning points and how I have applied this to practice:

1.specifically assessing thumb strength in different pinch postures

2.assessing instability on loading

3.Standardising assessments – I was not familiar with the Kapanji scoring system for thumb retropulsion – (Score 0-3) . I have shared this learning with team and we now use this to record EPL tendon gliding in EPL repairs.

**Treatment Skills**

**Specific learning points:**

The course has also supported me to improve my **treatment skills** / clinical reasoning skills. Please see specific learning points and how I have applied this to practice:

1. choosing strengthening/loading exercises of the thumb and how to grade this. This was something I had poor confidence in prior to this course.

2. It was also an opportunity to consider other treatment modalities e.g. Dynamic splinting in zone 7 EPL