



HEALTH HOLDING

HAFER ALBATIN HEALTH
CLUSTER
MATERNITY AND
CHILDREN HOSPITAL

Department:	Rehabilitation Centre		
Document:	Multidisciplinary Policy and Procedure		
Title:	Occupation Therapy Management Protocol for Hand Injuries		
Applies To:	All Occupational therapist, Physicians and Nurses		
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1. PURPOSE:

- 1.1 Increase the level of independency in activities of daily living (ADL).
- 1.2 Improving the quality of life for the patient.
- 1.3 Restore hand function.
- 1.4 Removing obstacles that hinder the patient from adapting to the surrounding environment.

2. DEFINITIONS:

- 2.1 Hand injuries:
 - 2.1.1 Post-surgical Treatment – Postoperative care received after a surgical procedure. The type of postoperative care depends on type of surgery and comorbidities, often includes pain management, wound care, swelling reduction, restoring muscles and joint function.
 - 2.1.2 Burn – after referring to the rehab section. Assessment will determine the type and degree of the burn. Treatment plan includes pain management, scar management, wound care, swelling management and prevent contractures.
 - 2.1.3 Fractures – after referring to the rehab section. Treatment plan depends on the type of fracture and the duration of the cast. Treatment plan including pain management, swelling management, restore range of motion, muscles function and enhance fine motor skills.

3. POLICY:

- 3.1 Patient should have a referral from paediatrician or Rehabilitation doctor.
- 3.2 Patient will be evaluated and assessed by occupational therapist.
- 3.3 Appointment will be given depending on the availability of the therapist schedule and severity of the case.
- 3.4 The therapist explains to the parent's the child condition and what the short and long-term goals are intended from the treatment program and also determines the number of sessions for them.
- 3.5 The patient's conditions is re- evaluated after one month of treatment or after any change condition if need a consultation from a rehabilitation doctor or discharging the patient.
- 3.6 The patient is given home exercise after the first treatment session.

4 PROCEDURE:

- 4.1 The physician and Occupational therapist will determine the goal of treatment after the initial evaluation.
- 4.2 In the first visit:
 - 4.2.1 Occupation therapist take medical history for patient.
 - 4.2.2 Occupational therapist discusses the patient's symptoms in detail with the patient family
 - 4.2.3 Detecting risk factors association with condition
 - 4.2.4 Occupational therapy assessment for physical assessment.
- 4.3 Management:
 - 4.3.1 Pain management by using physical agent modalities to reduce pain.
 - 4.3.2 Restore range of motion and muscle's function.
 - 4.3.3 Upper extremities strength exercise

- 4.3.4 Fine motor skills activities.
- 4.3.5 Splinting.
- 4.4 Frequency and duration of treatment
 - 4.4.1 Frequency of visits will depend on severity of the case (1-3 times / week).
 - 4.4.2 Timing will depend on the availability of the therapist & patient condition.
- 4.5 Home instructions/program is a must for family or care giver about care condition.
- 4.6 Discharge Planning:
 - 4.6.1 Any patient after 3 months of treatment is re-evaluated by the therapist to see if the planned goal has been reached or not.
 - 4.6.2 If the patient exceeds 2 months of treatment or more without any noticeable improvement, a consultation is requested from the rehabilitation doctor to take an opinion based on the rehabilitation program. Either the patient is discharged to complete the treatment at home or he is transferred to a higher rehabilitation centre for intensive treatment.
 - 4.6.3 If the patient's condition improves during the 2-month treatment period, during which the treatment method is changed according to the patient's need and the treatment period is extended according to the vision of the therapist and upon achieving the desired goal, the patient is discharged.
 - 4.6.4 Any patient who reaches the treatment goals set by the therapist is re-evaluated and discharged.
 - 4.6.5 Patients who were recently discharged from rehabilitation after two months of treatment and became the utmost goal of treatment is to maintenance only will not be accepted in the Rehabilitation Department.

5. MATERIALS AND EQUIPMENT:

- 5.1 Thera Band.
- 5.2 Thera putty.
- 5.3 Pegboard.
- 5.4 Dynamic sand.

6. RESPONSIBILITIES:

- 6.1 Physician: Assess, diagnose and prescribe medicine.
- 6.2 Occupational therapist: Initial assessment, evaluates and fills out the General Evaluation Form and documents data in the Referral Form.
- 6.3 Nurse: Triage, and if the patient is more than 12, she should help male physiotherapist to do physiotherapy.

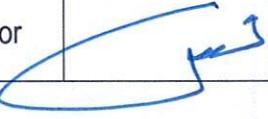
7. APPENDICES:

- 7.1 Referral form. (Electronic)
- 7.2 Assessment forms. (Electronic)
- 7.3 Follow up notes. (Electronic)
- 7.4 Discharge form. (Electronic)
- 7.5 Education form. (Electronic)

8. REFERENCES:

- 8.1 American occupational therapy association.

9. APPROVALS:

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