Hand Therapy

What is a Hand Therapist?
A Hand Therapist is either a Physiotherapist or Occupational Therapist who has pursued additional training in the treatment of upper limb conditions from the shoulder to the finger tips. A recognized hand therapist has achieved a minimum of 3600 treatment hours specific to upper limb conditions. Most hand therapists are members of the Australian Hand Therapy Association (AHTA) which is Australia’s only professional Association representing hand therapists and has over 300 members nationally.

What do we do?
Assess and treat all upper limb conditions. Make or provide customized splints, casts or braces. Provide education and advice as to how best to manage your injury/condition to expedite recovery. Please note early treatment and advice are the keys to getting the best possible result.

Carpal Tunnel Syndrome (CTS) ...
Carpal Tunnel Syndrome is the most common peripheral nerve compression. It occurs in women of menopausal age most frequently. It can occur in relation with rheumatoid arthritis, endocrine conditions, obesity, diabetes and pregnancy. Some people also can be genetically more likely to develop CTS. Sometimes it can be aggravated by some work related duties and has a high incidence in those that work in cold storage.

What exactly is Carpal Tunnel Syndrome?
• Lots of people have heard of Carpal Tunnel Syndrome but most people don’t have a clear understanding of exactly what it is.
• The Carpal Tunnel is made up of the small bones of the wrist on one side and a large, strong ligament on the other side.
• The carpal tunnel is relatively narrow internally. Inside the tunnel travels the median nerve and all the tendons that bend the thumb and fingers - 9 tendons altogether.
• When there is irritation of the tendons, or their synovial sheaths, from various causes, the space in the carpal tunnel can be reduced. This reduction in space can lead to the median nerve getting squashed or compressed. Certain positions of the wrist increase the pressure in the carpal tunnel, also potentially compressing the median nerve.
• The nerve has two jobs:
  1) carry messages between the muscles and the brain to make the muscles work;
  2) carry information about sensation or feeling.
• When the nerve is being compressed, the flow of the messages can get disrupted. Much like an electric cord that has a kink in it making a light flicker. That can lead to unusual sensations such as pins and needles, tingling or numbness. It can also interrupt the messages to the muscle, affecting their ability to do their job. That is why some people with CTS can drop things.

How can Hand Therapy help?
• There are many factors that can make a person have a higher risk of developing CTS and there are multiple factors that can directly contribute to development of CTS. It is important to first understand what Carpal Tunnel Syndrome is, what goes wrong and the contributing factors. Therefore EDUCATION is really important in managing Carpal Tunnel Syndrome.
• Sometimes, WORKPLACE MODIFICATIONS can help (assessed and recommended by a trained professional such as an Occupational Therapist/Physiotherapist).
• MODIFYING the way a person uses their hands can make a big difference. If a person is using their hand repetitively at work or for hobbies, therapy can help reduce symptoms. However, returning to the same poor practices is likely to leave symptoms unresolved.
• SPLINTING to keep the carpal tunnel in a position to have maximum space and minimum pressure is important, especially to decreasing pins and needles. Specific

THERAPY TREATMENTS to the wrist can help decrease symptoms.
• EXERCISES, such as nerve glides and tendon glides can improve symptoms.
• When appropriate, STRENGTHENING can also be helpful.
• A personalized HOME PROGRAM incorporating all of the above is a significant component to hand therapy intervention.

Does CTS go away?
• The sooner someone seeks intervention for this sort of problem, the better the chance of a full recovery.
• If the nerve continues to be compressed, it can be corrected for a time, but if damage continues to occur it will reach the point where the damage is permanent.
• Hand Therapy intervention can have a big impact in returning a person to full function and teaching strategies for managing the condition.
Is surgery necessary?
• Surgery can offer complete resolution of symptoms.
• Measuring the degree of compression can be assisted by nerve studies, however clinical diagnosis can be provided by doctor, hand therapist or specialist surgeon.
• If the therapy interventions or other conservative methods, have not achieved the desired outcome, surgery is suggested.
• People with mild to moderate CTS can often get a good outcome from Hand therapy intervention alone, thus making surgery less likely.
• Cortisone injections have been shown to provide relief in combination with night splinting in some people. Here at Central Coast Hand And Upper Limb Therapy, we treat people with Carpal Tunnel Syndrome frequently, both without surgery and if indicated following surgery.