



# Occupation-Based Hand Therapy

## *The Unique Role of Occupational Therapy in Rehabilitation of the Hand*



**H**and therapy, a specialty practice area of occupational therapy, is typically concerned with treating orthopedic-based upper-extremity conditions to optimize the functional use of the hand and arm. Diagnoses seen by the

occupational therapy practitioner specializing in this area include fractures of the hand or arm, lacerations and amputations, burns, and surgical repairs of tendons and nerves. Acquired conditions such as tendonitis, rheumatoid arthritis and osteoarthritis, and carpal tunnel syndrome also are treated by hand specialists. Occupational therapists who treat clients with conditions of the hand or arm can do so without additional formal education in most states. However, many therapists choose to gain several years of experience before treating hand clients, and some choose to become specially certified through the Hand Therapy Certification Commission (Hand Therapy Certification Commission, 2002).

### Occupation-Based Hand Therapy



**Hand therapy typically addresses the biomechanical issues underlying upper-extremity conditions.**

However, occupational therapy practitioners bring an added dimension to this specialty area. They use an occupation-based and

client-centered approach that identifies the participation needs of the client—what he or she wants to be able to do in daily life that is fulfilling and meaningful—and emphasizes the performance of desired activities as the primary goal of therapy.

### The Benefits of Occupation-Based Hand Therapy

Evidence indicates that clients view themselves in relation to their occupational abilities and roles (Hasselkus, 2002). Injuries and conditions that interfere with life roles, habits, time use, activity patterns, occupational experiences, and full participation will create a sense of dysfunction and yearning for normalcy (Hasselkus, 2002). Incorporating “usual and customary” occupational activities into treatment and focusing goals on enabling performance of those activities provides benefits to clients, including

- preserving roles and habits, as well as related psychological well-being, through attention to details of day-to-day functioning early in the rehabilitation process;
- increasing motivation for therapy and more cost-effective rehabilitation because clients can see a direct relationship between their occupational therapy intervention and being able to resume normal participation in their activities; and
- making the client a partner in his/her rehabilitation. Not all intervention can or should be completed within the clinic. Consulting with the client about what he or she can and should not do outside the clinic as well as giving “home-work” assignments can address occupational goals that go beyond clinical staff time and budget constraints (Amini, 2004).



## What Does an Occupation-Based Approach to Hand Therapy Look Like?



**The client-therapist relationship is key to an occupation-based approach.** Occupational therapists begin intervention with a client-centered assessment tool such as The Canadian

Occupational Performance Measure. This tool will give an occupational profile of the client that highlights functional deficits and desired occupational goals rather than focusing solely on the physical components of function.

- Laying strong groundwork through the initial evaluation focuses intervention in two ways. First, the therapist will know immediately what things the client values and enjoys, and what he or she needs to “get back to.” This groundwork enables the therapist and client to collaboratively set goals that reflect what the client needs and wants to do. Second, the client will understand that therapy is addressing his or her whole body, mind, and lifestyle—including any psychosocial issues—and not just an isolated injury.
- Do not disregard the use of preparatory methods (e.g., ROM, muscle strengthening,) physical agent modalities) or purposeful activities (e.g., therapy putty, hand grippers, and simulated occupations). But expand the intervention to address performance of desired life tasks and occupations (e.g., self care, kitchen, work activities).
- Choose activities carefully: Be sure they relate to components or actual activities that the client will be doing during or after rehabilitation and link preparatory methods to the ultimate end goal.
- Occupations may not be designed to assist with healing the injury itself; they may be used as a means of helping the client return to psychosocial or vocational well-being while waiting for their bodies to heal. Adaptations should be made to occupations as appropriate to allow for immediate engagement if that is the desire of the client. For example, an occupational therapy practitioner can support a mother with a tendon repair of her dominant hand in her desire to bake a cake for her child’s birthday by suggesting that she use adaptive techniques to compensate for her limited hand mobility. These might include making cupcakes, which can be much easier than baking a cake because the paper lined tins can be filled by scooping out batter instead of pouring it from the bowl, and using canned frosting and colored sugar sprinkles to avoid the need to forcefully grip a decorating bag.
- When possible, provide splints and adaptive equipment that facilitate rather than inhibit early participation in daily activities such as dressing or driving.

## Outcomes



**The ultimate goal of occupation-based hand therapy is to ensure that the rehabilitation process promotes healing** while also enabling clients to perform meaningful activities both in the clinic and in their daily lives. This

approach fosters positive outcomes for clients, including enhancing their satisfaction with the therapy experience and results, maintaining the ability to engage in desired roles within their family and the community, and most importantly, experiencing quality of life as they define it (American Occupational Therapy Association, 2002).

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