






FCHT QUICK REFERENCE GUIDE FOR HAND INJURIES

See the table for referral timeframes for optimal results, and the best splint for each injury. Please call us to discuss any changes you would like to see for your patients needs.

INJURY	REFERRAL TIMEFRAME	COMMON TREATMENT RECOMMENDATIONS	SPLINT
Amputation of fingertip	1-7 days post injury/surgery	Light dressing allowing movement & oedema management. Early active motion Splint only if required. Scar management/desensitisation as able	
Carpal Tunnel Syndrome	Onset of symptoms	Night splint for ~ 6/52 to decrease compression on the Median Nerve. Education regarding avoidance of aggravating activities. Nerve gliding exercises as appropriate	
Central Slip Avulsion (Boutonniere deformity)	Immediately following injury	Thermoplastic extension splinting of PIP joint for 6 weeks, DIP joint free. Followed by active range of motion protocol to improve PIP joint motion.	
Cubital Tunnel Syndrome/ Ulna nerve compression	Onset of symptoms	Night elbow extension splinting ~6/52. Education regarding avoidance of aggravating activities.	
DeQuervains Tenosynovitis	Onset of symptoms	Immobilisation in thermoplastic thumb spica ~3-6/52. Education regarding avoidance of aggravating activities. Wear to soft brace with graded exercises as tolerated to minimise re-occurrence	
Distal Radius Fracture	1-4 days post injury or surgery	Non-operative: Immobilisation in circumferential thermoplastic splint 6/52. If fracture united, gentle AROM & strengthening as tolerated ORIF: Volar wrist splint and early active motion if stable at 1-2 days post surgery. Oedema management	
Lateral Epicondylitis (Tennis Elbow)	Onset of symptoms	Supportive bracing/taping for pain relief during function. Education regarding avoidance of aggravating activities	
Mallet Injuries (bony or tendinous)	1-7 days post injury	Bony mallet: 6/52 full time DIPJ neutral extension splint. Tendinous mallet: 8/52 full time splint in slight hyperextension	
Metacarpal Fracture	1-4 days post injury or surgery	Non-Operative: Immobilisation in thermoplastic splint 4-6/52. Active exercises from 3 weeks. ORIF: Splint for 3-6/52. If ORIF stable, active exercises commenced at 1-2 days post-op.	
Osteo Rheumatoid arthritis	Onset of symptoms	Thermoplastic or neoprene splints to allow function, manage pain & limit deformity. Education regarding joint protection & assistive ADL equipment.	
Phalanx Fractures	1-4 days post injury/surgery	Distal: Splint and early gentle active motion if fracture is stable/ORIF. K-wires across DIPJ require immobilisation until removal. Oedema & wound management.	
		Middle & Proximal: Splint for protection & early active motion if stable/ORIF to prevent stiffness. Early oedema/wound management. Hand based POSI splint	

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INJURY	REFERRAL TIMEFRAME	COMMON TREATMENT RECOMMENDATIONS	SPLINT
PIP joint dislocation	1-3 days post injury	Dorsal: Early flexion exercises in a protective extension blocking splint (15-20 ° of flexion) to prevent stiffness. Avoid passive extension. Volar: Immobilisation in splint for 4-6 weeks.	
Scaphoid Fracture	1-4 days post injury or surgery	Non-Operative: Immobilised in thermoplastic thumb spica splint 6-12 weeks. ORIF: Immobilised in thermoplastic thumb spica splint 6 weeks. Depending on surgical preference, some protected movement may be allowable if stable	
Tendinitis / Tenosynovitis	Onset of symptoms	Immobilisation in a thermoplastic splint or brace for pain relief, gradual wear & preventative strengthening. Education regarding avoidance of aggravating activities.	
Thumb Fractures Bennett/ Rolando Fracture	1-4 days post injury	Hand based thumb immobilisation splint for up to 6 weeks or until fracture united.	
Trigger Finger / Thumb	Onset of symptoms	Small thermoplastic splint to immobilise MCPJ & prevent triggering. Worn day & night until symptoms settle.	
Ulnar or Radial Collateral Ligament injuries – Skiers Thumb	1-4 days post injury	Splint to immobilise the thumb MPJ for 6 weeks	
Volar Plate Avulsion	1-4 days post injury	Early flexion exercises & stabilisation against adjacent finger (buddy-loops), or a protective extension blocking splint. Avoid passive extension.	