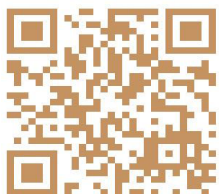


Diagnosis	Referral	General Initial Protocol	Splints/Plasters
Extensor tendon zone 1-2 (Mallet finger)	As soon as possible	Bony Mallet: splint full time for 6 weeks and then wean out of splint gradually Tendinous Mallet: splint full time 8 weeks in slight hyperextension then wean out from splint	DIPJ extension splint
Boutonniere deformity zone 3 extensor tendon Central slip rupture/ avulsion	As soon as possible	Splint full time for 6-8 weeks keeping the PIP extended and DIP free	Circumferential splint of the PIP joint
Proximal phalanx fracture Stable no/minimal displacement Closed reduction and stable	As soon as possible If displaced or spiral, consider a surgeon referral	Conservative management Safe immobilisation and early movement protocol	Hand based splint for the finger including MCPJ
PIP joint dorsal dislocation	As soon as possible	Conservative management Safe immobilisation and early movement protocol	Hand based splint for the finger including MCPJ Finger based verse hand based
PIP joint volar plate tear or avulsion fracture	As soon as possible	Splint full time for 3-6 weeks depending on severity with regular exercises and oedema management A sport splint should be worn the rest of the season	Dorsal finger-based splint
Metacarpal fracture	As soon as possible If displaced or spiral, consider a surgeon referral	Splint full time for 4-6 weeks Commence exercises 3-4 weeks	Forearm based splint with IP joints free
Trigger finger/thumb	1-2 weeks	Splint full time for 6-10 weeks with exercises and trigger point release Referral for CSI prn	Money bag splint Relative motion splint
Thumb MCP: UCL injury Skiers thumb	As soon as possible	Splint full time for 3-6 weeks depending on severity of the injury Pinch strength indicator of severity	Thumb spica splint to immobilise the MCP joint
Osteoarthritis thumb	1-2 weeks	Splint as much as possible for 2 weeks with massage, heat modalities, strengthening and education on management Dynamic stabilisation protocol	Hand based thumb splint
De Quervain's Tenosynovitis	1-2 weeks	Splint 2-6 weeks and discuss ergonomic alterations. Trigger point release, exercises and stretches as symptoms decrease. Referral for CSI in conjunction May require NSAIDs prescription	Thumb and wrist splint

Diagnosis	Referral	General Initial Protocol	Splints/Plasters
Distal radius fracture	As soon as possible	Conservative management	Waterproof fibreglass cast after swelling has settled
Wrist soft tissue injury	As soon as possible	Assessment and diagnosis (Imperative) Prescription of thermoplastic splint. Time frame would vary on diagnosis.	Wrist splint
Carpal fractures	As soon as possible	Recommendation as per conservative or referral for surgical opinion	Wrist splint/wrist and thumb splint
Carpal Tunnel Syndrome	When possible	Wrist splint overnight for 4-8 weeks Education and ergonomics Soft tissue release and tendon gliding exercises	Wrist splint
Hand Osteoarthritis	When possible	Assessment, ergonomic advice and joint protection education Regular appointment to provide heat treatment, exercises and massage/web release	Bracing such as leather, neoprene or thermoplastic Compression gloves
Scaphoid fractures	As soon as possible	Assessment and review of x-rays/CT/MRI scan. Determine need for surgical opinion and refer as necessary. Immobilise for 8-12 weeks.	Waterproof fibreglass cast or Thermoplastic splint including thumb when required
Distal Radial Ulna Joint/TFCC injuries	As soon as possible	Assessment and wrist/elbow splint or surgery	Long wrist or sugar tong (wrist and elbow) splint
Lateral Epicondylalgia Tennis elbow	1-2 weeks	Wrist splint full time for at least 2 weeks depending on severity. Trigger point release and strengthening as pain allows. Ergonomic advice, grip re-education and pain management	Wrist splint
Kids handwriting Unable to keep up during class Sore arm at end of school day Calluses on fingers	Early in term	Assessment of writing posture and technique Homework/exercises provided Regular appointments booked over the duration of one school term	Alternate pens and grips

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Melbourne Hand Rehab
ABN 81 146 471 678
Telephone 9458 5166 (all clinics)
Facsimile 9458 5177 (all clinics)
info@melbournehand.com.au
melbournehand.com.au



Melbourne
Suite 3, 20 Commercial Road
Melbourne 3004
Richmond
Level 1, 2A Bridge Road
Richmond 3121
Richmond Victoria Gardens
600 Victoria Street
Richmond 3121
North Essendon
58 Keilor Road
North Essendon 3041

Ivanhoe
242 Waterdale Road
Ivanhoe 3079
Mill Park
351 Childs Road
Mill Park 3082
Bulleen
26 Manningham Road
Bulleen 3105
Boronia
Level 1, 157 Scoresby Road
Boronia 3155

Hoppers Crossing
333 Old Geelong Road
Hoppers Crossing 3029
Werribee
Suite 2, 85 Synnot Street
Werribee 3030
Caroline Springs
53 Eucumbene Drive
Ravenhall 3023
Moorabbin
Suite D6, 490 South Road
Moorabbin 3189