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 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 education on management, massage and heat modalities and strengthening 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	Thumb and wrist splint
Distal radius fracture	As soon as possible	Conservative management	Waterproof fibreglass cast after swelling has settled

Diagnosis	Referral	General Initial Protocol	Splints/Plasters
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