

the delivery mode of home exercise programs, which have been identified as integral parts of rehabilitation.

Keywords: Adherence home program, Comparison, Home exercise program, Home program.

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Therapist Perceptions of Best Practice as Ordered by Referral Source: An Exploratory Survey

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Purpose: The primary purpose of this survey was to identify the therapists' level of agreement with physician ordered interventions regarding best practice. The secondary purpose of this study was to explore and report undiagnosed complications and post-operative issues seen in clinical practice by the hand therapist. The tertiary purpose of this study was to identify the therapists' perceptions as to the reasons for these complications.

Methods: A survey was designed and then completed after pilot testing and modifications. The questions were created in a multiple-choice format and some questions allowed for free text comments to add further explanation. IRB approval was not necessary due to the nature of the survey questions. The survey was administered through an electronic mailing to all ASHT members with email addresses on file.

Raw survey data were extracted from the electronic Survey Monkey site at the end of the survey period and processed using SPSS statistical package. Descriptive statistics were used to analyze therapists' demographic information. Frequencies of therapists' responses were calculated to summarize categorical data and multiple choice answer options. Open-ended responses were organized through the development of categories.

Results: A total of 744 ASHT members responded to the survey. Ninety percent of all who responded have been in practice 10 years or more and 79% of those respondents spend 75% their time treating patients. The mean of the "often" and "always" columns for the ordered interventions by surgeons was 20%. However the mean of therapist perceptions as to whether these ordered interventions are best practice was only 14%, thus demonstrating a discrepancy of what is ordered and what is perceived to be best practice.

Additionally, 60% of the respondents to this survey reported that they had found an undiagnosed condition and 60% reported to have found a post-operative complication when treating a patient. The three most commonly found undiagnosed conditions included never injury, ligament tear or laxity and trigger finger. The three most frequently found post surgical complications included infection, hardware issues and Complex Regional Pain Syndrome. Thirty nine percent of the therapist respondents reported that they believed a complication that arose during hand therapy was attributed to lack of communication with the referral source. While 40% of therapists perceived complications may have been due to a hand therapy intervention.

Conclusion: Hand therapists can play an important role in improving overall outcomes for patients. The hand therapist who is up to date on the literature outlining best practices, may be able to educate and inform the health care team regarding this information. Disparity in ordered interventions and therapist perceptions of best practice should be discussed. Moreover, it may be the hand therapist who first identifies a post-surgical complication or an undiagnosed issue. In any event, communication between the hand therapist and referral source is vital in optimizing patient care in hand therapy.

Keywords: Hand therapy, Complications, Complex regional pain syndrome, Trigger finger.

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Cumulative Incidence of Carpal Instability in the Second Year after a Fall onto Outstretched Hand

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Purpose: Using established clinical and radiological measures, we aimed to establish the cumulative incidence of carpal instability in people who have fallen onto an outstretched hand in the second year post injury. We also sought to describe its relationship with functional impairment.

Methods: We used emergency department records of an inner-urban tertiary hospital to contact all patients who presented with wrist pain following fall onto outstretched hand who were now between one and two years post injury. Carpal instability was defined by blinded radiological evaluations and provocative clinical tests, including Scaphoid Shift (Watson's) test, Ballottement, and mid-carpal shift test. Wrist-related pain and disability was measured using the Patient-Rated Wrist and Hand Evaluation.

Results: Fifty (28 male, 22 female; mean age of 47.8 years) of 146 eligible patients attended for assessment. We found a cumulative incidence of 44% of carpal instability within the second year post injury. Of these, 12 (24%) cases had SL dissociation, 12 (24%) had luno-triquetral instability and 7 (14%) had midcarpal instability. There were no significant correlations between clinically confirmed carpal instability and pain, function, or work participation.

Conclusion: This study found a higher than anticipated cumulative incidence of carpal instability in the second year post injury. Patients should be advised to monitor symptoms in the year post injury and seek a review if symptoms of pain, clicking or clunking arise.

Keywords: Wrist, Instability, Screening-outcome.

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A Qualitative Approach on the Use of Occupation Based Practice in Hand Therapy

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Purpose: There is growing interest in occupation-based practice (OBP) as it applies to hand therapy. While leaders in occupational therapy strongly advocate for the primary use of OBP in all practice areas of occupational therapy, some question the broad application of OBP into the hand therapy specialty practice. This study sought to describe the perception and application of OBP among occupational therapy practitioners in hand therapy.

Methods: This descriptive qualitative study conducted semi-structured interviews with occupational therapy practitioners (n=10) who practice in hand therapy. Interviews were transcribed, coded by meaning units. Codes were categorized into themes. Peer review and triangulation with analytic memos were used to increase trustworthiness.

Results: Participants ranged in years of experience (3-28 years) and half hold the CHT designation. Four themes emerged from qualitative analysis: how OBP is defined, how OBP is practiced, facilitators, and barriers to OBP. Participants defined OBP as the use of meaningful activities identified by the client and promoting a return to daily activities. Participants practiced OBP processes in the development and execution of treatment plans through activity analysis, compensatory strategies, and simulated environments. Facilitators to practice include the use of functional outcome measures, payor guidelines, therapists' creativity, and the practitioner's relationship with the physician and the client.