

Advanced practice occupational therapy for patients with hand and upper limb conditions

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Introduction

Patients with Category 2 hand and upper limb conditions wait longer than the recommended three months to see a Plastic Surgeon.

Delays in treatment can lead to chronic disability and reduced quality of life.

Occupational therapy-led advanced practice hand therapy provides early conservative management prior to medical review.

Early intervention aims to provide timely access to care, improved patient outcomes and reduce surgical outpatient waitlists.

Aim

To implement and evaluate an advanced practice occupational therapy pathway over a five-month trial and determine its impact on clinical and patient-reported outcomes, and service measures.



Method

Prospective observational single site study. Patients with Category 2 hand and upper limb conditions were triaged and reviewed by an advanced practice occupational therapist and were discharged from waitlist if appropriate (Figure 1).

Table 1: Outcomes measures collected

Clinical outcomes	Condition-specific clinical assessments
Service outcomes	Wait time for hand therapy, wait time for surgery
Patient-reported outcomes	Patient-Rated Wrist/Hand Evaluation (PRWHE), Global Rating of Change scale (GROC), Patient satisfaction survey

Results

One hundred and fifty-nine patients were screened over the five-month trial period with 78 (49%) patients appropriate for early therapy. Patients had a mean (SD) age of 51 (18.1) years and 42 (79%) were female.



159

Screened for inclusion



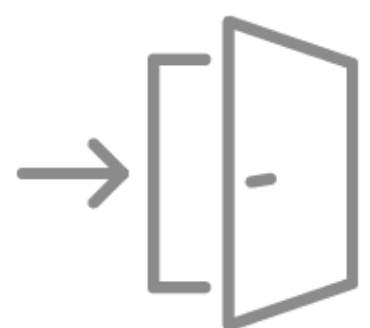
53

Received early hand therapy



36%

Did not need surgery after early hand therapy



24

Discharged from Plastic Surgery waitlist

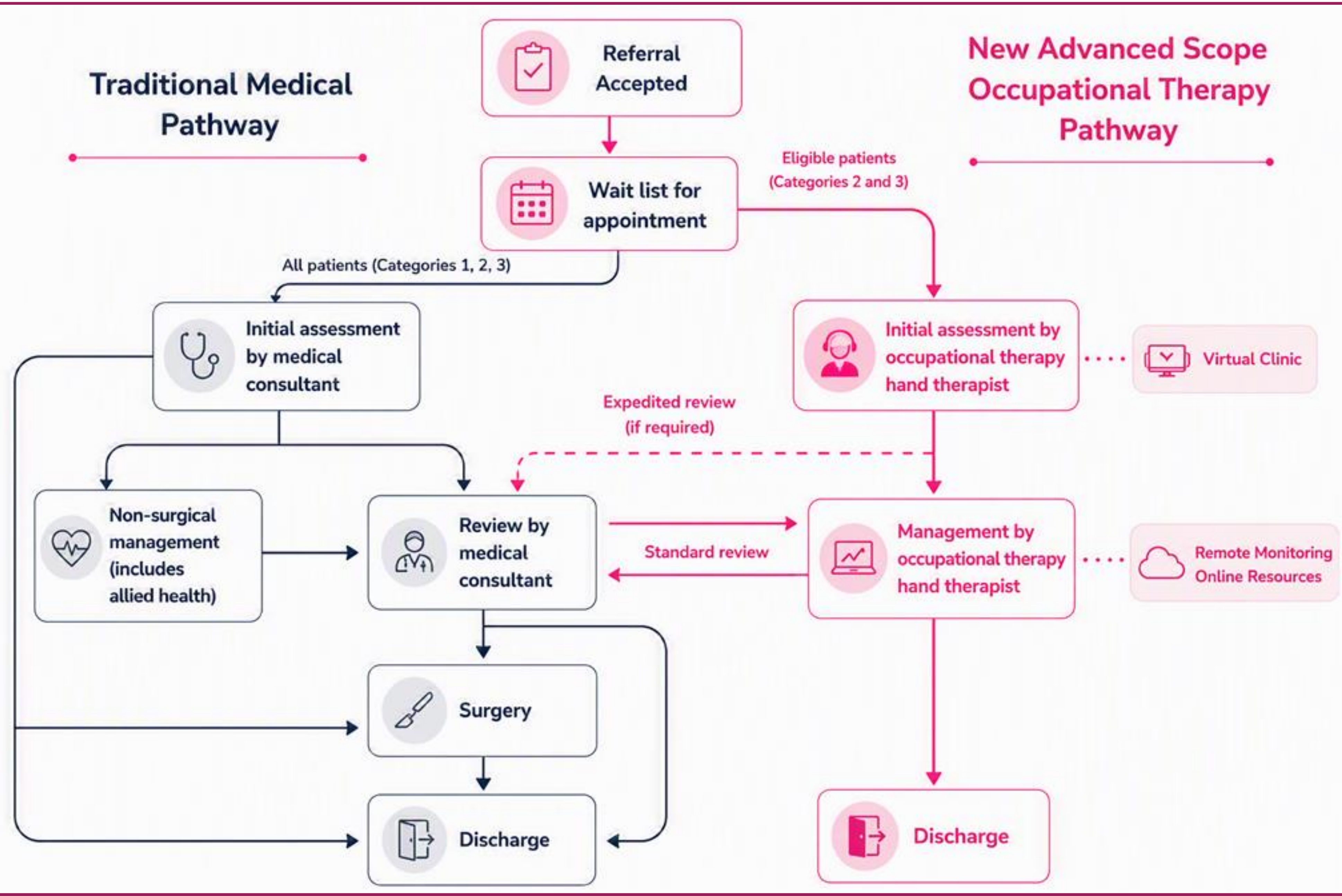
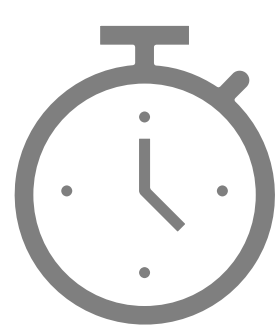


Figure 1: New clinical pathway trialed

Table 2: Types of diagnoses seen

Diagnosis	No. of patients (%)
Carpal tunnel syndrome only	19 (35.8%)
Trigger finger only	7 (13.2%)
First CMCJ osteoarthritis only	2 (3.7%)
Wrist ganglion only	6 (11.3%)
De Quervain's only	2 (3.7%)
Other single diagnosis	3 (5.7%)
More than one diagnosis	14 (26.4%)



3.8 years

Average reduction in wait time for hand therapy (1401 days)



4.3 years

Average reduction in wait time for surgery (1572 days)

All surveyed patients (n = 26) reported 100% satisfaction with wait times, level of therapist's knowledge and treatment received. No adverse events were recorded.

Patients had significant improvements in PRWHE post-treatment (p = 0.022) (Figure 2), with a mean GROC score of +3.2.

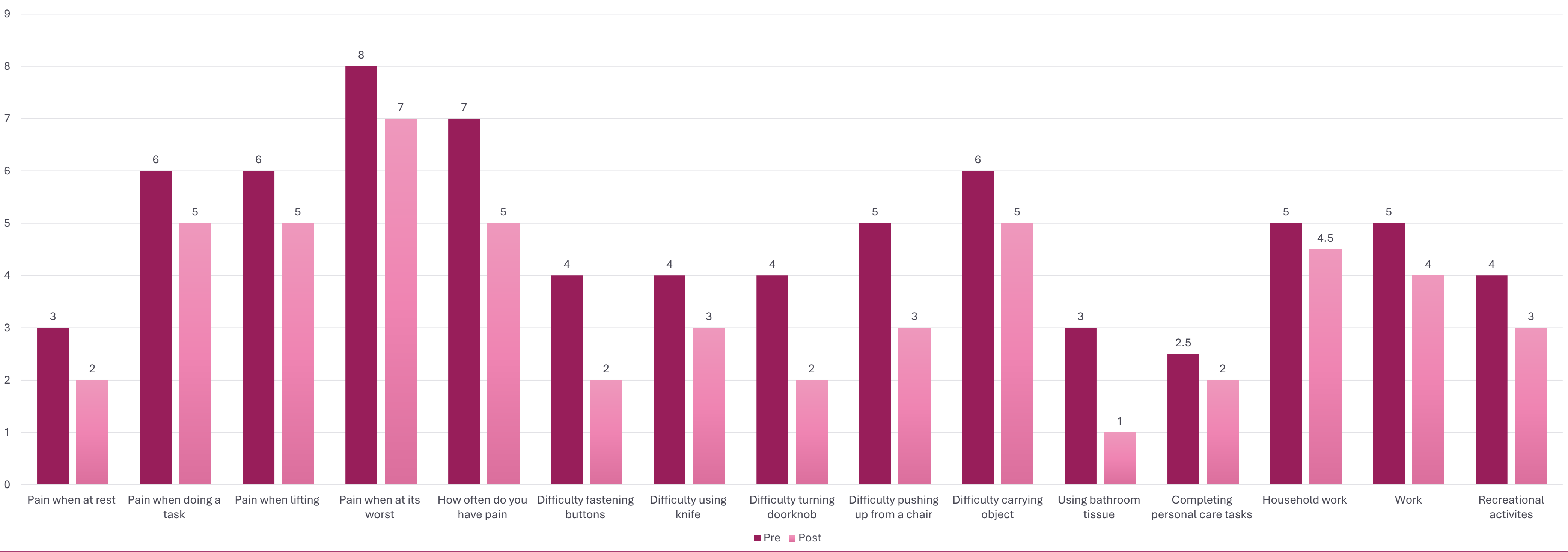


Figure 2: Patient pre- and post-measures demonstrating functional improvement via the PRWHE

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Conclusion

Overall, the advanced practice occupational therapy-led hand therapy pathway demonstrated initial efficacy in delivering more timely care, improving patient outcomes, reducing overall wait times and the surgical waitlist, and achieving high patient satisfaction.

Further research using a comparison group is required to evaluate the effectiveness of the pathway relative to standard models of care. In addition, an economic evaluation examining healthcare utilisation, cost-effectiveness, and potential cost savings associated with the pathway would provide important evidence to support broader implementation and service planning



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