Common Hand Injuries And The Principles Of Management

Preservation of amputated parts
1. Keep clean (Optional: rinse briskly with distilled water)
2. Wrap with moist clean gauze
3. Put into clean plastic bag (preferably 2 layers)
4. Seal the opening
5. Prepare a bowl of ice and water
6. Put the plastic bag into the bowl
7. Transport the bowl with patient to hospital
8. Do not put the bowl into freezer of a refrigerator
9. Do not apply antiseptic or detergent

The "Boxing Glove" Dressing
To keep the collateral ligaments of finger joints, in particular that of the metacarpophalangeal joint, in the tightened and maximally stretched and lengthened position, in order to avoid contracture and stiffness arising as a result of injury, the "safe position" is adopted. The "safe position" is also named the "functional position". This should not be mixed up with the "position of function" of the hand. In the "safe position" the metacarpophalangeal joints are flexed at 70 - 90 degrees, the interphalangeal joints in extension, the thumb in mid abduction and extension, and the wrist joint in 20 degrees of extension.

To maintain the hand in the "safe position", the "boxing glove" dressing is applied. This requires packing the web spaces and the hollow of the palm with gauze and fluffy cotton wool, and then bandaging. A plaster-of-paris slab is frequently used to keep the wrist joint in extension. The finger tips are exposed for observation of circulation.

Work Capacity Evaluation and Rehabilitation
Every occupation has its own specific training and physical requirements. After injury a patient may become temporarily or permanently incapable of carrying out the basic requirements of his occupation. A "work hardening" programme helps the patient to regain the physical capacity required by his occupation, in particular strength and endurance. When a certain degree of permanent impairment is resulted, "work capacity evaluation" will assess the extent of impairment, and helps to define the remaining work capacity. The patient may return to his original job. Failing this, the remaining work capacity may be matched to suitable jobs in the labour market and the patient can be rehabilitated to take up these alternative jobs. Such an assessment may also form the basis for worker’s compensation.
Hand Injury - the Overall Management

2. Reconstruction of damaged or lost structures
3. Rehabilitation of defective functions:
   - Anatomical, tissue rehabilitation
   - Functional rehabilitation - work capacity evaluation, work rehabilitation
   - Vocational rehabilitation (Job replacement)
4. Re-integration into the society
   - Vocational counselling
   - Long-term adaptation, social assistance
5. Repayment (Compensation)