

Helping Hand

By STEFANI KRONK

It is said that “diligent hands will rule.” And in the world of the Certified Hand Therapist (CHT), the goal is to enable damaged/traumatized hands to become more useful, less painful, and thus, more diligent.

A Certified Hand Therapist (CHT) is an occupational therapist or physical therapist who has a minimum of 5 years of clinical experience, including 4000 hours of direct practice in hand therapy. CHTs must pass a comprehensive test measuring mastery of both clinical skills and rehabilitation theory. In addition, CHTs must remain current with this ever-changing field, meeting a minimum required number of continuing education hours, as well as recertifying every 5 years. There are over 5000 CHTs in this unique field in the United States alone. And this year marks the 20th anniversary of the CHT credential.

Lori Risner is a CHT who has been in practice since 1992. She works at a branch of Accelerated Rehabilitation Centers in suburban Chicago, treating injuries ranging from carpal tunnel disease to industrial accidents. As a CHT, she is a highly specialized professional, focusing on treating the area from the tips of the fingers to the elbow.

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Just imagine the countless activities and movements our fingers and hands perform each day. These range from grasping large objects to holding packages and children to picking up tiny objects, texting, starting the car, or buttoning a shirt. The thumbs alone accomplish 40% of all hand function, and because of this they are subject to a high rate of overuse, which often leads to injury.

In addition to normal wear-and-tear and random accidents, many diseases can affect the structure and

mobility of the hand. Rheumatoid arthritis (RA) is one such disease. This autoimmune disease has a progressive, debilitating pathway that attacks the joints, leading to contractures and deformities. The symptoms

of RA are stiffness, varying degrees of pain and inflammation, and swelling either throughout the hand or localized to particular joints. Some patients exhibit a combination of symptoms, while others present with pain and inability to use their hands for simple movements such as gripping. “RA patients frequently are unable to hold a key to turn on the ignition, or hold a coffee cup ... simple, routine tasks that the rest of us take for granted,” Lori explains. She is pleased that many physicians are referring these patients to a hand therapist at an earlier stage. “The earlier a patient with RA can start treatment, the better the outcomes,” she states. “By beginning therapy sooner in the disease process and starting preventive techniques, there is the potential to prevent some of the disability that occurs after a patient has had it for a long period of time.”

Hand therapy sessions vary in duration, depending on the condition or injury. On average, Lori estimates each session lasts approximately 1 hour. She spends the first part of the session with hands-on time, massaging the area and/or performing specialized mobilization techniques to help increase joint mobility, decrease pain, and improve scar-tissue mobility. Then, Lori engages the patient in a series of therapeutic exercises, followed by functional activities that help strengthen the hand, improve range of motion, and improve the endurance so the patient can return to independence in activities of daily living (ADL) and/or work-related tasks. Lori also incorporates education in her treatment session, which includes explaining the diagnosis along with techniques for joint protection and ADL modifications.

In addition to the exercises and hands-on work,



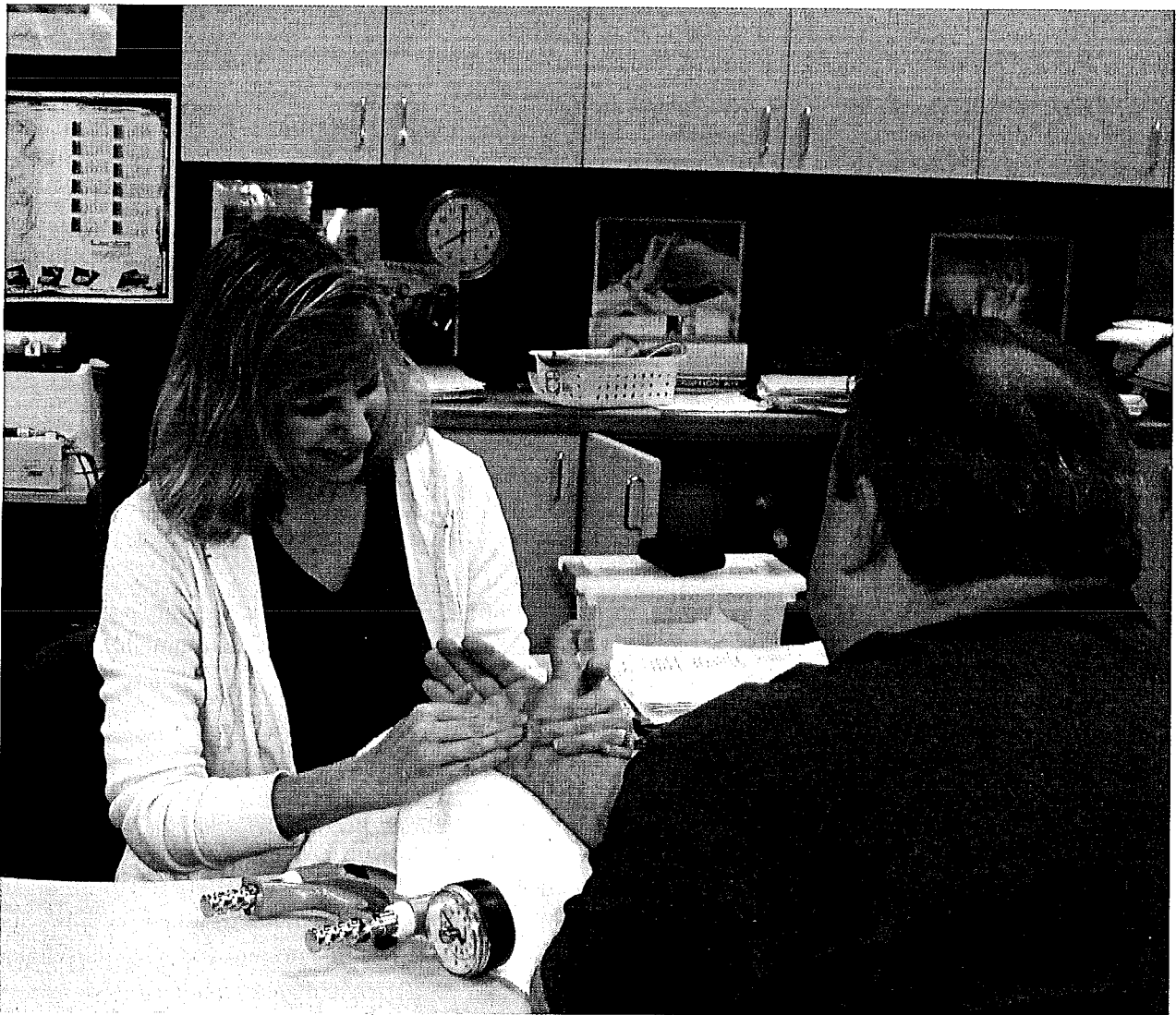
Lori Risner, Certified Hand Therapist

educating the patient plays a paramount role in helping patients improve. “The biggest part of my job is to educate patients about how to handle their symptoms and how to prevent them from continually recurring. Patients need to modify what they are doing with their hands, so a lot of my responsibility is education—teaching them how to take care of those joints,” Lori says. Besides treating the immediate symptoms, CHTs work ahead of the disease, trying to lessen or prevent future injuries. “In addition to making patients feel better on that day, we also teach them how to take care of their joints to prevent issues that can manifest down the line. We educate them about protecting joints to keep the problem from getting worse,” she says.

Lori believes educating her patients gives them a sense of empowerment over the helplessness of being unable to

engage in simple, daily activities. “The more patients understand about RA and what is physically happening to them, the more receptive they are to education. At that point, they are much more open to realizing that ‘Yes. I have some control over this,’” Lori relates.

CHTs specialize in using assistive devices. These devices help in various ways, including support, compression, or stabilization, depending on the patients’ needs. Although some devices can be purchased, often some are fabricated in the clinic—customized to the patient and the problem they are trying to overcome. “I believe a lot of CHTs will say that making splints and adaptive devices is one of our favorite parts of our job. It is our opportunity to be creative, to develop tools, such as splints, to help our patients continue to function in daily life,” Lori says. She



Because scar tissue can cause many limitations such as loss of tendon gliding, Lori performs scar massage on a patient. Massage and range of motion exercises help scar tissue lie in a more organized fashion.

credits her ability to construct devices from on-the-job training and simple ingenuity. "Sometimes you have to get creative and figure it out yourself," she states.

CHTs also help patients evaluate their ADLs at home and at work to identify those that exacerbate their symptoms—all toward a goal of developing alternative strategies to reduce the trauma to their joints. "Although we can't change everything a person does, hopefully we can modify a good percentage of the stress and strain they are applying to their hands," she says. Even small modifications, such as placing built-up foam on pens and pencils, can help a person continue to function in their work environment.

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Lori is a firm believer in the synergistic relationship between physician, therapist, and patient. "Patients need to see physicians to treat the disease. The physicians prescribe different medications, such as oral anti-inflammatories or cortisone injections to help take the pain away. But that's a Band-Aid—taking the pain away, but not the problem." Lori thinks that it is after the physician visit that the relationship between the patient and CHT begins to solidify. "At that point, that's where the education sets in. We discuss what they need to do at home and/or at work to relieve stress on their joints. We talk about what movements are causing their pain, and how we can modify that."

In addition to education and physical manipulation, Lori believes that providing a sympathetic ear can also work wonders. "I sit and listen to my patients. I reiterate, 'Yes, I've seen this before and here are some of the things that worked for others.' The fact that you are listening to them and responding to them already makes them feel better." Although hand therapists treat a small portion of the body, Lori believes their assistance and care extends beyond the hand. "Hand therapists are holistic in their approach. We don't just treat the body part, but rather the whole patient. A lot of psychological issues come with having an injury or disability, especially when it's been going on for such a long period of time," Lori says.

Lori compares the differences between how patients measure success with how highly skilled health care professionals view success. "Patients come into the clinic and we measure range of motion, strength, and swelling. And I say 'You gained 20 degrees and you can bend this joint more.' It's all very technical. But when they come in and say, 'I was able to start the car today. I was able to drive today. I was able to pick up the bag of groceries today. I could button my own shirt today.' That's when I tell my patients they truly know they are getting better," Lori explains. Although therapists focus on scientific and clinical measurements, they can empathize with their patients' ability to re-engage in some of their ADLs. "I can show them the goniometer and explain they were here at the beginning of therapy and now they are here, but functionally when a patient can tell you they're doing more, that's when you know a patient is improving. And that's what patients want. That's what makes them happy—getting back to their life," Lori says.

"I feel very lucky to go to my job every day and truly like it. My favorite part is working with the patient," she says. Lori is gratified not only by seeing the physical improvements in her patients, but also by the mental shifts. "You hold their hand, touch them, and listen to them. And in doing so, things just start spilling out. You know all about their lives and you start developing a bond with them—especially the ones you treat for a really long time," she adds. Although Lori is happy when a patient progresses past the point of needing therapy, she acknowledges that the bond between patient and professional is deep. "It's hard to say goodbye to them at times," she admits.

Lori plans to continue working in this field for many years to come. "Many CHTs got into this profession because we like helping people. It's a great feeling being able to truly help another person. It's a rewarding feeling and rewarding career. I'm glad I was drawn to it," she concludes.

The Hand Therapy Certification Commission (HTCC) has a directory of CHTs on its website. To locate a CHT in your area, visit <http://www.htcc.org/locate/index.cfm> ■

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