

NMTRG Guidelines for the assessment and rehabilitation of the Major Trauma patient

Discipline: Occupational Therapy and Physiotherapy

Guideline: Scar Management

The Occupational Therapist / Physiotherapist should have knowledge of the following:

- Wound healing and scar formation process
- Understanding of the impact of scarring on both physical and emotional well-being
- Initiating basic interventions for scar management and identifying onwards referrals
- Knowledge of different types of interventions for scar management for more problematic scars
- Contraindications for scar management and the appropriate escalation process for any issues.

The Occupational Therapist / Physiotherapist should be able to recognise:

- Patients who will require scar management interventions
- Different scar types (hypertrophic / keloid)
- When it is appropriate to begin basic scar management interventions (e.g. starting scar massage and education)
- Any issues arising from scars such as infections or changes, ceasing scar management if needed and appropriate escalation process to nurses and / or doctors for any issues with scars.
- Risks associated with caring for patients with scars and wounds
- Functional changes related to scarring and the effects on daily living tasks

The Occupational Therapist / Physiotherapist should be able to offer the following interventions:

- Post-op neurovascular assessment (circulation, sensation and movement)
- Assessment of scar presentation
- Assessment of the area of wound / scar, range of movement around the scar, sensation, skin condition and pain/hypersensitivity
- Education about scars and reasoning for scar management
- Functional Upper and Lower limb assessment
- Starting basic scar management interventions including scar massage, pressure management, range of movement.
- Knowledge of options for more progressive scar management interventions such as silicon, pressure management, splinting and medical reviews
- Upper limb splinting if indicated
- Upper limb exercise prescription
- Oedema advice and management to facilitate improved function.

The Occupational Therapist / Physiotherapist is expected to complete this assessment and intervention:

- Early in the patient's admission inclusive of ICU and HDU assessment / intervention, when appropriate
- As part of a 7 day service inclusive of ICU and HDU weekend cover

The Occupational Therapist / Physiotherapist should have knowledge of additional services including:

- Onwards referral from the acute setting such as Hand Therapy for ongoing scar management
- Appropriate services or staff to support with ongoing interventions

- Escalation process for any issues with arising with scars

The Occupational Therapist / Physiotherapist should understand how to access the following pathways:

- Onward outpatient therapy input to provide ongoing scar management, such as Hand Therapy
- Rehab or care at home on discharge
- Onwards referrals or input for specialist scar management input such as Burns Unit outpatients, customised pressure garments
- Referral for specialist compression garments when appropriate.

If required, the patient should have access to:

- Rapid access rehabilitation
- Vocational rehabilitation
- Follow-up in an MDT clinic with Plastics input
- Educational intervention
- Timely access to Mental health / IAPT services

Consideration for long-term rehabilitation:

- Patient support groups / group rehabilitation
 - [Changing Faces | Visible Difference & Disfigurement Charity](#)
- Long term scar management support

References:

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Updated Scar Management Practical Guidelines: Non-invasive and invasive measures

Monstrey et al

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Disfiguring burn scars and adolescent self-esteem

R. Robert, W. Meyer, S. Bishop, L. Rosenberg, L. Murphy, P. Blakeney

Burns, 25 (1999), pp. 581-585

Prevention and curative management of hypertrophic scar formation

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