

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

Discipline: Occupational Therapy
Management of simple upper limb fractures
<ul> <li>The OT should have knowledge of upper limb anatomy and fracture type in the following;</li> <li>Clavicle</li> <li>Humerus</li> <li>Radius</li> <li>Ulna</li> <li>Scapula</li> <li>Knowledge of carpel, metacarpal and phalanges</li> <li>Knowledge of any joint involving the previously mentioned bones</li> <li>Understanding of the ligamentous and tendinous structures of the arm and hand</li> <li>Acknowledgement of nerve anatomy in the upper limb</li> </ul>
<ul> <li>The OT should be able to recognise;</li> <li>Signs of compartment syndrome</li> <li>The escalation compartment syndrome concerns</li> <li>Management of post-op compartment syndrome (fasciotomies)</li> <li>Risks associated with caring for patients with casts / splints</li> <li>Functional changes related to the upper limb injury and effects on daily living tasks</li> </ul>
<ul> <li>The OT should be able to offer the following interventions</li> <li>Post-op neurovascular assessment (circulation, sensation and movement)</li> <li>Assessment for peripheral nerve injury</li> <li>Functional Upper limb assessment</li> <li>Upper limb splinting</li> <li>To be able to fabricate and apply collar &amp; cuff, polysling or broadarm sling</li> <li>Upper limb exercise prescription</li> <li>Oedema advice and management</li> <li>Knowledge and provision of equipment to improve function</li> </ul>
<ul> <li>The OT is expected to complete this assessment and intervention;</li> <li>Early in the patients admission inclusive of ICU and HDU assessment / intervention</li> <li>As part of a 7 day service inclusive of ICU and HDU weekend cover</li> </ul>
<ul> <li>The OT should have knowledge of additional services including;</li> <li>Citizens advice</li> <li>Psychology input as inpatient and after discharge</li> <li>Social services access</li> </ul>
<ul> <li>The OT understands how to access the following pathways</li> <li>Onward outpatient therapy input</li> <li>Splint / Bracing clinic</li> <li>Hand therapy</li> <li>Falls prevention</li> </ul>



• Help at home on discharge

If required the patient has access to;

- Rapid access MSK rehabilitation with assessment within 14 days of discharge
- Vocational rehabilitation
- Instant community rehabilitation
- Follow up in an MDT clinic
- Access to a dementia pathway
- Educational intervention
- Timely access to Mental health / IAPT services

Consideration for long term rehabilitation

- Links with preventative teams
- Patient support groups / group rehabilitation

