



Wound Care Management as a Component of Hand Therapy

Definition:

The purpose of this position paper is to describe the position of the Hand Therapy Certification Commission (HTCC) with regard to the use of wound care management interventions by occupational therapists and physical therapists in hand therapy practice. This position is a result of specific high-quality information gathered through targeted surveys and HTCC's ongoing analysis of the practice of hand therapy.

Occupational therapists (OTs) and physical therapists (PTs) encounter clean, infected, chronic and traumatic wounds in the course of caring for patients who are referred for rehabilitation in many settings.

There is little consistency and often little specific information available regarding possible facility, state, or other requirements for training and education for wound care interventions in occupational therapy and physical therapy.

The ability for therapists to provide needed wound care management interventions can be affected by ever-changing factors – their individual education, experience level, and training, as well as external factors such as regulatory systems, state or provincial practice acts, licensure laws, and facility and payer policies.

Occupational therapists and physical therapists in hand therapy practice report that the direct care of the wounds encountered in the course of patient care is highly critical to hand therapy practice. HTCC strongly agrees with this position and provides further clarification of specific aspects through this document.

Background

The Hand Therapy Certification Commission has studied the scope of practice of hand therapy since 1985. Six role delineation studies have been performed in that time. Wound care has been well documented in those studies as being routinely performed by a majority of hand therapists, who are occupational therapists (approximately 85%) or physical therapists (approximately 15%). The purpose of more detailed surveys in 2009 and 2011, as well as more rigorous analysis performed in 2014 was to document specific interventions used in wound care

management, including sharp debridement, which were not explicitly included in previous practice analysis surveys. The results reflect that these interventions are commonly used in hand therapy by both occupational therapists and physical therapists, and those professionals believe these interventions to be critical to the care of their patients. Although these treatments are not consistently listed explicitly in occupational therapy and physical therapy regulatory language (including U.S. state practice acts), the results of our studies support their inclusion if the need is identified for future updates.

Position of the Hand Therapy Certification Commission

1. As documented by industry-wide surveys of hand therapy practice, interventions for wound care management, including sharp debridement, are commonly performed as a component of hand therapy by occupational therapists and physical therapists.
2. Wound care management is provided in coordination with other health care practitioners who may also be caring for the patient.
3. As with all interventions, each therapist is responsible to have appropriate education and training in provision of selected wound care interventions provided in the course of patient care. Continuing education as well as job-specific training for the types of wounds encountered in a therapist's particular setting are the most common way of acquiring the necessary knowledge and skills.
4. Specific advanced wound care certifications should not be required to provide wound care management in the course of hand therapy, though they may be one avenue for therapists to advance their training in this area.
5. The Certified Hand Therapist credential should not be required prior to a therapist providing wound care services within the level of their education and training. It may be used as a proxy to represent achievement of knowledge in this area for the purposes of policy development.
6. Some interventions, such as sharp debridement, may require education and training beyond the entry-level education provided in occupational therapy and physical therapy programs.
7. As with all interventions, treatments provided must be sufficiently documented in the medical record.
8. Occupational therapists and physical therapists should not be restricted from providing wound care management services that are consistent with their education and training by regulatory language, state or provincial practice acts, licensure laws, or facility and payer policies.

Disclaimer: The Hand Therapy Certification Commission assumes no responsibility for the practices or recommendations of any candidate, certificant, or other therapist, or for the policies and procedures of any practice setting. Therapists function within the limitations of licensure, occupational therapy and physical therapy regulations, and/or institutional policy.

References

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