

Position Statement on the Use of Orthotics in Hand Therapy

Purpose

The purpose of this paper is to define the Hand Therapy Certification Commission's (HTCC) position regarding the use of orthoses^a by hand therapists.

Overview

The HTCC credentials occupational therapists and physical therapists as Certified Hand Therapists. The designation reflects expertise in the advanced clinical specialty of rehabilitation of the upper limb, including the hand, wrist, elbow, and shoulder girdle. Selection, fabrication, and fitting of orthoses are essential and integral parts of this expertise.

Hand therapists are certified or licensed occupational therapists or physical therapists who, through advanced education, clinical experience, and independent study, have become proficient in the treatment of pathological upper limb conditions resulting from medical conditions, repetitive or direct trauma, disease or congenital or acquired deformity. A Certified Hand Therapist (CHT) is an occupational therapist or physical therapist who has passed the Hand Therapy Certification Examination and met the standards for initial eligibility and recertification established by the HTCC. There are over 7,000 CHTs practicing throughout the world.

Mission & Vision Statement

The mission of the Hand Therapy Certification Commission is to support a high level of competence in hand therapy practice and to advance the specialty through a formal credentialing process. HTCC envisions a time when every qualified therapist who treats hand and upper extremity patients will become a Certified Hand Therapist.

Background – Position Statements

The position statements within this paper are based on HTCC's ongoing and in-depth statistical analysis of hand therapy practice since 1985. These formal studies of the hand therapy scope of practice affirm that hand therapists have consistently and traditionally used custom-fabricated and prefabricated orthoses as part of daily practice. Each of HTCC's practice analyses reflects the well-documented history of the integral role orthotics has also played in the broader professions of occupational therapy and physical therapy¹⁻⁷. The initial practice analysis in 1985 showed that the fabrication of orthoses was one of the top two treatment interventions that hand therapists used daily to favorably impact patient outcomes. The study performed in 2019 expanded on prior questions and asked for more detailed information regarding specific types of custom-fabricated and prefabricated orthoses used in hand therapy. The purpose of raising these questions was to better understand the extent to which orthoses are incorporated into clinical practice and direct patient care. The additional information supports the integral role orthoses play in managing upper limb medical conditions and surgeries.⁷

It is clear from the study data that hand therapists continue to use custom-fabricated and prefabricated orthoses daily as an integral part of a rehabilitation plan of care and report that these items are highly critical to practice. In addition, therapists are expected to have sufficient knowledge and skills to implement these interventions by the time of initial certification as hand therapists.⁷

^a Orthosis is a medical term often interchanged with terms such as splint or brace.

Position Statement on the Use of Orthotics in Hand Therapy

Position of the Hand Therapy Certification Commission

The use of orthotics is a vital intervention for hand therapists to provide high-quality, cost-effective, efficient care.

1. Hand therapists with degrees in occupational therapy (OT) and/or physical therapy (PT) have the expertise to provide custom-fabricated and prefabricated orthoses to treat acute and chronic medical conditions and injuries affecting the upper limb.
2. The foundational training in orthotic fabrication and fitting is provided in entry-level OT and PT curriculums. The fabrication and use of orthoses are vital to the broader scope of OT and PT professions.
3. The fabrication and use of orthoses in hand therapy involves a multifaceted approach, including but not limited to, protection of injured structures and restoration of motion and function.
4. Orthotic intervention is integral to the rehabilitation (i.e., evaluation, assessment, plan of care, treatment, and outcomes/discharge) of a patient's medical condition that may be necessary for each episode of upper limb pathology.
5. Orthoses are fabricated and fitted directly at the time of evaluation, and orthoses are modified promptly when there is a change in the medical condition(s).
6. Hand therapists possess the knowledge and skills to; select the appropriate orthoses, use the necessary technology, equipment, and materials for fabricating, fitting and modifying the orthoses, and train and educate in the use and care of orthoses. The application of orthotic principles is based on foundational knowledge of anatomy, tissue healing, kinesiology, biomechanics, and pathomechanics of the upper limb.
7. Successful performance on the Hand Therapy Certification Examination validates that the Certified Hand Therapist (CHT) has professional training, experience, and competence in orthotic fabrication and fitting.
8. Hand therapists further their education and competence in orthotic fabrication and fitting through clinical experience, collaboration with medical professionals, and continuing education.

Please Note: The Certified Hand Therapist credential awarded by HTCC is intended to serve as a recognition that the individual meets minimum academic preparation, professional experience, continuing education, and professional standards. Each individual remains responsible for ensuring quality and safety, and for determining the scope of practice, licensure, reimbursement, and other requirements applicable to the individual's professional work.

Position Statement on the Use of Orthotics in Hand Therapy

References

1. Keller J, Henderson J, Landrieu K, Dimick M, Walsh M. **The 2019 Practice analysis of hand therapy and the use of orthoses by certified hand therapists.** *J Hand Ther.* 2021, in Apr 15:S0894-1130(21)00055-7. doi: 10.1016/j.jht.2021.04.008. Epub ahead of print. PMID: 34016516.
2. Keller J, Caro C, Dimick M, Landrieu L, Fullenwider L, Walsh M. **Thirty years of hand therapy: the 2014 practice analysis.** *J Hand Ther.* 2016; 29; 222-234.
3. Dimick M, Caro C, Kasch M. **2008 Practice analysis study of certified hand therapists.** *J Hand Ther.* 2009; 22: 361-375.
4. Muenzen PM, Kasch MC, Greenberg S, Fullenwider LL, Taylor PA, Dimick MP. **A new practice analysis study of hand therapy.** *J Hand Ther.* 2002;15:215–25.
5. Roth LP, Dimick MP, Kasch MC, Fullenwider LL, Mullins PT. **Practice analysis of hand therapy.** *J Hand Ther.* 1996;9:203–12.
6. Chai SH, Dimick MP, Kasch MC. **A role delineation study of hand therapy.** *J Hand Ther.* 1987;1:7–16.
7. Kasch MC, Greenberg S, Muenzen PM. **Competencies in hand therapy.** *J Hand Ther.* 2003;16:49–58.
8. Kasch, M. C., & Hilfrank, B. (2005). **The international CHT credential.** *J Hand Ther,* 18(1), 46–47. <https://doi.org/10.1197/j.jht.2004.11.003>
9. Roth LP, Kasch MC, Fullenwider L, Mullins P, Dimick MP. (1996) **The hand therapy certification examination: results of the first five years.** *J Hand Ther.* 1996 Jul-Sep;9(3):213-7. PMID: 8856566.