Interdisciplinary treatment following hyperextension trauma of the finger.

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The new interdisciplinary protocol will attract attention to these cases of hand injuries and patients will get a chance of a better coordinated treatment at the early rehabilitation phase. To restore early function of the hand proper instructions...

Ethische beoordeling	Positief advies
Status	Werving nog niet gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON21696

Bron
NTR

Verkorte titel
PIPD

Aandoening

1)Health condition: volar plate lesion, PIPJ dislocation, hyperextension trauma

2)Problem studied:

a)The feasibility of the new developed protocol, after PIPJ dislocation regarding:

- Equipment

- Procedure

- Integrated co-ordination of the treatment between the primary care specialist, the hand-surgeon and the hand therapist.

b) Potential benefit of the protocol in patients with PIPJ dislocation problems, regarding:

- function, activity and participation level.

Ondersteuning

Primaire sponsor: Adelante,
Centre of Expertise in Rehabilitation and Audiology,
Zandbergsweg 111
6432 CC Hoensbroek
the Netherlands

Overige ondersteuning: Adelante Rehabilitation Center,
Zandbergsweg 111
6432 CC Hoensbroek
the Netherlands

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

The specialist and therapeutic experiences regarding:
- the interdisciplinary collaboration,
- the equipment used,
- the procedure including timing and frequency of measurements.

Toelichting onderzoek

Achtergrond van het onderzoek

Objective: To subsequently evaluate the feasibility of this new interdisciplinary comprehensive protocol for the treatment of proximal interphalangeal joint (PIPJ) dislocation, including specialist care, hand therapist treatment and its enhancement of interdisciplinary collaboration.

Study design:Evaluating the feasibility of the new approach after PIPJ dislocation by conducting a pilot study. Collecting the experiences of the specialist or therapist using the 'Think aloud' principle at the end of the pilot study. For the 'order of magnitude' of the potential benefit for the patients in total 3 month, the patients’ function, activity and participation level will be measured.

Study population: In this study six patients older than 18 years after PIPJ dislocation, hyperextension trauma or with volar plate lesion eligible to take part in a conservative treatment program, will be asked to participate. Participants will be recruited at the

emergency departments of Zuyderland MC Heerlen as soon as possible post-injury

Main study parameters:

1) Open interview, 'Think aloud' of the expert experiences with the new protocol.

2) The parameters of function, activity and participation level of the patient include: the active range of motion (AROM), the numeric pain rating scale (NPRS), the Quick Dash and the Jamar dynamometer for grip strength.
Nature and extent of the burden and risks associated with participation, benefit and group relatedness: The patients after PIPJ dislocation may benefit from this study in getting faster the right therapy to prevent complications as flexion contracture and to reactivate the function of the finger as soon as possible after trauma.

All measures used in the present study pose no harm to the participants. They are also used as regular clinimetrics in rehabilitation.

Doel van het onderzoek

The new interdisciplinary protocol will attract attention to these cases of hand injuries and patients will get a chance of a better coordinated treatment at the early rehabilitation phase. To restore early function of the hand proper instructions of the hand therapist and professional monitoring is necessary.

Direct referral to the hand therapist can provide complications as flexion contractures of the affected finger.

Onderzoeksopzet

- T0= as soon as possible post-injury until maximum 3 weeks after injury: Using the numeric pain rating scale (NPRS), a goniometer with the neutral-0 method for active range of motion (AROM) and the Quick Dash to measure functional impairment also on activity and participation level.

- T1= after 6 weeks post injury: the NPRS and the AROM

- T2= after 8 weeks post injury: the same measurements as T0.

- T3= after 10 weeks post injury: the same measurements as T3.

- T4= after 3 month: the same measurements as T0 plus the Jamar dynamometer for grip strength.

Onderzoeksproduct en/of interventie

Participants after PIPJ-dislocation will follow the new structured interdisciplinary treatment

protocol, based on existing conservative treatment approaches, to evaluate this process with experts and to evaluate the potential benefits for patients after PIPJ-dislocation.

Treatment protocol:

Within the first 1 to 7 days (till maximum 3 weeks) after PIPJ dislocation it is recommended to stabilize the PIPJ, also if there is no fracture visible. The casting material needs to be applied at the dorsum of the hand to stabilize in full extension or maximum 15 degrees of flexion and to allow active flexion of the finger. To reduce edema of the finger and the joint an elevation position of the hand is recommended and exercises as flexion and extension of the finger. The function (e.g. pain, mobility) of the finger will be supervised by the hand therapist.

Contactpersonen

Publiek

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Wetenschappelijk

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen

(Inclusiecriteria)

- PIPJ-dislocation

- Volar plate lesion

- Hyperextension trauma

- Clinically diagnosed with x-ray:

- Avulsion fracture less than 30-40% of the joint surface.

- Age: > 18 years

- Post-injury time of 0-3 weeks (acute group)

- Ability to understand the Dutch language.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

- Avulsion fracture more than 40 % of the joint surface.

- Surgical indication of the PIP-joint

- Post-injury time more than 3 weeks (sub-acute of chronical group)

- Other pathology: acute complex regional pain syndrome (CRPS), inflammatory arthritic conditions, or artificial joints

Onderzoeksopzet

Opzet

Type:	Interventie onderzoek
Onderzoeksmodel:	Parallel
Toewijzing:	N.v.t. / één studie arm
Blindering:	Open / niet geblindeerd
Controle:	N.v.t. / onbekend

Deelname

Nederland

Status:	Werving nog niet gestart
(Verwachte) startdatum:	01-06-2017
Aantal proefpersonen:	6
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies

Datum:	26-05-2017
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL6295
NTR-old	NTR6469
Ander register	METC Z : 17-N-76

Resultaten