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Creation of Occupational Therapy Treatment Protocols for **Diagnoses Affecting the Upper Extremities**

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Creation of Occupational Therapy Treatment Protocols for Diagnoses Affecting the Upper Extremities

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Benchmark Physical Therapy Mission and Vision

- "To inspire and empower the lives we touch, to serve our communities, lead with purpose driven passion."
- "Through exceptional care and remarkable experiences, we choose to be the outpatient provider and partner of choice."

Identified Needs of the Agency and the Population

A needs assessment was completed with the agency of Benchmark Physical Therapy and the population. Treatment protocols created by the 2022 Capstone Student played a significant role in this need assessment. The following needs were identified:

- Expansion of treatment protocol manual created by the 2022 Capstone Student.
- Occupation-based and occupational therapy focused treatment protocols covering diagnoses affecting the upper extremities.
- Comprehensive treatment protocol manual containing protocols created by the 2022 Capstone Student and the 2023 Capstone student accompanied by a guide for use in BPT clinics.

Goals of Capstone Project

- Student will expand upon the project completed by 2022 Capstone Student by creating 20 additional treatment protocols pertaining to the upper extremities for the rehabilitation practitioners at Benchmark Physical therapy to utilize.
- Student will research various upper extremity diagnoses and treatment interventions to enhance the skills necessary to practice in an orthopedic setting .
- Student will distribute protocols to Certified Hand Therapist to ensure protocols are consistent with previous work and suitable for use in clinic.
- Student will compile and organize all treatment protocols into a comprehensive manual that can be digitized for use in the Benchmark Physical Therapy Clinic network.

Protocol Development Process

Review of Protocols Created by 2022

Capstone Student



Selection of Diagnoses Based on Expert
Mentor and Agency Needs



Review of Existing Literature and Treatment Protocols for Selected Diagnosis



Creation of Treatment Protocols using Gathered Resources



Receive Feedback from Expert Mentor and Make Necessary Changes to Treatment Protocols



Comprehensive Treatment Manual Created Combining 2022 Capstone Protocols and 2023 Capstone Protocols

The OT Perspective

- Occupation-based treatment protocols enable occupational therapists to tailor their treatment and intervention methods according to the needs of each individual patient.
- Protocols such as the ones created for this project give the therapists at Benchmark Physical Therapy a source to base their treatment upon.

Protocol Formatting

Treatment protocols were formatted to remain consistent with those created by the 2022 Capstone Student.

- 1. Synopsis and Background on Diagnosis
- 2. Anatomy and Biomechanics
- 3. Etiology
- 4. Clinical Presentation
- 5. Medical Management
- 6. Conservative Treatment Guidelines
- 7. Post-Operative Treatment Guidelines
- 8. Peer-Reviewed Sources and References

Outcomes

Background:

Distal Stoops ruptures are less common than ruptures of the proximal bloops but have a significant impact on the completion of functional activities. Distal bloops ruptures are most common in the dominant arms of males between the ages of 30 and 60.

Anatomy and Biomechanics:

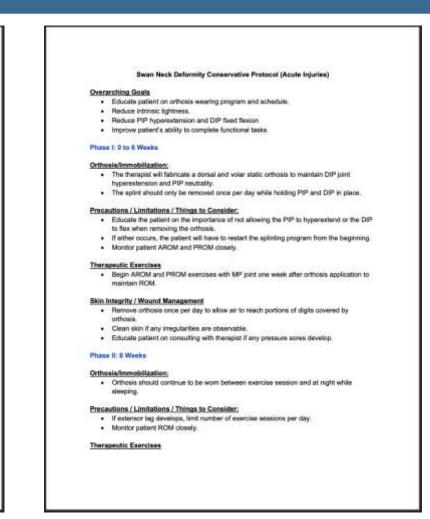
The bloops brackful and its associated tendons are composed of two separata heads. The long head has its origin at the supragiencid tuberole of the scapula. The bloop's long head receives blood supply from the ascending branches of the antenor humeral circumflex artisty and distally from then brachlal and deep brachlal artistes distally. The short heads origin resides on the coreooid process of the scapula. The heads merge at the delicid tuberosity and insert distally into the biolipital tuberosity on the proximal radius. The long head extends over the distall part of the furtherosity. The lagetious Strous forms the distal bloop aponeurosis which stabilizes the distal sindon. The distal bloop and tis tension are integral to the further or outside the power of the scapulation when completing functional activities that require the arm to generate power.

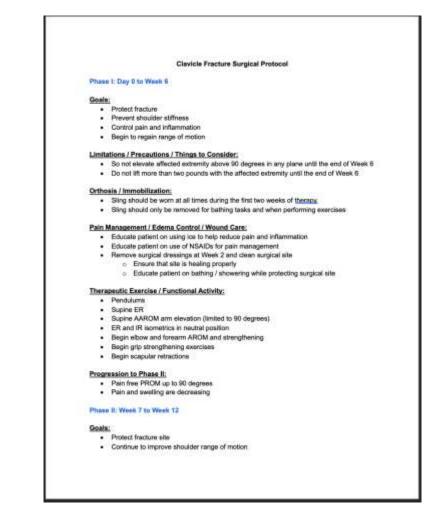
Etiology:

The most common cause of a bloop lendon rupture is injury or chronic overuse. This type of rupture occurs when an unexpected or externe escentric force is placed on the bloop bradon while the allow is in or coming out of the flexed position. Occupations and functional activities where distal bloop ruptures are common include but are not limited to weightilling, weeding, and labor-immative jobs. Other risk factors for distal bloop rupture endors ego, history of smoking, use of corticostericids, thronic overuse. Some exceedingly rare risk fractures include disables, lugus, and kidney disease.

Clinical Presentation:

Patients very often will report hearing or feeling a "pop" when the injury occurred. This usually occurs directly after a sudden and quick astension of the above out of the flexed position. It is also common to occur when the forearm in in promation. The b





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- The National Library of Medicine
- American Society of Hand Therapists
- Indiana Hand to Shoulder Center

References Available Upon Request