



*Fingerprints*

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**HAND THERAPY NEW ZEALAND**  
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# Editors' Note

Kia ora colleagues,

This is the first edition for 2024. For this issue I have included a couple of synopses I wrote based on papers using beautiful relative motions splint. If you have any material that you would like to share on Fingerprints, please send us an email at

[fingerprints@handtherapy.org.nz](mailto:fingerprints@handtherapy.org.nz)

Nico

# Mcpj block or RME splint for trigger finger?

**Treatment of trigger finger with metacarpophalangeal joint blocking orthosis vs relative motion extension orthosis: A randomized clinical trial.**

Yendi, B., Atilgan, E., Namaldi, S. and Kuru, C. A. (2024)

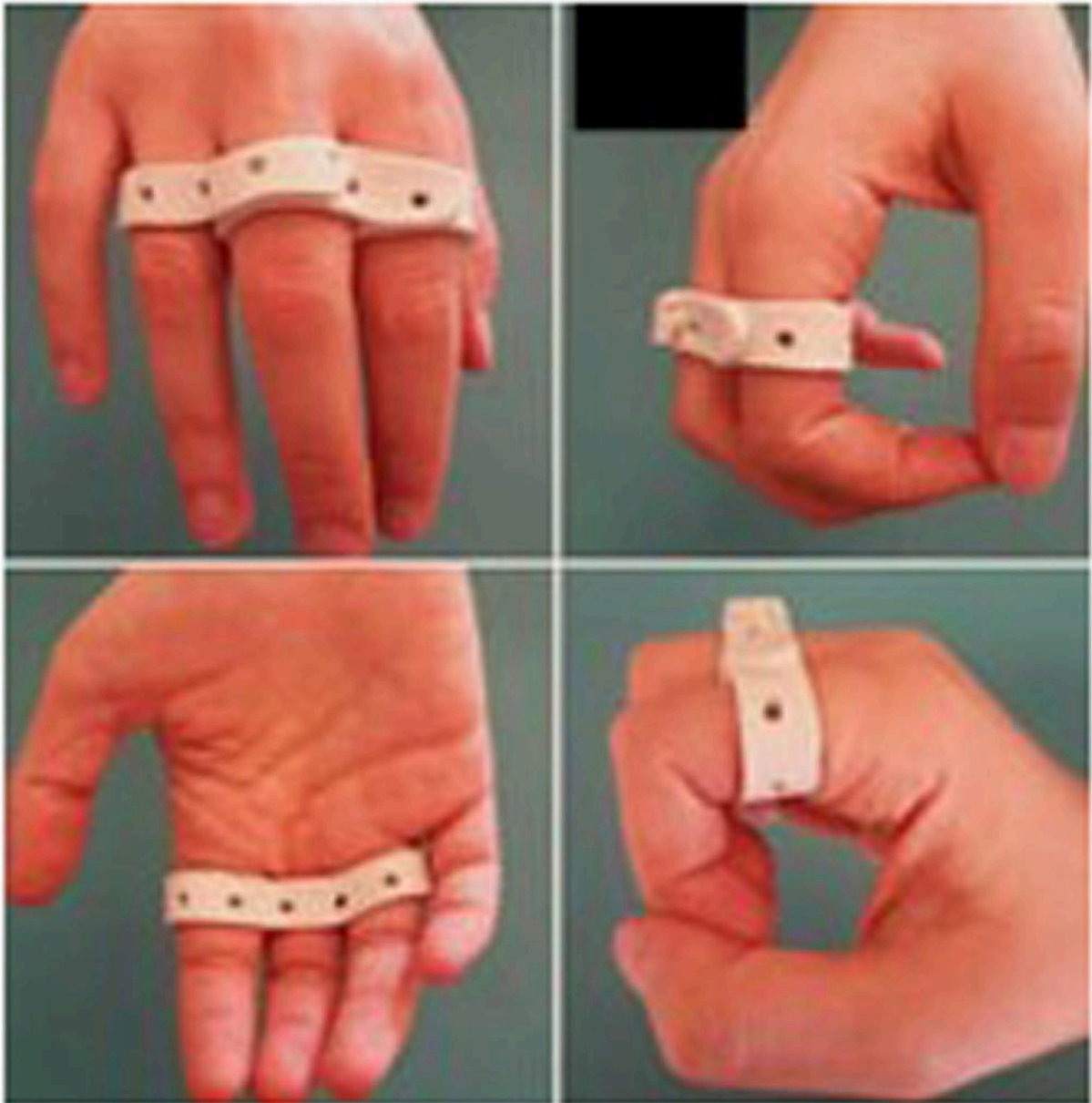
[Level of Evidence](#): 2b

[Follow recommendation](#): 👍👍👍 (3/4 Thumbs up)

Type of study: Therapeutic

Topic: Trigger finger conservative treatment - mcpj vs RME splint

This randomised trial assessed the effectiveness of two orthoses, mcpj blocking splint and Relative Motion Extension (RME) splint, in the treatment of trigger finger. A total of 30 participants were included in the study. Participants were asked to wear the splint for 6 weeks. The results showed that participants in each group reported clinically relevant improvements in pain and function. There were some statistically significant differences between groups, however, they were not clinically relevant.





**Disclaimer:** This publication was reviewed and assessed by one reviewer only and it reflects their interpretation. Readers should come to their own conclusions by reading the original article.

Clinical Take Home Message: **Based on what we know today, mcpj block and RME splints are both effective for the treatment of trigger finger.** Considering that both interventions had similar outcomes, patient preferences, occupation, and specific

characteristics, such as which splint is the most comfortable and appears to reduce triggering the most, can be considered. If you would like to read more about trigger finger, [have a look at the database on this topic.](#)

<https://www.handyevidence.com/post/mcpj-block-or-rme-splint-for-trigger-finger>

# **RMF splints for Boutonnière, do they work for acute and chronic injuries?**

**A paradigm shift in managing acute and chronic Boutonniere deformity: Anatomic rationale and early clinical results for the relative motion concept permitting immediate active motion and hand use.**

Merritt, W. H. and Jarrell, K. (2020)

[Level of Evidence](#): 4

[Follow recommendation](#): 👍👍 (2/4 Thumbs up)

Type of study: Therapeutic

Topic: Relative motion flexion splint for Boutonnière - Is it useful?

This expert opinion and case series discusses the use of relative motion splinting for the management of both acute and chronic boutonniere deformities. The authors present their clinical results and provide anatomical rationale for this treatment approach. For acute injuries, relative motion flexion splinting is utilized, allowing for immediate active motion and hand use while maintaining full range of motion. This technique has shown promising results in acute cases, with good range of motion and no recurrences. For chronic deformities, serial casting is used to obtain as much PIP extension as possible (6 weeks), followed by relative motion flexion splinting for 12 weeks. This method has been successful in all of their chronic cases, with all patients achieving flexion to their palm and good pipj extension. Overall, the authors conclude that relative motion flexion splinting is an effective technique for managing both acute and chronic boutonniere deformities. It allows for early active motion and hand



use, with excellent range of motion achieved. This approach has the advantage of lower morbidity compared to conventional surgical management techniques.

1yr after injury with -55 contracture  
self-employed insect exterminator  
unwilling to be immobilized



final result  
-20 contracture  
after 3 months



relative motion flexion splinting  
after serial casting 2 weeks  
only to -20 degrees ("excellent")  
splinted for 3 months; worked in splint



Full flexion maintained



3 years later, extension-flexion ROM  
unchanged (still -20)

2006



**Disclaimer:** This publication was reviewed and assessed by one reviewer only and it reflects their interpretation. Readers should come to their own conclusions by reading the original article.

Clinical Take Home Message: **Based on what we know today, relative motion flexion splinting is an effective treatment technique for both acute and chronic boutonniere deformities.** For acute injuries, the use of relative motion flexion splinting has shown promising results, with good range of motion and no recurrences. For chronic deformities, serial casting to obtain full passive PIP extension followed by relative motion flexion splinting has been successful in all cases reported by the article. The use of relative motion flexion splints may be particularly useful in those patients who are not keen to undergo finger immobilisation because of work reasons. Relative motion splints have been tested across a series of conditions including [extensors tendon repair](#) and [flexors tendon repair](#). If you are interested in the topic, have a look at the [full database](#).

<https://www.handyevidence.com/post/rmf-splints-for-boutonni%C3%A8re-do-they-work-for-acute-and-chronic-injuries>

# Educational opportunities

Below are a series of resources for educational purposes that the HTNZ Education committee and us have identified in the last period. You can also keep an eye out for updates on the [HTNZ blog page](#).

## Online Journals

Hand Therapy New Zealand offers access to several fantastic journals. If you haven't already done so, head over the [Journal page](#) and try accessing any of the resources available (e.g. Journal of Hand Therapy). If you do not have a log in, contact [admin@handtherapy.org.nz](mailto:admin@handtherapy.org.nz) to receive a unique login code. The benefit of having access to these journals is that if you find an article on [HandyEvidence](#) that you like or you just want to search for information in the journals, you can often access the full text.

## IFSSH-IFSHT 2025

The triennial congress is back! This is a combined hand therapist and surgeons conference and it is packed with research presentation on a wide variety of topics. It will take place in Washington D.C. (USA) in March 2025. Have a look at the [conference website](#) for more info!

## Anatomy Standard

This resource contains anatomy images, which are free to reproduce for non-commercial use. You can access [Anatomy Standard](#) online and cruise through several upper limb anatomical layers. Thanks to Tom Adams from AUT who pointed this resource out.

## HandyEvidence

Nico's website reviews and assesses three clinically relevant scientific articles on Hand Therapy every week. In addition, it contains a database of over 500 previous synopses

searchable by topic and level of evidence. It has been sponsored by HTNZ for 2023 for all New Zealand Hand Therapists. Get the [HTNZ Special](#) and you will have full access.

# Consent for clients' information and images



## Consent form – use of clinical case information and images

I, (*patient's name:* \_\_\_\_\_) consent to the use of information and images including photographs or videos from my hand therapy assessment and treatment to be used for (*mark agreement by clicking on box or print and tick*)

- Educating clinicians relevant to hand therapy
- Educating clinical students
- Service audit
- Publication in professional or scientific journal

I understand that the information and images will not have my name attached to them and will not obviously identify me in any way.

### Patient Details:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: Click or tap to enter a date.

### Clinician Details:

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Organisation: \_\_\_\_\_

Hand Therapy New Zealand membership  Full  Associate Membership No. \_\_\_\_\_

Signed: \_\_\_\_\_ Date: Click or tap to enter a date.

You can download the original document on [HTNZ webpage](#).