ment is reached. At that point, a thermoplastic extension splint with Velcro fasteners is provided and worn except for specific exercise sessions until the tendency for recurrent contracture passes or repairs are made.

Controlled Passive Motion Machines

Controlled passive motion machines appear to have established value in the mobilization of large joints such as the shoulder or knee. Also, their judicious use for postfracture recovery of wrist extension and flexion may be of benefit, but their use requires careful surveillance to avoid provoking an inflammatory reaction. Their benefit in treating hands is marginal at best. Because only gentle sustained traction influences collagen remodeling and molecular cross-linking, for lengthening the ideal machine should have at least a 10-second maintained pause at the extreme of flexion and extension, with never enough force to provoke an inflammatory reaction.

I have seen no benefit from application of controlled passive motion machines to fingers; to the contrary, they almost always cause an intolerable inflammatory reaction in the small joints, with early apparent improvement but ultimately reduced mobility.

Home Programs

Above all, hand therapy is an educational process, the object of which is to help the patient take charge of his or her therapy and become an active participant. It makes no sense to treat a patient for 1 hour and then allow 23 hours to pass during which nothing is done. Home programs should be planned and instructions written to minimize confusion and misunderstandings. Much of formal therapy sessions will be spent observing performance of the home program, correcting that performance and any misunderstandings, with modification of the program as needed. The patient's compliance, or lack of it, will be apparent. Thus, the therapist must again play psychologist. Some patients need strong prodding, whereas others respond to simple encouragement and reassurance.

Records document progress, but they should be kept simple and to the point. Except when there are chronic, established problems, intense programs of the shortest possible duration are best. There is an inverse relation between duration of treatment and the ultimate prognosis. The therapist must always be aware of the patient's emotional response to injury and maintain a global view of the problems. The therapist should work closely and frequently with the patient. As part of a single, coordinated, and continuous medical–surgical effort, the therapist can not only be of invaluable help but can also enjoy the satisfaction of being a critical link in a system providing optimal care.

Group Therapy

Combining individual treatment with group sessions often is remarkably effective for patients who are marginally motivated or who have established inhibition patterns. The mechanism of peer pressure is a powerful influence in this situation. The knowledge that another patient is doing better or is recognizing his or her lack of real effort often promotes motivation more effectively than the most determined efforts of the kindest or toughest professional.

Team Approach

The value of a specialized hand surgeon and specialized hand therapist working together as an integrated team has been conclusively confirmed. Also, the importance of disfigurement and the emotional aspects of injury and impairments is finally being broadly recognized. For dealing with the latter, the therapist is especially important, because of the time he or she can spend with a patient and the trust that develops, which fosters communication and openness.

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