

AB213. SOH21AS007. Review of rapid implementation of virtual hand therapy clinics during COVID-19

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Background: Due to the COVID-19 pandemic, social distancing restrictions were introduced in Ireland in March 2020. Following this, virtual consultations via video-call have been identified and integrated as an alternative to in-person consultation. Before the pandemic, virtual consultation for hand therapy rehabilitation was not utilised. To follow national recommendations and reduce the potential risk to patients attending hospital, video consultations were rapidly implemented by the hand therapy team. This service was utilised for a range of upper limb injuries, providing vital care to trauma patients post-operatively and to minor injury cases. We wanted to retrospectively assess the implementation of these virtual clinics and how it affected patients.

Methods: Patients were offered virtual hand therapy appointments. Patients were emailed a link with their appointment time and date. The patient could decline the option of a virtual appointment at this stage. Patient satisfaction was measured via a bespoke survey. Functional outcomes were assessed via the QuickDash assessment tool. Patients were offered virtual hand therapy appointments. Patients were sent a link with their appointment time and date via email. The patient could decline the option of a virtual appointment at this stage. Patient satisfaction was measured via a bespoke survey. Functional outcomes were assessed via the QuickDash assessment tool.

Results: 44/74 (59.5%) of patients responded to the

survey. Subjectively, most patients found the service user-friendly and beneficial. Objectively, the QuickDash score demonstrated low disability and high upper limb function return post injury.

Conclusions: Implementation of virtual hand therapy was integrated successfully. Patient satisfaction was high. Compounding the economic and environmental benefits, the possible long-term future of social-distancing looms, but virtual health support services continue to provide essential patient care.

Keywords: COVID-19; trauma; rehabilitation; upper limb; virtual consultation

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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