

PHYSICAL MEDICAL AND REHABILITATION THERAPY OF HAND INJURIES

HERMAN J. FLAX, M.D.

SAN JUAN, PUERTO RICO

THE PURPOSE of this study is to show that the prescription of physical medicine and rehabilitation, following the definitive surgical treatment of hand and wrist injuries, will reduce the prevalent disability of the upper extremities.

Material for this study was taken in connection with the admission of injured laborers, insured under the Workmen's Compensation Act of Puerto Rico and treated by the State Insurance Fund, during the fiscal year of 1948-1949. Practically all these workmen had their claims settled, with complete and final records of their incapacity ratings. During this period, 61,170 accidents were reported, 37,057 workmen received compensation awards, 2,017 were referred to the Department of Physical Medicine and Rehabilitation, and 814 of these were treated for hand and wrist injuries.

These patients were seen first by the attending physicians of the Medical Division of the State Insurance Fund, who calculated the amount of incapacity present before physical medical treatment and again after final discharge. The same procedure was followed by myself, the disability rating being fixed the day physical medical treatment was begun and again the day the patient was discharged from the Department of Physical Medicine and Rehabilitation. As regards the initial figures, there was no variation in time interval, since these men were seen within 24 hours after leaving the Medical Division. However, in considering the final rating, there was a difference of several weeks between the date of discharge from the Department of Physical Medicine and from the Medical Division and lastly from the Industrial Commission. The Medical Division usually sent the patient back to work several weeks before giving him his "final incapacity." However, this discrepancy in time apparently did not alter the statistical survey, and a double check was maintained on every patient.

Each person, on being referred for physical medical treatment, received a complete physical examination. Whenever possible, any concurrent ailment was treated with the injury. Fortunately, in this study of hand injuries it was not necessary to curtail any of the physical medical measures because of concomitant disease; i. e., pulmonary tuberculosis or hypertensive cardiovascular disease.

After prescription of physical medicine, each patient was sent to the social service worker, who attempted to allay the workman's fears of insecurity, both

Dr. Flax is director of the Department of Physical Medicine and Rehabilitation, State Insurance Fund, San Juan, Puerto Rico.

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