



UPDATE

NEWS & EVENTS

For more information on wound care management go to the following web sites:

- www.dressings.org
- www.o-wm.com
- www.worldwidewounds.com

For a complete list of participating insurances call 303-777-2393.

MEET OUR THERAPIST

LYN HEATHERSHAW, MOTR, CHT



Lyn obtained her master's degree in Occupational Therapy from Texas Women's University. She received her certification in hand therapy in 1994. She is an active member of ASHT and Denver Hand Special Interest Group. In addition to her employment with Colorado Hand Therapy, LLC she has worked for University and Craig Rehabilitation Hospitals locally. Lyn has presented at the American Spinal Injury Association, the International Symposium of Quadriplegia and numerous lectures on such topics as tendon transfers and arthritis. She has taught at Regis University. Lyn enjoys her son Conor and horseback riding.

HAND THERAPY CLINICAL UPDATE:

THERAPEUTIC WOUND CARE

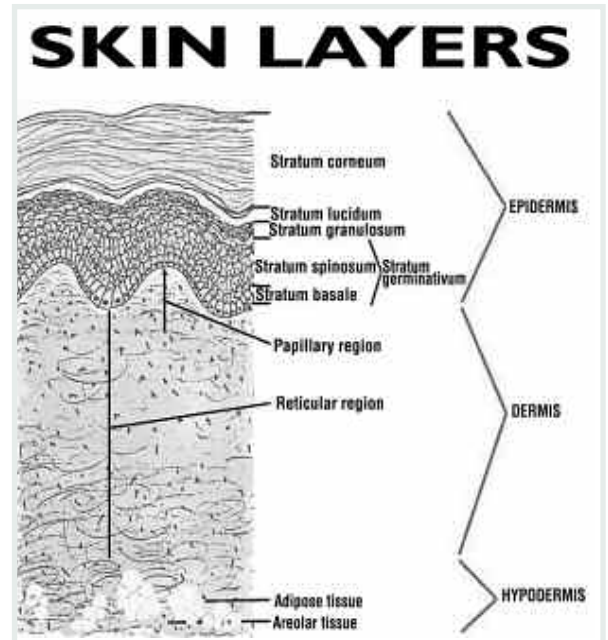
STARLA MAIER-WALFORD, OTR, CHT

CLASSIFICATION

"Since the dawn of humanity, wound care has figured prominently in daily life, religion, and ritual. People have treated wounds with potions and poisons, nostrums and hokums, and with substances as far ranging as ashes, animal excrement, boiling oil and salves of earth-worms in turpentine added to puppies boiled in oil of lilies." Falcone PA and Caldwell MD: *Wound metabolism*, *Clin Plast Surg* 17(3):443, 1990. Today we continue to have a great variety of options in treating wounds. To determine the best option, we must first identify and classify the type of wound. Wounds are commonly described with the "three color concept". Red wounds are in the healing phase, and are granulating or epithelializing. Yellow wounds are still in the inflammatory phase, and contain necrotic tissue and exudates. Black wounds contain eschar and are not progressing through the natural stages of healing. The therapist's goal during wound care is to achieve a well vascularized, uninfected, red wound. The red wound with the aforementioned characteristics will progress through all three stages of wound healing quickly, thereby creating less scar tissue.

EVALUATION

Careful evaluation of the wound's current status is the first step in creating a treatment plan. The size, location, depth and color of the wound is noted. Involvement of additional structures, such as tendons, is carefully documented. The black or yellow wound may have non-viable tissue present (eschar), which needs to be removed. Whirlpool is a modality that therapists use to loosen necrotic tissue, add moisture to the wound and to encourage epithelialization.



Sharp forceps and scissors are then used to remove the eschar. If the eschar is too thick or adhered to be mechanically removed, an autolytic dressing may be applied. This dressing will help to soften the eschar, and to draw drainage from the wound. After the eschar has sufficiently softened, the therapist may then mechanically remove the tissue. If the wound is draining, the type, the color and the amount are noted. Therapists use "serous", "sanguineous", "serosanguineous" and "purulent" to describe the type of drainage. Serous drainage has a thin consistency and contains serum. Sanguineous refers to bloody drainage. If the serous drainage contains blood, we use serosanguineous. Finally, purulent describes thick discharge, which may be yellow or green. The amount of drainage is described in terms of volume; mild, moderate or maximal.

WOUND CLASSIFICATION DRESSINGS

We must also consider a wound's depth. Wounds can be classified as superficial partial thickness, deep partial thickness, or full thick-

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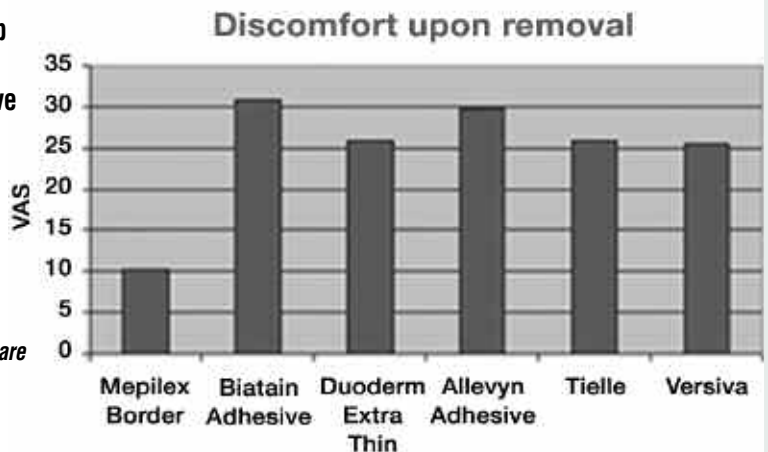
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THERAPEUTIC WOUND CARE

**The Relationship
between Peel
Force of Adhesive
Dressings and
Subjective
Discomfort.**

Peter Dykes, PhD,
Rob Heggie, MSc.

Journal of Wound Care
vol. 12, no 7, 2003.



ness. The deeper the wound, the greater the chance for delays in wound healing. Proper dressings may help prevent delays, and so must be carefully selected. Dressings are chosen according to several factors, including the wound's color, depth, stage, and the amount of exudate or drainage. Dressings should support the wound physically and help to create optimal healing conditions. These include the correct amount of moisture, limited pressure, and the absence of shearing forces. Dressings also serve an aesthetic purpose, and should not limit function. Lately, dressings impregnated with soft silicone are gaining popularity. This is due to their ability to protect the wound bed during dressing changes. These dress-

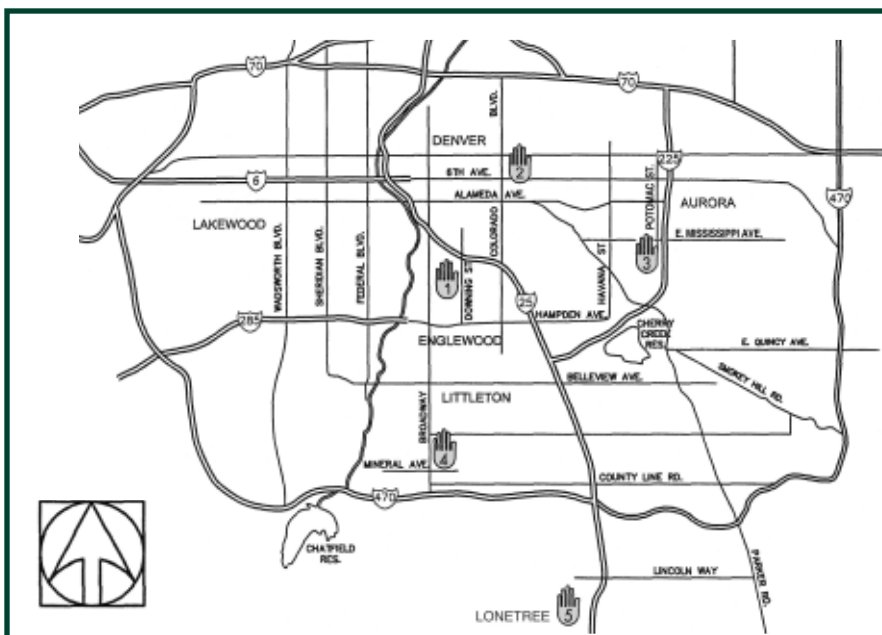
ings may be left in place for longer periods, which limits the damage to new cells. Patients report significant decreases in pain during dressing changes and studies show faster healing times with the use of soft silicone dressings. One example of these dressings is Mepilex Border.

SCAR MANAGEMENT

Once the wound is healed, scar management should be initiated. Techniques employed include scar massage, (often with vitamin e oil), and the application of compression devices such as silicone gel sheets. An adherent scar may limit a patient's range of motion, thereby limiting functional use of the involved part. In cases of thick or

adhered scars, the therapist may use ultrasound or iontophoresis to help break up the scar tissue. Scars may also be hypersensitive. A good desensitization program can help to decrease pain and increase function. With a good treatment plan and clear goals, wounds should progress through the stages of healing without significant complications.

Starla Maier-Walford graduated Summa Cum Laude from Colorado State University in 1999. She has been working as a hand therapist since her internship at Colorado Hand Therapy in October 1999. She has lectured on wound management and cubital tunnel syndrome. Starla is bi-lingual and currently works in our Littleton clinic.



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