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## Letter to the editor

### COVID-19 and hand surgery: the perspective of an Italian hand therapist



*Covid-19 et chirurgie de la main: la perspective d'un thérapeute de la main italien*

Dear Editor-in-Chief,

The COVID-19 pandemic hit Italy very hard during its first wave in March. Now we are going through a second wave like the first one in March. At our hospital, hand surgery has been limited to trauma cases for the last 7 months. We suffered from the effects of the pandemic on two fronts: treating acute injuries and chronic conditions. Surgical activity in trauma hand was not significantly reduced, in contrast to other surgical departments [1–3].

Furthermore, some patients presented to the hand surgeon too late given the injury they had suffered. Unfortunately, they preferred to self-medicate because they were afraid of going to the hospital. As a consequence, we treated fractures and flexor tendon injuries with considerable delay. Moreover, many patients did not follow the physiotherapy programs because of the lockdown of physiotherapy centers and the fear of going in crowded places. Thus, we observed worse postoperative outcomes, with the need to re-operate on some patients because of the occurrence of tendon adhesions.

The management of patients suffering from chronic diseases remains inadequate. The waiting list is always long, and it will only get longer as the pandemic gets worse. Patients suffering from Dupuytren's contracture ask for collagenase injections as outpatients, given the good results we obtained in the past [4]. Unfortunately, this drug is no longer available in Europe and there is no suitable physiotherapy protocol to prevent progression of the disease [5]. Patients suffering from osteoarthritis or neuropathic pain (e.g. carpal tunnel syndrome) postpone scheduled surgery and sometimes prefer symptomatic treatment but do not follow physiotherapy protocols for fear of being in closed rooms with other patients [6,7].

Given this history and the recent growth of the pandemic, are we ready for a "second wave"? Is it possible to improve health care in the field of hand surgery and rehabilitation?

When it comes to hand trauma cases, we need to avoid what occurred in the first wave. We must try to ensure access to care for all patients. In the short term, hand surgery and hand rehabilitation are essential care that should not be overlooked. Safe and prompt access routes to hand surgery departments are necessary for patients suffering from hand injuries. Adequate number of operating rooms should be allocated, and physiotherapy services should be supported no less than hand surgery departments. Physiotherapy departments should be exempt from the lockdown.

'In-person hand therapy can be performed using masks and Plexiglas shields, with a hole in the lower part to insert the

hands. Precautionary measures must be implemented to avoid transmission via the hands and therapy materials [8,9]. We can mix in-person and at-home rehabilitation. Tele-rehabilitation can provide adequate support and should be enhanced. Smartphone apps can provide useful video exercise [10].

When it comes to chronic hand conditions, we do not have effective solutions. We can only wait until the storm has passed. It is very likely that we will deal with the consequences of delayed care in the future.

#### Disclosure of interest

The authors declare they have no conflict of interest related to this article.

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D. Vigliarolo\*

Hand Therapy Service, Policlinico Gemelli Foundation, Largo Agostino Gemelli, 8, 00168 Roma RM, Italy

\*Corresponding author

E-mail address: [daniela.vigliarolo@policlinicogemelli.it](mailto:daniela.vigliarolo@policlinicogemelli.it)

Received 25 October 2020  
 Available online 10 December 2020