

## Assessment of Hand Contractures in Epidermolysis Bullosa (ACE)

## What is the ACE?

The ACE is a hand assessment developed for use with children and young people with Recessive Dystrophic Epidermolysis Bullosa (RDEB). It may also be used with adults with RDEB. It is intended to be used by hand therapists to systematically assess hand contractures typically seen in this condition. The ACE can be used routinely to monitor changes over time. It may also be used to establish a baseline prior to hand surgery and as an outcome measure following surgery.

### How do I use it?

The assessment consists of four parts:

#### Part A: Contracture Assessment

This section considers three component contractures typically seen in RDEB: web spaces, finger flexion and thumb adduction. Each of these component contractures is assessed and then given a severity score. The wrist and forearm motion is also recorded.

#### Part B: Hand Deformity Grade

The component severity scores from Part A are combined to provide a Hand Deformity Grade ranging from: none, mild, moderate to severe and is used to describe the overall severity of the hand deformity.

### **Part C: Reported Hand Care Routines**

This section records information about the reported routines of the child or young person regarding hand splint use, web space bandaging and glove use.

#### Part D: Hand Surgery

This section records details of previous hand surgery, records if surgery is being considered and patient/parent opinion of hand appearance and function following surgery.

## Assessment of Hand Contractures in Epidermolysis Bullosa (ACE)

Name:	Date assessed:
MRN:	Diagnosis:
NHS no:	
DOB:	Age today:

## **Part A: Contracture Assessment**

## 1: Web space contracture (Pseudosyndactyly)

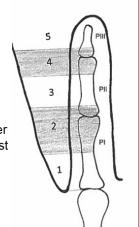
**1.1** Assess the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> web space for each hand. The thumb and 1<sup>st</sup> web space are considered in Part 4. Assess the hand from a dorsal view. Use the bones and joints of the adjacent fingers as landmarks to assess the progression of web space contractures using the Contracture Key below.

#### **Contracture Key:**

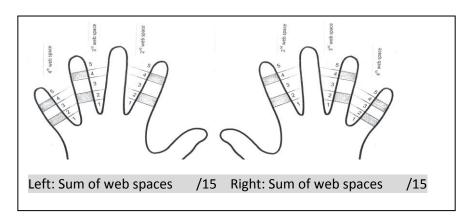
- 1 = up to midway proximal phalanx (PI), does not involve PIP joint
- 2 = beyond midway PI and may involve PIP joint and base of middle phalanx (PII)
- 3 = beyond base of PII, does not involve DIP joint
- 4 = involves DIP joint and may involve base of distal phalanx (PIII)
- 5 = beyond DIP joint and may involve fingertip

To ensure consistency, always measure the  $2^{nd}$  web space against the index finger joints, the  $3^{rd}$  web space against the ring finger joints and the  $4^{th}$  web space against the little finger joints.

Do not measure against the middle finger because it is typically longer with more distal joints that become involved later in web space contracture development.



**1.2 Indicate the progression** of each web space contracture by shading in the diagram, and then add together the numbers for all three web spaces to give sum for each hand from 0-15. If no contractures, score 0.



1.3 Select web space score for each hand. This is used to calculate the Hand Deformity Grade in Part B.

Sum of web spaces	Left web space score	Right web space score
0	0	0
1-5 (Mild)	1	1
6-10 (Moderate)	2	2
11-15 (Severe)	3	3

### 2: Finger Contracture

**2.1 Measure the passive range of motion (PROM) of finger joints** using a goniometer and record in table below. Measurements need to be made in a position which eliminates soft tissue restrictions and allows true joint ROM. Normal PROM for the MCP joints is 0-90°; PIP joints 0-100° and DIP joints 0-90°. A joint with a 30° flexion contracture and flexion to 70° would be recorded as Ext -30° and Flex 70°. Indicate extension beyond 0° with +.

Add together the PIP joint extension measurements (disregarding minus signs) of all four fingers to give the combined degrees of flexion contracture for each hand. Only PIPJ flexion contractures are used in the Hand Deformity Grade in Part B because they typically develop before MCP joint contractures, have greater functional impact than DIP joint flexion contractures and are more accessible for accurate measurement. Other PROM measurements are an important part of hand assessment and may be recorded here.

Left	M	ICP	PIP		DIP	
Loit	Ext	Flex	Ext	Flex	Ext	Flex
Index						
Middle						
Ring						
Little						
Combined degrees of PIPJ flexion contracture:						

	MCP		MCP PIP		DIP	
Right	Ext	Flex	Ext	Flex	Ext	Flex
Index						
Middle						
Ring						
Little						
Combin	24 42	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-			

Combined degrees of PIPJ flexion contracture:

2.2 Select PIPJ score for each hand. This is used to calculate the Hand Deformity Grade in Part B.

Combined degrees of PIPJ flexion contracture	Left PIPJ score	Right PIPJ score
0°	0	0
1-133° (Mild )	1	1
134-266° (Moderate)	2	2
267-400°+ (Severe)	3	3

**2.3 Comment on active ROM (consider presence of palmar skin tightness, bridging across finger joints and/or bony re-absorption.** These observations are not used to calculate the Hand Deformity Grade in Part B.

### 3: Wrist and Forearm Contracture

**Measure the PROM of wrists and forearms** and record in table below. Normal PROM of wrist flexion is 0-80°, wrist extension 0-70°, radial deviation (RD) 0-20°, ulnar deviation (UD) 0-30°, pronation 0-90° and supination 0-90°. These measurements are not used to calculate the Hand Deformity Grade in Part B.

Xt I	-lex	RD	UD	Pro	Sup
	Xt   1	Xt Flex	Xt Flex RD	xt Flex RD 0D	xt Flex RD UD Pro

	Ext	Flex	RD	UD	Pro	Sup
Right						

## 4: Thumb Contracture

**4.1 Assess adduction contracture of thumbs** for each hand using description below and select score. This score is used to calculate the Hand Deformity Grade in Part B.

Description of thumb adduction contracture	Left Thumb score	Right Thumb score
<b>No contracture</b> : Normal 1 <sup>st</sup> web space with full radial and palmar abduction. Cylindrical grasp is possible, where the thumb and fingers make full contact with an object.	0	0
<b>Mild contracture</b> : Tightness of 1 <sup>st</sup> web space with reduced radial and/or palmar abduction at end of range. Cylindrical grasp is slightly reduced. Mild hyperextension of MCPJ and/or IPJ may be present.	1	1
<b>Moderate contracture</b> : Contracture of 1 <sup>st</sup> web space up to or involving IPJ with restricted radial and/or palmar abduction. CMCJ may be contracted with base of thumb overlying the palm. Cylindrical grasp is significantly reduced. Hyperextension of the MCPJ and/or IPJ is present.	2	2
<b>Severe contracture</b> : Contracture of 1 <sup>st</sup> web space beyond IPJ with no abduction or cylindrical grasp possible. Adapted pinch may be possible.	3	3

**4.2 Measure the PROM of thumb joints** and record in table below. Normal PROM of the thumb MCP joint is 0-50°, and IP joint is 0-80°. These measurements are not used to calculate the Hand Deformity Grade in Part B.

	M	CP	II	P
Left Thumb	Ext	Flex	Ext	Flex

M	CP	ll l	Р
Ext	Flex	Ext	Flex
		MCP Ext Flex	

## Part B: Hand Deformity Grade

Transfer scores for web spaces, finger PIPJs and thumb from Part A (in grey) to the table below. These add up to give a Hand Deformity Score from 0-9.

Left	Score	
Webs Spaces		
Fingers PIPJ		
Thumb		
Left Hand Deformity score:		

Right	Score	
Web Spaces		
Fingers PIPJ		
Thumb		
Right Hand Deformity score: / 9		

Finally, the score is converted to a Hand Deformity Grade to describe the severity of the whole hand deformity.

Left Hand Deformity Grade				
None	Mild	Moderate	Severe	
(0)	(1-3)	(4-6)	(7-9)	

Right Hand Deformity Grade					
None	Mild	Moderate	Severe		
(0)	(1-3)	(4-6)	(7-9)		

# Part C: Reported Hand Care Routines

Left Hand		Right Hand	
I do not wear splints		I do not wear splints	
Often: 4 to 7 nights/week		Often: 4 to 7 nights/week	
Sometimes: 1 to 3 nights/week		Sometimes: 1 to 3 nights/week	
Variable (describe)		Variable (describe)	
		, ,	
, , ,			
Variable (describe)		Variable (describe)	
I do not wear gloves		I do not wear aloves	
_		•	
, ,		. ,	_
variable (describe)	Ш	variable (describe)	
	I do not wear splints Often: 4 to 7 nights/week Sometimes: 1 to 3 nights/week	I do not wear splints	I do not wear splints Often: 4 to 7 nights/week Sometimes: 1 to 3 nights/week Variable (describe)  □ Udo not wear web bandaging Every day and night Every day or night Variable (describe)  □ Udo not wear web bandaging Every day or night Variable (describe)  □ Udo not wear web bandaging Every day or night Variable (describe)  □ Udo not wear web bandaging Every day or night Variable (describe)  □ Udo not wear gloves Every day and night Every day or night Every day or night Every day or night

Please use this space to make any additional comments about hand care routines:

Part D: Hand Surgery				
	Left Hand		Right Hand	
If you have not had hand surgery,	Yes		Yes	
are you considering it?  Comments:	No		No	
	Don't know		Don't know	
			l	
Previous hand surgery				
date and details:				
	Very satisfied		Very satisfied	
Following your surgery how do you feel about how your hand looks?	Satisfied		Satisfied	
, , , , , , , , , , , , , , , , , , , ,	Neither satisfied nor dissatisfied		Neither satisfied nor dissatisfied	
Patient/parent (please circle)	Dissatisfied		Dissatisfied	
	Very dissatisfied		Very dissatisfied	
	Very satisfied		Very satisfied	
Following your surgery how do you	Satisfied		Satisfied	
feel about how your hand works?	Neither satisfied nor dissatisfied		Neither satisfied nor dissatisfied	
	Dissatisfied		Dissatisfied	
Patient/parent (please circle)	Very dissatisfied		Very dissatisfied	
			,	
Are you considering further hand	Yes		Yes	
surgery?	No		No	
	Don't know		Don't know	
Patient/parent (please circle)	DOIT KNOW	ш	Don't know	Ц
Please use this space to make any	additional comments:			
	<b>_</b>		5 .	
Completed by:	Designation: _		Date:	