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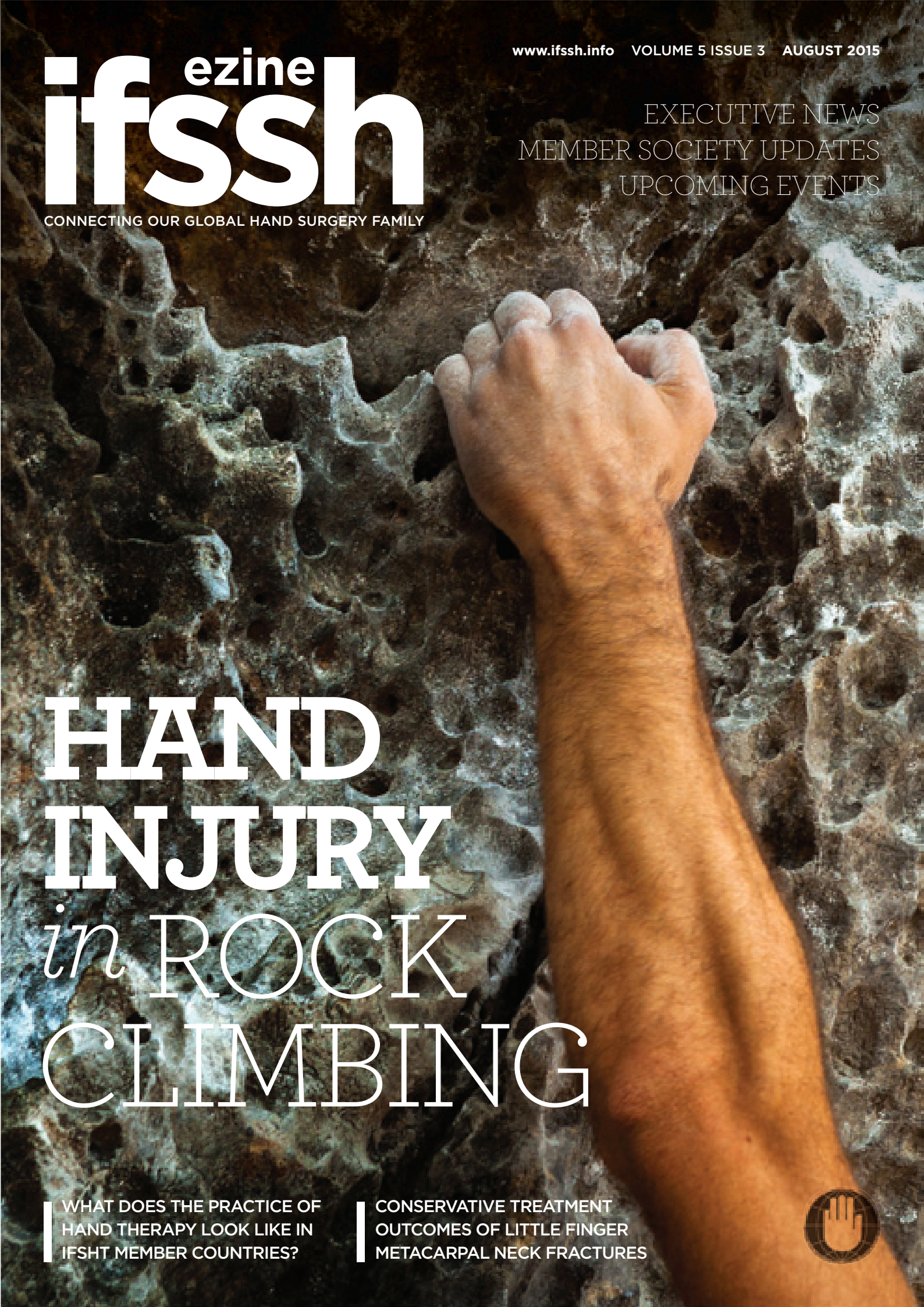
ifssh ezine

CONNECTING OUR GLOBAL HAND SURGERY FAMILY

EXECUTIVE NEWS
MEMBER SOCIETY UPDATES
UPCOMING EVENTS



HAND INJURY *in* ROCK CLIMBING

WHAT DOES THE PRACTICE OF HAND THERAPY LOOK LIKE IN IFSHT MEMBER COUNTRIES?

CONSERVATIVE TREATMENT OUTCOMES OF LITTLE FINGER METACARPAL NECK FRACTURES

contents

Pearls of wisdom *and* practical hints

All of us have developed our own ways and means when dealing with patients, and have created unique wise or philosophical statements when teaching. But in most cases only those who come in direct contact with the teacher or doctor may benefit from these pearls.

It is indeed a pity that these tips and tricks cannot be shared amongst all of us. So far, a platform to share these words of wisdom does not exist, because journals are mainly peer reviewed, more formal and the editorial style usually does not cater for these valuable sayings or hints to be published.

To address this, the IFSSH ezine would like to invite every surgeon and therapist to email their pieces of practical advice, so that we all can benefit from what you have learned through experience.

So, please email us now on ezine@ifssh.info, add your name, city and country so that your contribution can be acknowledged and send us any of the following:

- the tip on how to .....
- a trick which circumvents a certain problem
- your wise saying(s)
- a basic principle
- the bright idea
- a philosophical uttering
- your expert information

Awaiting your emails!

With sincere regards,
ULRICH MENNEN
Editor
Past-President: IFSSH

PS: This ezine will publish the first such contribution. It is a simple technique to keep the EDC tendon centralised over the metacarpal head, while simultaneously acting as an arthroplasty for the MC-P joint.

“the IFSSH ezine would like to invite every surgeon and therapist to email their pieces of practical advice, so that we all can benefit from what you have learned through experience.”

Role Reversal: Becoming a patient

DEAR SIR

Having worked as a hand therapist for over a decade, carpal tunnel syndrome has not been an uncommonly seen condition. Becoming a patient myself has brought perspectives no amount of experience could. After a protracted course of self driven conservative therapy (and reviewing Cochrane reviews1,2,3), I finally succumbed to surgery after noticing thenar emminence wasting.

Pre-operatively, I had adjusted my view of ‘normal’ as my symptoms had worsened, without realising. I had begun to tolerate constant pins and needles at night and even accepted a Tinel sign as normal. It never occurred to me that my symptoms could be as bad as those of my patients. It never occurred to me that I could be a patient.

My right (dominant) carpal tunnel was worse and thus released first. A soft cast to protect the fresh scar resulted in unbearable itchiness from day 6. But the carpal tunnel symptoms were gone with immediate effect – I finally had a full night’s rest. Having my right hand in a cast was more disabling than I imagined. Personal hygiene was more difficult than I expected, notably motor coordination of toilet paper use with my non-dominant hand. Driving, however, was easier than expected. (In South Africa, we drive on the left hand side of the road, so the gear lever is operated by the left hand.) After the cast was removed, I was shocked at how weak my hand was. It literally flopped into end range, with very little motor control. Even knowing how quickly the body adjusts to immobilisation4, I was surprised by my weakness. I felt so vulnerable driving back from my doctors appointment without a cast to counteract my motor actions. I had significant weakness on power and span grips; chopping vegetables, cutting bread and opening bottles was near impossible to do initially. Thank goodness for my husband. I also struggled to dissociate the ulnar from the radial side of my hand, for example when writing or counting on fingers.

I use Therapeutic Neuroscience Education (TNE) in therapy, and so I monitored my own pain experience with interest. Due to occasional pain, my subconscious response was to protect my post-op hand, even though the sensation was “sensitive” and not “pain”. I interpreted these “new” sensations as pain. It required

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a conscious effort to use my hand daily. One underestimates how much healing can happen in 24 hours, unless you try. I have used this insight to encourage patients to move. I also had neuropathic pain, a sensation I have experienced before and I had to make a mental effort to change my thoughts, and "get over my pain."

I opted to have my left, non-dominant hand operated 8 weeks later and frankly, I do not think that was sufficient time for my other hand to heal. I thus used the previously operated hand for power grips before it was ready for these loads, and I had to use my newly operated hand prematurely to assist. I would probably advise my clients in the future to have at least 3 months between operations, no matter how bad their symptoms were. Driving was more challenging as now my operated hand had to change gears.

A side note: I was surprised at how my medical friends reacted. Few of my medical colleagues and friends seemed to know how to express compassion for my recent surgery. I also noticed a reluctance from their behalf, to treat their colleague/friend, even in an official context. Admittedly, it can be difficult to treat a medical colleague professionally and compassionately as other factors play a role in the therapy dynamics but we should be cautious not to lose the human element in our professional and social relationships.

In terms of my 6-8 month outcomes, it has taken a while for my thenar muscles to re-strengthen, and this resulted in pain in my thumb metacarpal-phalangeal joint to such an extent that I required a short thumb splint intermittently. The pillar pain has all but gone but I avoid pushups these days! Like one often experiences in the medical and rehabilitative fields, once the first complaint has been resolved, unhappiness sets in when a secondary complaint surfaces. However, I have not had another issue with carpal tunnel pain, for which I am immensely grateful.

JANE VENTER
B.OT (Stel), M.Hand Rehab (UKZN)
Stellenbosch, South Africa

> "It never occurred to me that my symptoms could be as bad as those of my patients. It never occurred to me that I could be a patient."

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Toshihiko Ogino

November 1946 - May 2015

Toshihiko Ogino, MD, PhD passed away on May 22 2015 after a recent illness. Professor Ogino was a leader in the care of upper limb disorders, particularly children with congenital hand differences.

Professor Ogino received his medical degree and orthopaedic residency at the Hokkaido University School of Medicine in Japan. From 1976 to 1989 he served as a faculty member in the Hokkaido University Orthopaedic Department. He was awarded a PhD from that university in 1979. Prof. Ogino was a hand fellow with Professor Hano Millesi in Vienna, Austria and with Professor Dieter Buck-Gramcko in Hamburg, Germany. In 1990 he was named Professor in the Department of Physical Therapy at Sapporo Medical College. In 1996 he was named Professor and Chair of the Department of Orthopaedic Surgery at Yamagata University, a position he held until 2011. From 2011 until the time of his passing Professor Ogino was Chairman of the Sapporo Hand Surgery and Congenital Differences programme.

He was a founding member of the Congenital Hand Anomalies Study Group, an international group of surgeons interested in the care of children with congenital hand differences. He was chair of the IFSSH Congenital Hand Committee for more than a decade. He served as Chairman of the International Symposium on Congenital Differences of the Upper Limb Conference in Kyoto in 2000. Professor Ogino served as President of the Japan Elbow Society, the Japan Shoulder Society and the Japanese Teratology Association.

He was the Congress Chair of the 50th Annual Meeting of the Japanese Society for Surgery of the Hand, was named an honourary member of the Japanese Society in 2012, an international member of the ASSH and an overseas member of the British Society for Surgery of the Hand.

Professor Ogino was a dedicated researcher whose laboratory investigations advanced our fundamental understanding of mechanisms of hand malformations. He developed animal models of teratogenic effects on the upper extremity limb bud. He was a respected teacher and a remarkably prolific author. Ogino authored and coauthored 173 original articles, 10 review articles and 18 book chapters in English as well as 409 articles, 60 review articles and 122 book chapters in Japanese.

Professor Ogino traveled frequently to share his work at

meetings throughout the world for more than thirty years. His charming wife, Tomoko, usually accompanied him on his international travels. Both were extraordinarily generous hosts to visitors from around the world.

He was known simply as 'Toshi' to colleagues worldwide who respected the depth of his knowledge and the warmth of his friendship. Toshi will be greatly missed by those who knew him and those for whom he cared.

He is survived by his wife, two sons and three grandchildren.

Terry Light, USA

Historical anecdote

Australian Hand Surgery does not begin with Andrew 'Ben' Murray but his story is illustrative. Born in Tasmania, educated in Medicine in Melbourne, he lost his leg to a shooting accident and ulnar nerve function to another mishap. Like many Australians, a part of his formative surgery training was gained overseas. When rejected for military service because of his physical disabilities, he was instrumental in setting up a hand clinic at the Leith Hospital in Edinburgh in 1942. In 1946 he published perhaps the first article describing pollicisation of the index finger by transfer on its neurovascular pedicle, before Gosset in 1949. He inserted artificial hinge joints and described interosseous wiring as a reliable method of internal fixation many years before the publication of articles which received recognition for the introduction of these techniques.

Ben Murray returned to Australia in 1948. In Brisbane in 1955, a flourishing career was cut short when he and a senior colleague were shot dead by a disgruntled patient, dissatisfied at his failure to obtain a medical certificate for a back injury.

Participate: IFSSH Member Survey

We would like to invite the hand surgeon members of the IFSSH to participate in a survey study examining wrong bone excision in hand surgery.

Wrong bone excision, such as excision of the scaphoid during trapeziectomy, is an often-discussed complication, but little data exists regarding the incidence, outcomes, or prevention strategies of this phenomena. Our preliminary data suggest that this occurs far more often than is recognised. More information from the IFSSH members will be very useful.

NOTE:

- This survey is targeted at all hand surgeons who wish to participate
- The survey is composed of 15 brief questions
- All responses are kept 100% anonymous
- Any surgeon who wishes to share more detailed information is encouraged to do so
  - The survey will prompt you if you wish to share further information
  - More detailed information may include sharing of de-identified data such as patient background, history and physical examination findings, detailed risk factors, radiographs, outcome data, etc…
- This survey has been reviewed and approved by the Institutional Review Board (IRB) of St. Luke's University Hospital, Bethlehem, PA, United States (IRB #SLHN 2015-20)

WE HAVE POSTED A SURVEY REGARDING WRONG BONE EXCISION AT - TO TAKE PART, SIMPLY CLICK ON THIS LINK
www.surveymonkey.com/r/IFSSH

WE THANK YOU IN ADVANCE FOR YOUR PARTICIPATION!

Sincerely,
Kristofer Matullo, MD – Principal Investigator
David Nelson, MD - Investigator
Saul Kaplan, MD - Investigator
Nick Caggiano, MD - Investigator

IFSSH – South Asian Regional Course in Hand Surgery

Ganga Hospital, Coimbatore, India, 3 to 5 July 2015

The IFSSH sponsored South Asian Regional Live Hand Surgery Workshop was recently held at Ganga Hospital auditorium in Coimbatore, India. It featured prominent overseas faculty members including IFSSH President Dr Michael Tonkin, Dr Don Lalonde from Canada, Dr Goo-Hyun Baek from South Korea, Dr PC Ho from Hong Kong and Dr Amit Gupta from USA who were joined by the Ganga Hospital team of doctors.

293 delegates participated in the course and of them 37 were from overseas belonging to 18 nations. The conference was held in the comfortable Ganga Hospital auditorium where 24 live surgeries were demonstrated. The programme covered a wide range of procedures like cleft hand, syndactyly, brachial plexus nerve transfers, wrist arthroscopy, wide awake surgical demonstrations, tendon repair, tendon transfers and carpal injuries. At any one time, two surgical procedures were demonstrated with the moderators helping the delegates to interact with the surgeons. Every session started with two didactic presentations from the faculty and a total of 10 lectures were delivered.

The event also had good social programmes, with banquet dinners on the evenings of the 3rd and 4th of July. On the evening of 4th, the evening's entertainment included Dr Ho with his harmonica and Dr Gupta with the Indian Drums (tabala) creating a fusion of western and Indian music which provided an opportunity for the delegates to interact with the faculty.

The feedback received from the delegates was very complimentary both to the content of the course and the event organisation. Together it was a very rewarding experience for the delegates.

DR S. RAJA SABAPATHY,
Course Chairman

Member society updates

AUSTRIAN HAND SURGERY SOCIETY (OEGH)

The Austrian Society for Surgery of the Hand currently includes 268 ordinary and extra ordinary members, who are surgical and therapeutical hand specialists. The Executive Committee is comprised of Dr. M. Leixnering (president), Dr. G. Kriegs-Au (secretary-general), Dr. W. Girsch (treasurer), Dr. M. Gabl (vice-president) and Doz. B. Balogh, Dr. W. Lick-Schiffer Dr. A. Pachucki as advisory members. Further information is available via www.handchirurgen.at

The Austrian Society for Surgery of the Hand has 3 committed IFSSH Pioneers of Hand surgery: Prof. Dr.. J. Böhler, Prof. Dr. H. Millesi and Prof. Dr. H. Piza. Prof. Dr. S. Pechlaner was suggested to be nominated at the 2016 IFSSH Congress. Furthermore, we would like to thank ASSH for having made it possible for three fellows from Austria to attend their fellowship programme in the US so far.

To reach the Society's goal of supporting hand surgery scientifically and practically, we have held an annual congress together with hand therapists for the past 9 years. In 2015, the event took place in Innsbruck from March 6-7 under the scientific lead of Prof. Dr. Schwabegger. He compiled a program with the topic "Replantation and Complex Hand Injuries", which was very successfully received by 196 delegates. The next annual meeting in 2016 will be held from March 4-5 in Graz. Dr. M. Plecko, Dr. A. Braumüller and Dr. A. Krauss from the Trauma Hospital Graz will lead the Congress. Abstracts related to the theme "Operative Fracture Treatment of the Hand and Follow-Up Interventions" can be submitted until October 31, 2015 under http://www.amaci.at/index.php?id=7

With the Austrian Hand Surgery Society establishing several working groups to prevent hand injuries based on a concept of Dr. Martin Leixnering (OEGH President) and Andrea Stanek (AMACI CEO & Association Manager of OEGH), FESSH and HTC hosted the 3rd European Hand Injury Prevention Congress in Vienna, October 2014. The congress was organised by the OEGH President, Dr. Martin Leixnering. The demographic distribution of hand injuries, prevention of occupational hand injuries, sports injuries and leisure time hand injuries were discussed. As the number of occupational injuries is fortunately descending, discussions included the importance of reducing the very high percentage of leisure time hand injuries as well. The Circle worked out a concept for the reduction of those injuries. Measures therefore will be to strengthen the awareness of risks in sports and leisure time activities like ice skating, skateboarding, climbing, cycling, inline skating, snowboarding, etc.

The first action of this kind took place at Wiener Eistraum 2015 (Vienna Ice Dream 2015) Vienna offers a few places for ice skating. One of those is set up every year from November until March at the famous Rathausplatz in front of the town hall of Vienna. Frequently, the consequences of a fall while ice skating include distal radius fractures (Colles fractures) and carpal bone injuries. The Circle initiated an activity, together with the Orthopaedic Company Schaper, who provided special hand protectors for ice skating. These protectors were rented to the ice skaters. The skaters were extremely interested and many stated that they would buy a protector. This scheme will be repeated during an Ice-Rallye in Austria next season. More information regarding upcoming activities to prevent hand injuries and membership can be found via www.safehand.eu

ABOVE: Dr Pierre Van Wetter (seated, far right) amongst Presidents of the Belgian Hand Group

BELGIAN HAND GROUP HAND SURGERY IN BELGIUM

Hand Surgery in Belgium underwent many changes on the verge of the 21st century. The interest in Hand Surgery increased dramatically, encouraging better trained surgeons and thus creating qualitatively higher standards in this domain. The attitude amongst mainly orthopaedic and plastic surgeons to perform hand surgery in between 'serious' surgery changed dramatically. Established orthopaedic surgeons (in the North of the country) and general surgeons (in the South of the country) followed specific training in Europe and the US to focus exclusively on Hand Surgery. There are presently few plastic surgeons who perform hand surgery as a full time practice in Belgium. Although Hand Surgery is not recognised as a specialty (as it is in the Scandinavian Countries), implicitly the government evaluated the fee for hand surgery in order to reward the surgeons who practice the majority of the time in this field.

Currently Hand Surgery is flourishing in Belgium and some centers are gaining a reputation of quality and technical possibilities. The Belgian Hand Group is stimulating scientific and professional cooperation between centers and Hand Surgeons through the organisation of a Spring/President's meeting and an Autumn meeting. The successful organisation of the 2012 FESSH Congress in Antwerp has certainly helped a lot in the progression of the standard of hand surgery in Belgium.

Since this event, we unfortunately lost one of the pioneers of Hand Surgery in Belgium, Pierre van Wetter. Although he refused during his life to be proposed as a Pioneer for the IFSSH, many surgeons, trained or not by him, were in favour of rewarding him with this honour. Pierre Van Wetter was born in Liège in 1931 and developed hand Surgery in the 'clinique Parc Leopold' in Brussels which has become one of the leading hand centers of Belgium, treating patients from all over the country. He practiced actively even after his retirement, and was eager to share his knowledge with younger colleagues. Until shortly before his death, he participated in national and international congresses, in order to stay up to date! We will remember him as a warm, competent and very driven surgeon.

Jean F Goubau MD, PhD
Board Member Belgian Hand Group

L-R: Carlos Fernandes (Br), Alexander Davit (USA), Jorge Orbay (USA), Erich Gauger (USA), Cherrie Heinrich (USA), Julie Adams (USA), Giana Giostri (Br), Scott Kozin (USA), Chris Chadderdon (USA), Leo Kroonen (USA) and Scott Steinmann (USA).

SOCIEDADE BRASILEIRA DE CIRURGIA DA MAO (SBCM) HAND SURGERY MEETINGS IN BRAZIL

During the 2015 Annual Meeting of Brazilian Society of Hand Surgery, in Iguassu Falls, on March 21 a course was held by the American Association for Hand Surgery.

In 2016 Brazil will host the Summer Olympic and Paralympic Games. The 36th Brazilian Meeting of Hand Surgery could not be indifferent to this event. Hence, we will have as the main themes of this edition "Hand injuries in Olympic sports" and "The upper limb of the Paralympic athlete". The programme will also address the main upper limb injuries in athletes with physical disabilities.

The hotel offers an excellent convention center, situated in the central area, near to the cultural and gastronomic area of São Paulo.

We believe that the Congress will be a great exchange of international scientific experience between Brazilians and international Hand Surgeons. We welcome the submission of abstracts for the 2016 Annual Meeting. Please visit the website www.mao2016.org.br for abstract submission instructions.

We look forward to seeing you in São Paulo!

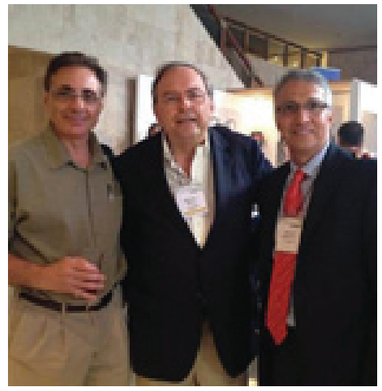
Carlos H Fernandes
General Secretary of SBCM

COLOMBIAN ASSOCIATION OF HAND SURGERY (ASOCIMANO)

The Colombian Association of Hand Surgery, ASOCIMANO, held its national meeting from 28 to 30 August 2014, with the participation of Dr Michel Merle, David Slutsky and Juan Gonzalez del Pino. The meeting was in Santa Marta, a city over the Caribbean Sea, one of the most beautiful and peaceful cities of Colombia, at the edge of the "Sierra Nevada de Santa Marta" with lots of beautiful scenery.

This year the 31st National Meeting of ASOCIMANO will take place between 27-29 August 2015 in Cartagena, a beautiful city on the Caribbean Sea and the most privileged of Colombia - a historic city, surrounded by old walls that were besieged by pirates, which today is a charming and magical walk to admire its nooks and balconies

We have invited Brazil as our hand surgery society guests and the following international speakers: Dr. Alexander Shin (USA), Dr. Peter Amadio (USA), Dr. Jayme Bertelli (Brasil), Dra. Carolina Leclercq (France), Dr. John Capo (USA), Dr. Zsolt Szabó (Hungria), Dr. Ricardo Kaempf de Oliveira (Brasil), Dr. Rui Ferreira (Brasil) and Abel Nascimento (Portugal). The thematic blocks will be distal radius, carpus, brachial plexus, peripheral nerve, flexors tendons, paralysis of the hand and upper limb and congenital malformations



L-R: David Slutsky. Michel Merle and Enrique Vergara Amador

We invite you to enjoy our meeting and Cartagena de Indias.

Enrique Vergara Amador
President
Colombian Association of Hand Surgery

ASOCIACIÓN BOLIVIANA DE CIRUGÍA DE LA MANO (ABOCIMA)

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Photographs of Bolivian Hand Surgery Association at recent national and international congresses.

Dr Juan Carlos Suárez López
President, ABOCIMA

HAND INJURY *in* ROCK CLIMBING

Chair: **Loris Pegoli (Italy)**
Committee: **Gregory Bain (Australia), Alejandro Badia (USA), Riccardo Luchetti (Italy), Moroe Beppu (Japan)**
Report submitted **January 2015**

Rock climbing has become very popular during the last decades, seeing a constant continuous growth of people practicing this sport. The higher the number of participants, the higher the number of injuries related to this sporting practice. Many hand surgeons in the last ten years have been exposed to rock climbing injuries.

Due to the specific functional needs that rock climbers require to practice this activity, higher standards of treatment are required to treat specific rock climbing-related injuries. The aim of this report is to produce a literature review of the rock-climbing related articles published in the last decade.

The NCBI database was searched through the following website: http://www.ncbi.nlm.nih.gov/pubmed on August 12th 2014. The keywords used in the search were the following: "rock climbing", "rock climbing injuries", "rock climbing hand", "rock climbing hand injuries". The results are shown in Table 1.

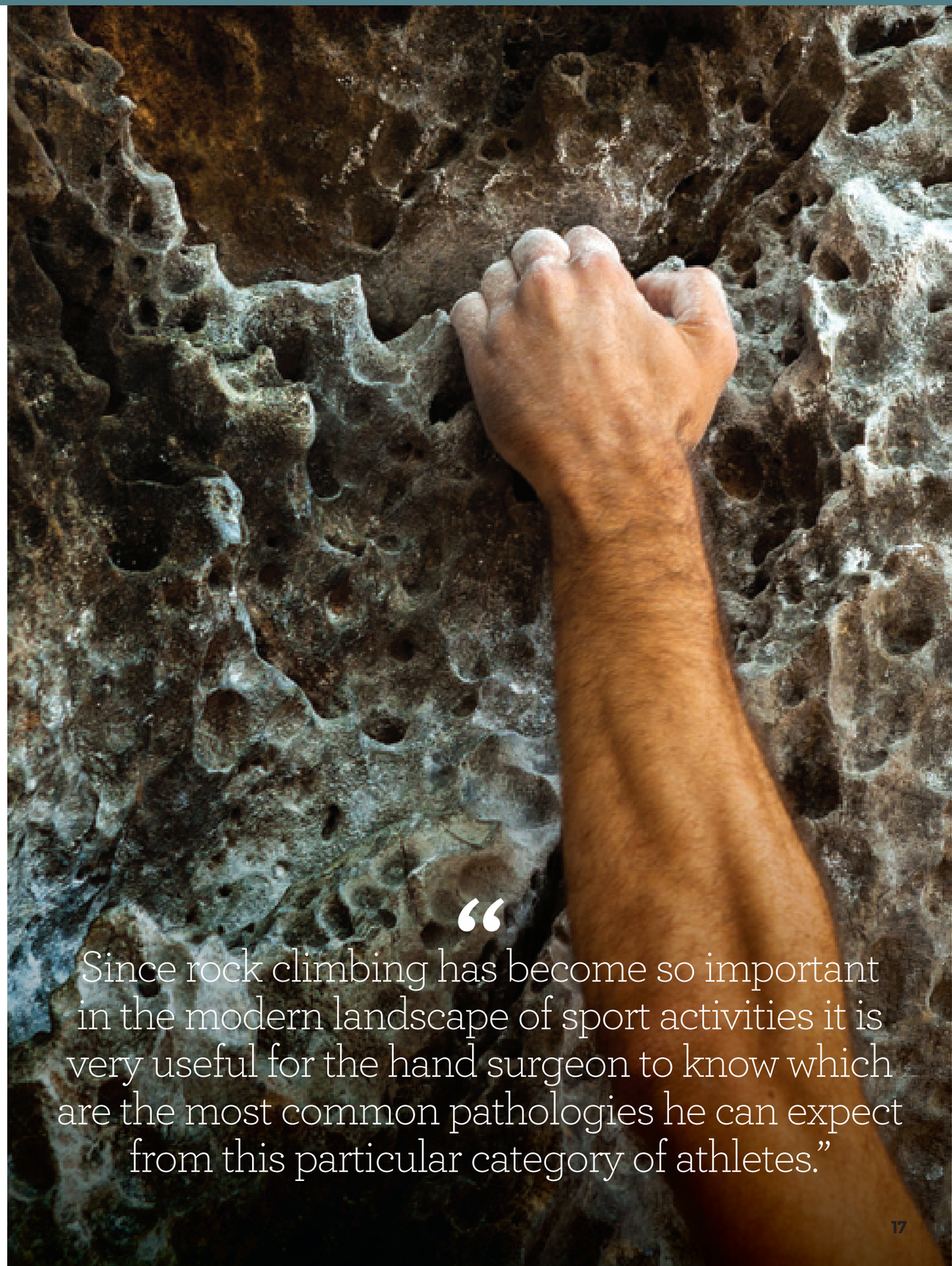
TABLE 1: Results of the NCBI database research.

Keyword used	Number of results
Rock climbing	216
Rock climbing injuries	98
Rock climbing hand	71
Rock climbing hand injuries	39

Any article published before 2004 was not included in this literature review that aims to consider only what has been published in the last decade. 143 original articles were found in this way. Only articles in English were considered.

Of these articles, 113 were not considered for the review because, even if directly related to rock climbing, they were not dealing with rock climbing injuries or rock-climbing related trauma. The topics of those not included were related to the description of surgical techniques regarding sport or rock-climbing injuries, imaging, psychological evaluation of professional athletes, training methods, biomechanical evaluation of different grips, physiological response of the human body to prolonged muscular stress and anthropometrical studies on climbers.

Of the remaining 30 original articles published in the last ten years on rock-climbing related injuries, nearly half were not focused on a specific anatomical region. More than one quarter were focused on hand and wrist injury in



> "Since rock climbing has become so important in the modern landscape of sport activities it is very useful for the hand surgeon to know which are the most common pathologies he can expect from this particular category of athletes."

particular. Other articles described conditions regarding feet, shoulder and spine injuries as well as other body parts. The results are reported in Table 2. Only articles related to the whole body or to hand and wrist injury were considered for further analysis[1-22].

TABLE 2: Distribution of rock-climbing related injuries articles published in the last ten years.

Area of interest	Number of results
General	14 (46.6%)
Hand and wrist injuries	8 (26.6%)
Foot injuries	2 (6.7%)
Shoulder injuries	2 (6.7%)
Others (spine, knee and hip)	4 (13.4%)

There are two main categories of rock climbing: traditional and alpine climbing in which few protections are used and the sport is practiced in a high-risk environment; and sport or recreational climbing where more protections are used, and the sport is practiced in a low-risk environment. This latter category includes bouldering, sport climbing and indoor climbing. Of the 22 articles analyzed[1-22], 14 (63.6%) addressed a specific attention to the environment where the climbing-related injury occurred. In eight studies (36.4%) only recreational and sport climbing activities were considered. Six studies (27.2%) were focused on alpine and traditional sport-climbing. In the remainder, the particular kind of climbing related activity was not defined.

TABLE 3: Distribution of rock-climbing related injuries articles published in the last ten years, classified according to the kind of activity studied.

Climbing activity	Number of results
No distinction	8 (36.4%)
Recreational and sport climbing	8 (36.4%)
Alpine and traditional climbing	6 (27.2%)

This distinction is important in defining the number, the severity and the kind of rock-climbing related injuries.

A further difference is apparent when considering the injury rates per hours of activity. The literature reports a number of injuries per 1000 hours that ranges from 0.079 to 0.2 every 1000 hours in indoor climbing and from 0.6 to 4.2 every 1000 hours for outdoor climbing.

These differences between sport and traditional climbing receive poor attention in the literature in relation to the prevalence of injuries among climbers. The data are often not comparable since most of the studies are based on surveys and the population examined in each single study differs a lot in terms of dimension, climbing experience, hours of training and preferred activity (bouldering, sport or traditional climbing). From our analysis it can be assumed that the prevalence of injury varies from 20% in an heterogenic climbing population to 80% among experienced climbers. The higher incidence of injuries in semi and professional athletes is proportionally related to the amount of hours spent in training. These prevalences include any kind of injury reported to the authors. Most of the injuries were generally minor, with 81% (range 74.4% - 93%) of injuries reported in the main as minor injuries.

TABLE 4: Difference between the distribution of injuries for sport and traditional climbing. For sport, only one study reported a low incidence of injuries affecting the lower limb; two studies reported no difference between lower and upper limb. In alpine climbing, on the contrary, the highest incidence is found in the lower limb. Only one study found that there was a higher incidence for the upper limb. This study considered only the injuries occurring during ascending.

Climbing activity	Number of articles	Highest incidence
Recreational and sport climbing	2 (9.1%)	No difference
	4 (18.2%)	Upper limb
	1 (4.6%)	Lower limb
Alpine and traditional climbing	1(4.6%)	Upper limb
	4(18.2%)	Lower limb
N/A	10 (45.5%)	N /A

Rock climbing-related injuries can also be classified on the basis of the cause. The most common cause of injury reported in the literature for outdoor climbing is a fall, while in indoor and sport climbing overuse is the main cause.

The anatomical areas that are most involved in rock climbing injuries vary for a fall related injury and an overuse injury. In the majority of the studies the incidence of accident related to a specific anatomical part was not documented, either because the study was focused on hand and wrist injuries or because this particular data was not present at all (Table 4).

Even if there are some exceptions, there is a general consensus that most injuries that are associated with alpine climbing are related to a direct fall, belay accidents, falling rocks and others environment related factors, so the percentage of injuries that affect the lower limb is higher. During sport and indoor climbing most of the injuries reported are due to overuse and in this case the upper limb and the hand, in particular, is definitely the most affected part.

From the analysis of the literature published on rock-climbing injuries in the last ten years, it can be concluded that the hand is the anatomy most commonly affected in overuse lesions that occur during sport or indoor climbing and bouldering.

Lesions of the pulley mechanism is the most common lesion among climbers, followed by ligament strains and finger and metacarpal fractures. The incidence of the latter vary a lot according to the kind of activity examined and on the kind of injury studied (overuse or fall). Wounds and dislocations are also quite common hand accidents. Other disorders such as contusions, wrist ligament disorders, tendonitis and tendon ruptures are reported in some of the studies analysed (Table 5).

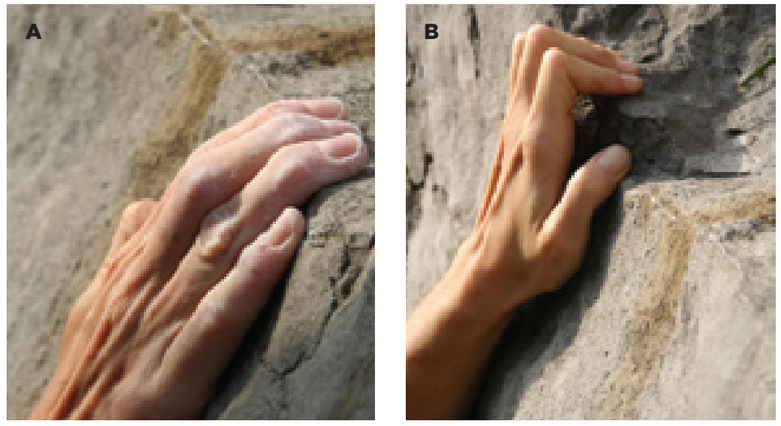


FIGURE 1: (A) In this grip both the DIP and the PIP are flexed and the load is equally distributed, but there are cases in rock climbing where the so called "full crimp grip" (B) is necessary; in this case the DIP is extended and the PIP is flexed, and the pulley system is overloaded.

TABLE 5: Climbing related hand injury average rates reported in literature

Kind of Injury	Number of results
Flexor pulley lesions	44.3% (33-63)
Fractures	18.6% (12-29)
Strains and ligament lacerations	18.1% (17-19)
Wounds	13% (9-17)
Dislocations	8.5% (4.3-13)
Other disorders	

The explanation for the high incidence of flexor pulley lesion in rock climbers lies in the high mechanical weight load that the pulleys bear when climbers pull on their grips.

There are different kinds of grip in rock climbing that can lead to a flexor pulley lesion, Figure 1 shows two of the most common grips that climbers use. In one case both the proximal and distal interphalangeal joints are flexed and the weight is equally distributed among all the pulleys, whereas in the second case the distal interphalangeal joint are extended and the proximal interphalangeal joint are flexed more than 90 degrees. In this case the load is concentrated on the A2 pulley that has to bear the full load by itself. This position, called full crimp grip, is commonly used by climbers, and is responsible for overload lesions of the flexor pulley system.

Another reason for pulley lesions and ligament strains in rock climbing are related to the special grips used to progress into cracks and holes (Figure 2). In this case, torsion of the fingers is required to allow a secure and safe grip, with the drawback of an overload of the pulley mechanism and the ligament apparatus.

Since rock climbing has become so important in the modern landscape of sport activities it is very useful for the hand surgeon to know which are the most common pathologies expected in this particular group of athletes.

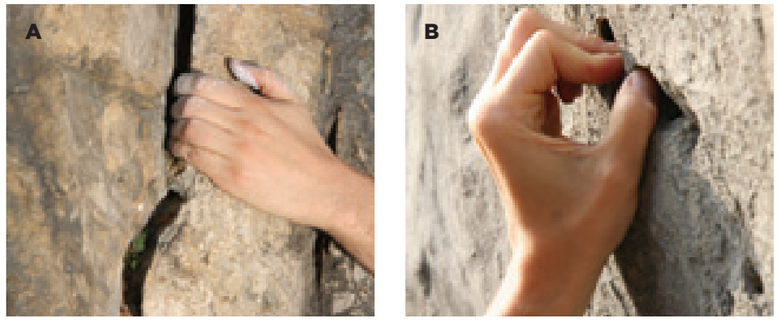


FIGURE 2: (A) Cracks usually oblige the climber to distort fingers in order to obtain a safe hold and do not allow finger mobility, leading to an higher ratio of pulley and ligament lesions. (B) Holes force fingers in the same way of cracks, stressing pulleys and ligaments in the same way.

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What does the practice of hand therapy look like in **IFSHT member countries?**

Summary of the 2014 IFSHT member survey

SUBMITTED BY: Sarah Ewald, President, IFSHT and Ursula Wendling, Secretary General, IFSHT

In keeping with IFSHT's mission "to provide global networking & educational opportunities to develop and enhance the practice of hand therapy", a survey of our membership was conducted in 2014. The aim was to identify key elements and trends for hand therapy in IFSHT member countries around the world.

The online platform, Survey Monkey, was used to conduct the survey. It was sent to IFSHT's 33 full member delegates. The survey had 22 questions that were written by a native English speaker and evaluated and adapted for clarity by a non-native English speaker. The survey asked about:

- number of members in the society
- ratio of occupational to physical therapists within the hand therapy organisation
- opportunities to specialise or certify as a hand therapist
- hand therapy educational opportunities
- availability and accessibility of hand therapy information

By September 1, 2014, 29 of 33 full member countries had responded (88% response rate). For the four countries that did not respond, data from the IFSHT membership records was included in our analyses where possible. Additionally, a supplemental 'needs assessment' questionnaire was sent to nine corresponding members. Relevant information from this questionnaire was also included in our analyses.

As of September 2014, there were 8385 hand therapists identified as members in the 42 member organisations in IFSHT (33 full members, 9 corresponding members). In this report, all members of IFSHT are defined as 'hand therapists'.

Ratio of Hand Therapist to country population: To determine the ratio of hand therapists per capita, population data was obtained from www.countrywatch.com (accessed September 2014). Figure 1 provides a colour-coded world map for ratio of hand therapists to total population in each of our member organisations. The greatest ratio of hand therapists per capita was in Finland, where there are almost 6 hand therapists per 100,000 residents. New Zealand, Switzerland, Denmark, Netherlands, Sweden, Norway, Slovenia, Australia, United Kingdom and Hong Kong all had more than one hand therapist per 100,000 residents. These countries are represented in green on Figure 1. The next group who has one hand therapist serving between 100,000 and 300,000 residents is represented in blue on the map. These countries include the United States, Germany, Ireland, Japan, Belgium and Argentina. France, South Africa, Canada, Greece, and Uruguay, Israel, Italy and South Korea have one hand therapist for between 301,000 and 999,000 residents (yellow). Lastly, Portugal, Venezuela, Brazil, Turkey, Colombia, Spain, Kenya and India have one hand therapist serving more than 1,000,000 residents (red). Barbados, Bahrain, Gaza, Qatar, United Arab Emirates, Romania, Sri Lanka, Saudi Arabia and Iran are

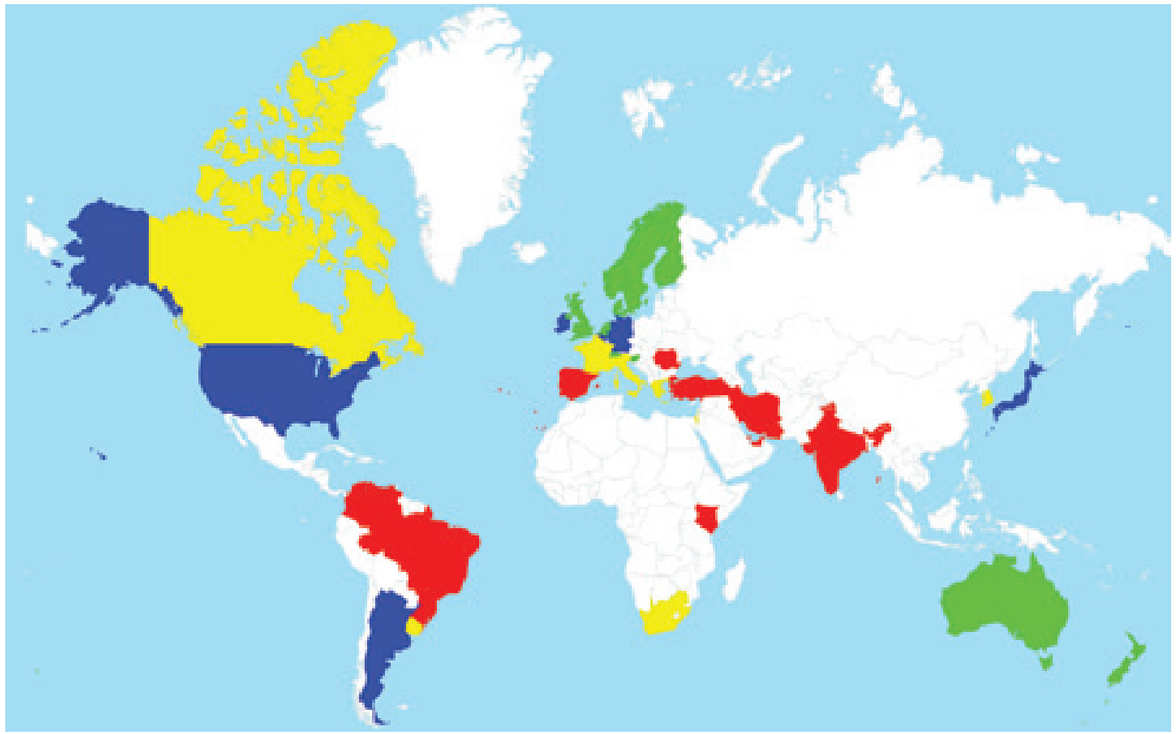


FIGURE 1: Ratio of hand therapists to total population in our member organisation countries.
POPULATION: GREEN: 17,000 - 99,000, **BLUE:** 100,000 - 300,000,
YELLOW: 301,000 - 999,000, **RED:** 1,000,000 - 78,000,000

corresponding members with one hand therapist in the country.

Percentage of PT to OT professionals working as hand therapists: In our member countries about 70% of hand therapy professionals are occupational therapists (OT) and 30% are physical therapists (PT). However, there were notable differences in whether an OT or PT was the most common profession in each country. Two countries reported that one profession dominated the field of hand therapy; Denmark reported that 99% of hand therapists were OTs and Turkey reported only

> "70% of hand therapy is provided by occupational therapists in our member countries."

PTs specialised in the treatment of hand injuries. Figure 2 shows the percentage of PT to OT professionals in each of our member organisations.

Hand therapy skill development: How occupational or physical therapists developed skills in hand therapy also varied. Respondents indicated that participation in hand therapy skills courses was the most frequently utilised method for therapists in their country to learn about hand therapy. Other opportunities commonly utilised included visiting programmes, hand therapy internship programmes

and post-graduate certificate programmes. In several countries there are post-graduate or university level programmes available to learn about hand therapy.

Access to hand therapy information: Respondents were asked about the availability of hand therapy literature in their country in the primary language(s) spoken in their country. Seven countries reported that hand therapy textbooks are not available in their country's primary language in comparison to eight countries reporting that there were more than 10 hand therapy textbooks available. In 12 countries a hand therapy journal was available and in 14 countries no hand therapy journal was available. Despite increased access to the internet globally; many respondents indicated that language barriers and the expense of acquiring information continued to limit their ability to access information relevant to hand therapy.

Recognition of Hand Therapists: The survey asked if it was possible to attain formal recognition as a hand therapist in the member country. Delegates from 29 countries responded to this question, with 13 (45%) indicating that hand therapy was recognised in their country and 16 (55%) indicating recognition of hand therapy was not possible. In the 13 countries with a formal recognition process in place, the process to attain recognition as a hand therapist varied. All 13 countries noted that therapists had to first complete training as either an occupational or physical therapist before specialising in hand therapy. Additional qualification to become a hand therapist followed one of three pathways: 1) formal educational programmes leading to a diploma or certificate in Hand Therapy, 2) portfolio programmes that recognise experience that requiring evidence of experience and knowledge of hand therapy practice, and 3) auto-didactic programmes that issued certification upon completion of a hand therapy exam. Some countries allowed multiple pathways for obtaining recognition as a hand therapist; an overview of this is visible in Figure 3.

Among the 13 countries with a formal accreditation process in place, various titles were used to identify hand therapists. The requirement for recertification varied from every 2 to 10 years, with the most common renewal period being five years in 6 countries. Four countries do not require recertification.

For the countries that had recognition of hand therapists, the perceived benefits for therapists with this qualification were explored. The two most frequently identified benefits were that surgeons and patients preferred to work with qualified hand therapists. Fifty percent of the responses indicated that sometimes there were better employment opportunities for accredited hand therapists. The majority (67%) of respondents indicated that despite efforts to achieve recognition as a specialist in hand therapy, therapists could not expect to receive greater financial remuneration for their services.

Facilitating development of hand therapy: Member organisations identified the importance of their role in supporting the further development of the practice of hand therapy in their own country. Eighty-six percent of respondents indicated that their national hand therapy organisation supported the development of hand therapy by: organising national hand therapy congresses, having a hand therapy society website, and by organising hand therapy courses.

Conclusions: Worldwide, both Occupational Therapists and Physical Therapists provide hand therapy services. Overall, our survey indicates that 70% of hand therapy is provided by occupational therapists in our member countries.

Opportunities to be formally recognised as a 'hand therapist' are available in less than half the IFSHT full membership nations. In countries where recognition processes are in place, therapists cannot expect a greater fee for service than other therapists, but they can expect that physicians and patients value their contribution and prefer to work with them.

Barriers continue to exist to accessing current literature for therapists interested in hand therapy. Perceived barriers include lack of English to read articles published in English, insufficient vocabulary to perform an effective search in English, and lack of literature in the countries preferred language.

National societies for hand therapy play an important role in supporting the development of the profession by organising hand therapy congresses and courses for their members. IFSHT's ongoing support of the development of hand therapy worldwide by connecting hand therapists with one another and facilitating the spread of knowledge through the IFSHT triennial congress is indeed essential.

FIGURE 2: Percentage of PT and OT professionals working as hand therapist in our member organisations.

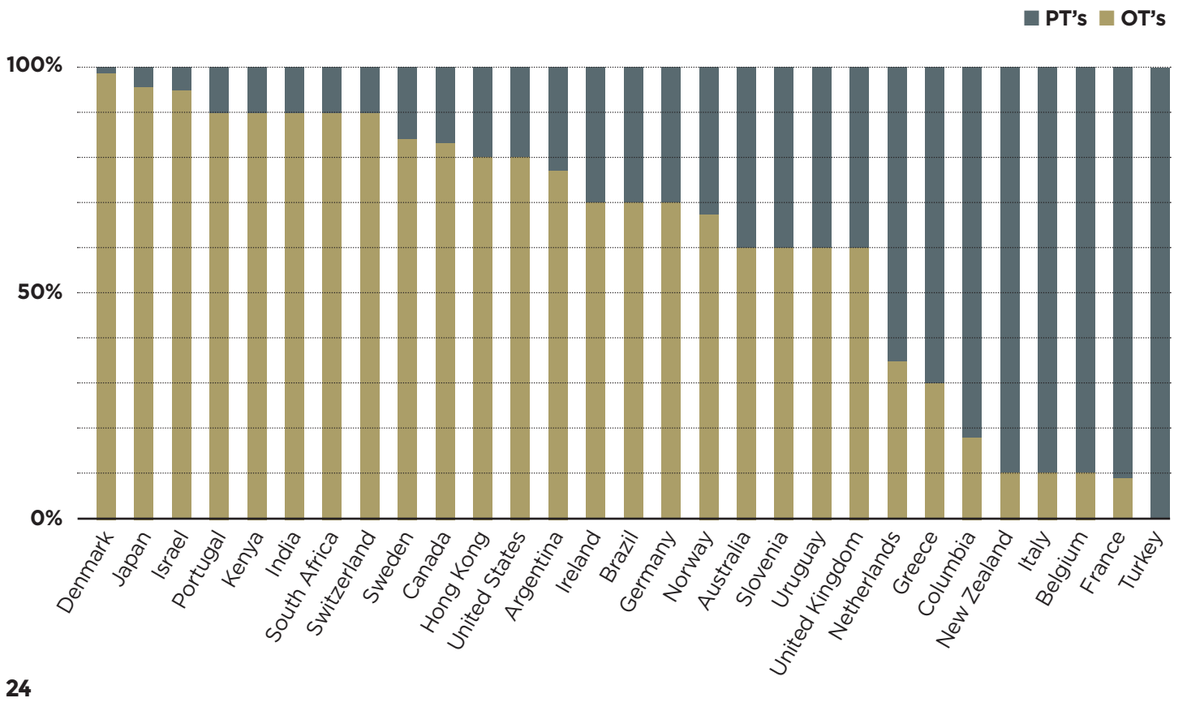
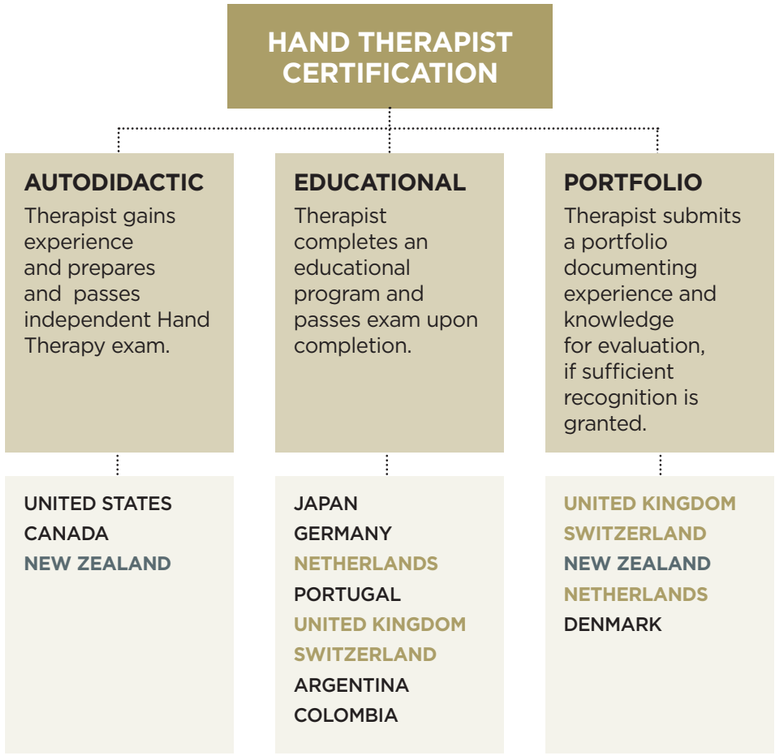


FIGURE 3: Overview of pathway to hand therapy accreditation by member country.



Tips and techniques:
Extensor Digitorum Communis (EDC) Anchor and Inter-Position Arthroplasty

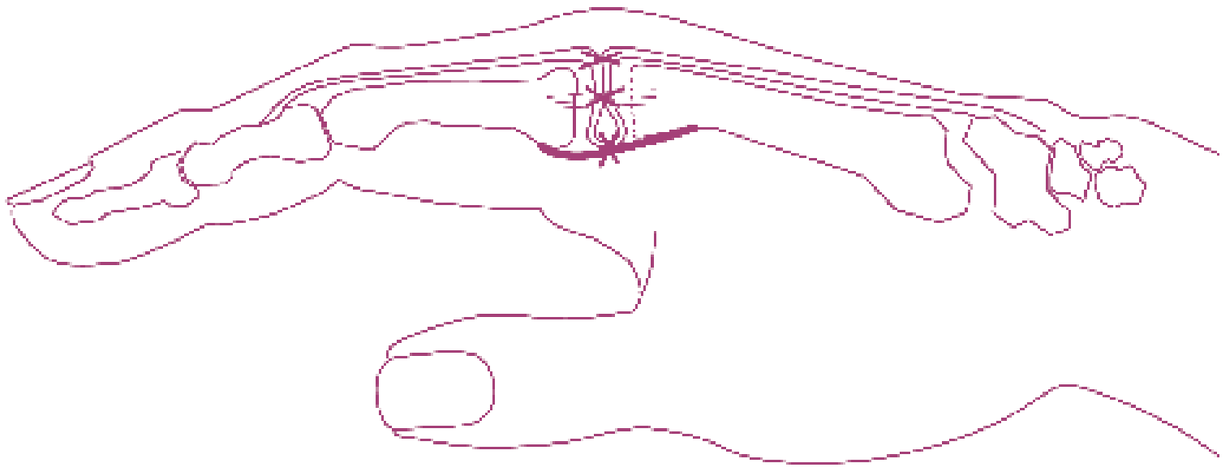
For a number of years, I have used the EDC tendon as an inter-position arthroplasty to correct eg. ulnar deviated digits in rheumatoid arthritis, osteoarthritis of the MP-joints, flexion deformities in e.g. spastic cases etc.

The metacarpal head is resected; the subluxed proximal phalanx reduced to its normal position; the EDC is drawn down and sutured to the volar plate and collateral ligaments with a circular type stitch or 3 single sutures, and a further stitch is used to tie the dorsal infolded tendon together.

THE ADVANTAGES OF THIS VERY SIMPLE AND PRACTICAL TECHNIQUE ARE:

1. It anchors the EDC over the metacarpal, and prevents it from slipping sideways.
2. It centralizes the EDC as in rheumatoid hands.
3. It creates an inter-position arthroplasty.
4. It keeps the proximal phalanx reduced.
5. It corrects MP-flexion deformities.
6. It obviates the use of expensive prosthesis.
7. It can be used in both osteoarthritis as well as rheumatoid arthritis MC-P joints.

ULRICH MENNEN
Pretoria, South Africa



Conservative treatment has comparable outcome with bouquet pinning of little finger metacarpal neck fractures

Norway

Current literature gives few guidelines regarding indication for operative treatment of little finger metacarpal neck fractures, and some surgeons choose operative treatment when the palmar angulation exceeds 30°. A paper recently published in the Journal of Hand Surgery by Professor Ida Sletten from the Department of Orthopaedic Surgery at Oslo University Hospital in Norway, documented a study aimed at determining whether conservative treatment produces comparable outcomes with bouquet pinning in a randomised, controlled trial.

Eighty-five patients with little finger metacarpal neck fractures with ≥30° palmar angulation in the lateral view were included. Patients were randomised to two groups: conservative treatment without reduction of the fracture (43 patients); and closed reduction and bouquet pinning (42 patients). After 1 year, there were no statistical differences between the groups in QuickDASH score, pain, satisfaction, finger range of motion, grip strength, or quality of life. Professor Sletten spoke to the IFSSH ezine about the study and its outcomes...

WHAT PROMPTED YOU TO CONDUCT THIS PARTICULAR STUDY?

Professor Ida Sletten: The Department of Orthopaedic surgery in Oslo University Hospital is Norway's largest hand trauma unit, and as fifth metacarpal neck fractures are amongst the most common hand fractures, we treat numerous patients with this particular injury every week. Our policy before the study was to treat the fractures with closed reduction, followed by external stabilisation with plaster of Paris for 3-4 weeks. Patients who presented with a rotational deformity of the finger, or who had fractures that re-dislocated to more than 30 degrees of palmar angulation at the initial follow-up one week after the injury were considered for operative treatment (closed reduction and bouquet or transverse pinning), similar to many other hand centers worldwide.

Hence, this was a quite common procedure in our day-surgery unit. After a thorough review of the previous literature on the subject, we wondered if our treatment protocol was too aggressive as many conservative regimes have been reported to yield good results. We found that even though the treatment of this fracture has been debated for decades, there has never been any published results from a prospective randomised controlled trial (level 1b evidence) comparing conservative and operative treatment.

What should all hand surgeons reading your article understand about your review and its results?

Professor Ida Sletten: The comparison of 43 patients randomised to conservative treatment and 42 patients to operative treatment demonstrated no long-term (1 year) differences in median subjective or objective hand function. In the group of patients treated conservatively, there was a trend versus less satisfaction with the aesthetic outcome, but there were significantly more complications and longer sick-leave in the group of operated patients. Most complications were minor and self-limiting, but two operatively treated patients developed CRPS II with severely impaired hand function also at final follow-up.

BASED ON THE STUDY OUTCOMES, WHAT DO YOU RECOMMEND TO SURGEONS WHO WANT TO IMPROVE THEIR TREATMENT OF LITTLE FINGER METACARPAL NECK FRACTURES?

Professor Ida Sletten: Our recommendation based on the study's results is conservative treatment for all fifth metacarpal neck fractures without rotational deformities. Reduction of the fracture is considered unnecessary, and many previous reports have demonstrated it to be futile when the fracture is not pin fixated as a cast is unreliable in keeping the reduction. We recommend a plaster cast for one week for analgesic purposes, followed by a few weeks of buddy-strapping to the neighbouring finger for active rehabilitation. Follow-up x-rays are not necessary, and most patients do probably not need any routine controls as long as they have received adequate oral and written information about the injury (according to the findings of Bansal and Craigen, JHSEu, 2007). If there is doubt concerning a possible rotation deformity of the fifth finger, the patient can be re-examined and if necessary operated after 7-10 days when the swelling had resolved.

For the rare fractures with more than 50 degrees palmar angulation in the lateral view, there is not enough information in our study or the previous literature to give treatment recommendations.

WILL YOU CONDUCT ANY FURTHER INVESTIGATIONS IN THIS PARTICULAR AREA?

Professor Ida Sletten: It is obvious that the cost of the operative treatment regime is more expensive for society, especially as the length of sick-leave was almost four times longer in the group of operated patients. We have planned to perform a cost-analysis to calculate the costs in the two groups.

JOURNAL REFERENCE

J Hand Surg Eur Vol January 2015 vol. 40 no. 1 76-83

http://jhs.sagepub.com/content/40/1/76.abstract

> "Our recommendation based on the study's results is conservative treatment for all fifth metacarpal neck fractures without rotational deformities."

The mechanical strength of side-to-side tendon repair with mismatched tendon size and shape

USA

A cadaver study published in the Journal of Hand Surgery by Professor Richard L. Lieber from the Departments of Orthopaedic Surgery and Bioengineering at the University of California San Diego investigated the ultimate load, stiffness, and Young's modulus in tendon-to-tendon attachments with mismatched donor and recipient tendons, using pronator teres (PT) to extensor carpi radialis brevis (ECRB) and flexor carpi ulnaris (FCU) to extensor digitorum communis (EDC).

The study showed that while FCU-to-EDC attachments failed at higher loads than PT-to-ECRB attachments, they had similar modulus and stiffness values. In addition, ultimate tensile strength of the tendon attachments exceeded the maximum predicted contraction force of any of the transferred muscles, with safety factors of four-fold for the FCU-to-EDC and two-fold for the PT-to-ECRB transfers. Professor Lieber commented that this implies that size and shape mismatches should not be contraindications to tendon attachment in transfers and that the strength safety factors suggest that postoperative immobilisation of these transfers is unnecessary.

"We had previously measured tendon to tendon strength in model systems, but in practice different sized tendons were sutured together. There were folding and pinching issues that were not seen in model systems so we tried it with the actual tendons," Lieber explained why the study was necessary.

He added: "The strength of the connection is plenty strong immediately but these data are on cadaveric tendons and we have not tested tendons over time. As with the flexor tendons, strength may decrease. I should mention that we now do this clinically and have had no complications."

When asked what his recommendations are to surgeons who want to improve their technique with this type of surgery, he said: "Ideally, practice on about 10 cadaveric tendons because the learning curve is significant."

Lieber and his team will conduct further investigations in this field which will cover chronic studies and imaging studies in their patients. They also implant small markers to track any elongation at the repair site and hope to publish more on this in due course.

JOURNAL REFERENCE

J Hand Surg Eur Vol March 2015 vol. 40 no. 3 239-245

http://jhs.sagepub.com/content/40/3/239.abstract

> "The study showed that while FCU-to-EDC attachments failed at higher loads than PT-to-ECRB attachments, they had similar modulus and stiffness values."

John Ivor Pulsford James

MS, FRCS, FRCSEd (1913-2001)

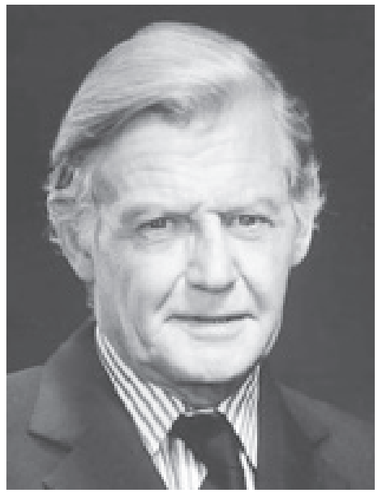
John Ivor Pulsford James was born in 1913. He trained at the University College Hospital in Medicine in London, and in 1943 joined the Royal Army Medical Corps. He served in a special parachute unit in Yugoslavia and later in Greece.

He was appointed Orthopaedic Surgeon at the Royal National Orthopaedic Hospital in London in 1946 and became Assistant Director of the Institute of Orthopaedics in London in 1948. He was appointed Professor of Orthopaedic Surgery at the University of Edinburgh in 1958 in succession to Sir Walter Mercer. Over the next twenty-one years he showed a remarkable ability in organisation and welding together a formidable team of top-class Orthopaedic Surgeons so that the Princess Margaret Rose Orthopaedic Hospital in Edinburgh became one of the leading Orthopaedic Training Centres in the world.

Although a General Orthopaedic Surgeon of considerable experience, one of his main interests was in developing the specialty of surgery of the hand and upper limb. He spent a considerable part of his energy in building the hand surgery service in Edinburgh. The Emergency Service for hand injuries became part of the Orthopaedic Service and he was one of the first to provide a combined Orthopaedic and Plastic Surgery Service for this specialty. He continued and built on the traditions of the Hand Injury Service at the Royal National Orthopaedic Hospital. Over the years many Registrars from Australia, New Zealand and the U.S.A. worked on the Hand Service.

Jip James introduced the Annual Hand Surgery Course in Edinburgh which has had continuous success over the years. He has written many papers on the management of hand injuries, stressing the basic principles of management and also on Dupuytren's Contracture, but it is essentially as a teacher and trainer of young surgeons that he will be remembered. He stressed over again the importance of avoiding or limiting swelling of the hand and of immobilising the joints in the safe position to avoid iatrogenic stiffness. Jip James influenced hundreds of young hand surgeons throughout the world in the correct management of the hand after injury or operating.

Jip was Honourary Secretary of the British Orthopaedic Association from 1955-1958 and President from 1976-1977. He was President of the British Society for Surgery of the Hand in 1974-75. After retiring from the Chair of Orthopaedic Surgery in 1979, he became the Head of Orthopaedic Services in Kuwait thus continuing his consuming role as teacher and trainer.



Jip James was awarded the title Pioneer of Hand Surgery by the IFSSH during the sixth Congress in Helsinki, Finland, 3-7 July 1995.

Lee W. Milford

MD (1922-2013)

Lee Watson Milford was born in Anderson, South Carolina on June 13, 1922. He was educated at Clemson University and received his Doctor of Medicine degree from Emory University, Atlanta, Georgia, in 1946. He trained in orthopaedic surgery at the Campbell Foundation-University of Tennessee Orthopaedic training Program from 1951 to 1954. He trained in hand surgery with Dr Joseph Boyes in Los Angeles and was certified by the American Board of Orthopaedic Surgery in 1958.

Dr Milford was on the staff of the Campbell Clinic from 1954 until his retirement in 1991, and was Chief of Staff from 1983 to 1987. He developed a hand clinic at the John Gaston City Hospital. He was also on the active staff of the Le Bonheur and Baptist Memphis Hospital, where he served as President of the Staff in 1984.

Dr Milford is well-known for his writings on hand surgery in the Fourth, Fifth, Sixth and Seventh Editions of Campbell's Operative Orthopaedics. In 1971, his book "The Hand" was published by C.V. Mosby Co., and was translated into Japanese in 1975. The Second Edition was published in 1982, and the Third Edition in 1987. This was the first comprehensive book on surgery of the hand by one author. His thesis on "Retaining Ligaments of the Digits of the Hand" was published in colour by W.B. Saunders in 1968.

Dr. Milford was Secretary-Treasurer of the American Society for Surgery of the Hand from 1968 to 1971, President from 1973-1974, and on the Executive Council from 1976 to 1979. He was Secretary of the Committee on Upper Extremity for the American Academy of Orthopaedic Surgeons from 1979 to 1983, and on the Education Committee from 1981 to 1985. He was on the Board of Trustees of the Journal of Hand Surgery from 1982 to 1985, and Chairman in 1985.

Dr Milford was a member of over twenty societies, including honourary membership of the British and Japanese Societies for Surgery of the Hand. He has been an honoured visiting professor and lecturer in many countries, and delivered the Sterling Bunnell Memorial Lecture at the University of California School of Medicine in November, 1974. He was appointed Clinical Professor of Orthopaedics at University of Tennessee, Memphis in 1975. He was much respected as a moderator at round tables and symposia. He has trained over twenty five surgeons in his hand fellowship programme between 1967 and his retirement. He has won the respect and friendship of his trainees, colleagues, and peers at home and abroad.

During the 6th Congress (3-7 July 1995) of the IFSSH in Helsinki, Finland, Dr Milford was honoured as "Pioneer of Hand Surgery" by the Federation.

Journal Highlights

Below is a selection of contents pages from the latest issues of the following leading hand surgery journals.

HAND

VOLUME 10, ISSUE 2, JUNE 2015
HTTP://LINK.SPRINGER.COM/JOURNAL/11552/10/2/PAGE/1

- Social impact of peripheral nerve injuries
- A threshold disability score corresponds with an estimated diagnosis of clinical de-pression in patients with upper extremity disease
- Prevalence of cold sensitivity in patients with hand pathology
- Prospective cohort study of symptom resolution outside of the ulnar nerve distribution following cubital tunnel release
- Arterialized venous flow-through flaps in the reconstruction of digital defects: case series and review of the literature
- Ulnar digits contribution to grip strength in patients with thumb carpometacarpal os-teoarthritis is less than in normal controls
- Distal peripheral nerve blockade for patients undergoing hand surgery: a pilot study
- Reliability of handgrip strength test in elderly subjects with unilateral thumb carpo-metacarpal osteoarthritis
- Quantitative 3-dimensional CT analyses of fractures of the middle phalanx base
- Comparison of hand emergency triage before and after specialty templates (2007 vs. 2012)
- Factors associated with non-attendance at a hand surgery appointment
- Outcomes of open reduction and internal fixation of acute proximal pole scaphoid fractures
- Comparisons of three radiographic views in assessing for scapholunate instability
- Pyrocarbon interposition arthroplasty for proximal capitate avascular necrosis
- Incidence of symptomatic compressive peripheral neuropathy after shoulder re-placement
- Comparative analysis of photograph-based clinical goniometry to standard techniques
- National trends in ambulatory surgery for upper extremity fractures: a 10-year analysis of the US National Survey of Ambulatory Surgery
- Clinical outcomes following collagenase injections compared to fasciectomy in the treatment of Dupuytren's contracture
- Epidemiologic dynamics contributing to pediatric wrist fractures in the United States
- Rheumatoid hand surgery: is there a decline? A 22-year population-based study
- Language barriers in Hispanic patients: relation to upper-extremity disability
- A retrospective comparison of the management of recalcitrant lateral elbow tendinosis: platelet-rich plasma injections versus surgery
- Outcome following distally locked volar plating for distal radius fractures with metadi-aphyseal involvement
- Risk factors for complications of open trigger finger release
- An unusual presentation of a digital schwannoma: case report
- Radial head dislocation due to gigantic solitary osteochondroma of the proximal ulna: case report and literature review
- Nonunion of the pisiform bone in a 9-year-old boy
- Retrograde Headless Intramedullary Screw Fixation for Displaced Fifth Metacarpal Neck and Shaft Fractures: Short Term Results
- Over 20-year follow-up of Miura reconstruction of cleft hand
- A simple blind tenolysis for flexor carpi radialis tendinopathy
- Treatment of an unusual trans-scaphoid perilunate avulsion fracture dislocation: a case report
- Open metacarpophalangeal dislocations: literature review and case report
- Myopericytoma of the distal forearm: a case report
- Attritional extensor tendon rupture in a patient with Phialophora verrucosa tenosyno-vitis: case report
- Closed median nerve rupture from elbow trauma
- Myopericytoma of the hypothenar eminence: case report
- Pseudo-winging of the scapula caused by scapular osteochondroma: review of litera-ture and case report
- Thumb volar plate reconstruction utilizing extensor pollicis brevis autograft: evaluation of a new technique
- The "Thumbs-up" sign and trapeziometacarpal joint injection: a useful clinical indicator

HAND CLINICS

VOLUME 31, ISSUE 3, AUGUST 2015
HTTP://WWW.HAND.THECLINICS.COM/CURRENT

- Carpal Ligament Anatomy and Biomechanics
- Carpal Ligament Injuries, Pathomechanics, and Classification
- Perilunate Dislocations and Fracture Dislocations
- Management of Intercarpal Ligament Injuries Associated with Distal Radius Fractures
- Acute Scapholunate Ligament Injuries: Arthroscopic Treatment
- Open Treatment of Acute Scapholunate Instability
- Chronic Scapholunate Ligament Injury: Techniques in Repair and Reconstruction
- Bone-Retinaculum-Bone Autografts for Scapholunate Interosseous Ligament Reconstruction
- Chronic Scapholunate Ligament Injuries: Treatment with Supplemental Fixation
- Diagnosis and Treatment of Acute Lunotriquetral Ligament Injuries
- Diagnosis and Treatment of Chronic Lunotriquetral Ligament Injuries
- Midcarpal Instability: A Comprehensive Review and Update
- Salvage Operations for Wrist Ligament Injuries with Secondary Arthrosis

JOURNAL OF HAND SURGERY (EUROPEAN VOLUME)

VOLUME 40, ISSUE 6, JULY 2015

HTTP://JHS.SAGEPUB.COM/CONTENT/CURRENT

- Timing of surgical reconstruction for closed traumatic injury to the supraclavicular brachial plexus
- Management of infraclavicular (Chuang Level IV) brachial plexus injuries: A single surgeon experience with 75 cases
- Does nerve repair influence the outcome of reconstruction of a digital nail defect using a free composite flap taken from the great toe?
- Anatomical and histomorphometric observations on the transfer of the anterior inter-osseous nerve to the deep branch of the ulnar nerve
- Enhanced early sensory outcome after nerve repair as a result of immediate post-operative re-learning: a randomized controlled trial
- Comparison of digital nerve sensory recovery after repair using loupe or operating microscope magnification
- Free myocutaneous flap transfer to treat congenital Volkmann's contracture of the forearm
- The results of pollicization for congenital thumb hypoplasia
- CT angiography-guided single-stage release of adjacent webspaces in non-Apert syndactyly
- The pathogenesis of Kirner's deformity: A clinical, radiological and histological study
- Carpal tunnel syndrome associated with underlying Kienböck's disease
- Intraneural angioleiomyoma of the median nerve at the wrist
- Segmental neurofibromatosis of the upper extremity: a case report
- Early treatment of anterior interosseous nerve palsy with hourglass-like fascicular constrictions by interfascicular neurolysis due to early diagnosis using ultrasonogra-phy: A case report
- Reconstruction of the median and musculocutaneous nerves with a nerve graft com-bined with end-to-side neurorrhaphy: A case report
- Median nerve neuropathy associated with cubital heterotopic ossification
- Surgical treatment of spontaneous posterior interosseous nerve palsy with hourglass-like constriction
- The orf virus: a case report
- A4 Annular Flexor Pulley Injury in a Baseball Pitcher
- Bangle avulsion injuries of the forearm

JOURNAL OF HAND SURGERY: AMERICAN VOLUME

VOLUME 40, ISSUE 7, JULY 2015

HTTP://WWW.SCIENCEDIRECT.COM/SCIENCE/JOURNAL/03635023

- Trapeziometacarpal Arthritis: A Prospective Clinical Evaluation of the Thumb Adduction and Extension Provocative Tests
- Trapeziectomy With a Tendon Tie-in Implant for Osteoarthritis of the Trapeziometa-carpal Joint
- Evaluation of Radiographic Instability of the Trapeziometacarpal Joint in Women With Carpal Tunnel Syndrome
- Effects of Metabolic Syndrome on the Outcome of Carpal Tunnel Release: A Matched Case-Control Study
- Prenatal Detection of Upper Limb Differences With Obstetric Ultrasound
- Stability of the Basal Joints of the New Thumb After Pollicization for Thumb Hypo-plasia
- Use of an Axial Flap to Increase the Girth of Wassel IV Thumb Reconstructions
- External Fixation and Adjuvant Pins Versus Volar Locking Plate Fixation in Unstable Distal Radius Fractures: A Randomized, Controlled Study With a 5-Year Follow-Up
- Conservative Treatment Versus Arthroscopic-Assisted Screw Fixation of Scaphoid Waist Fractures—A Randomized Trial With Minimum 4-Year Follow-Up
- Four-Corner Arthrodesis Versus Proximal Row Carpectomy: A Retrospective Study With a Mean Follow-Up of 17 Years
- A Mechanical Evaluation of Zone II Flexor Tendon Repair Using a Knotless Barbed Suture Versus a Traditional Braided Suture
- The Effect of the Epitendinous Suture on Gliding in a Cadaveric Model of Zone II Flexor Tendon Repair
- Comparison of Flexor Tendon Suture Techniques Including 1 Using 10 Strands
- A Delayed Allergic Reaction to Polypropylene Suture Used in Flexor Tendon Repair: Case Report
- Innervated Digital Artery Perforator Propeller Flap for Reconstruction of Lateral Oblique Fingertip Defects
- Early Versus Delayed Fourth Ray Amputation With Fifth Ray Transposition for Man-agement of Mutilating Ring Finger Injuries
- Functional Outcomes of the Aptis-Scheker Distal Radioulnar Joint Replacement in Patients Under 40 Years Old
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- The Dorsal Triangular Fibrocartilage of the Metacarpophalangeal Joint: A Cadaveric Study
- Anatomical Study of the Surgical Approaches to the Radial Tunnel
- Restoring Isometry in Lateral Ulnar Collateral Ligament Reconstruction
- Reliability of Magnetic Resonance Imaging Signs of Posterolateral Rotatory Instability of the Elbow
- The Association of the H-Index and Academic Rank Among Full-Time Academic Hand Surgeons Affiliated With Fellowship Programs
- Triceps Tendinopathy
- Diaphyseal Fracture of the Radius
- Single-Stage Flexor Tendon Grafting: Refining the Steps
- Surgical Treatment of Macrodactyly
- Missed Pathologic Fracture From Multiple Myeloma

JOURNAL OF HAND SURGERY ASIA PACIFIC

VOLUME 20, NUMBER 2, JUNE 2015
HTTP://WWW.WORLDSCIENTIFIC.COM/TOC/HS/20/02

- Scaphoid Fracture - Overview and Conservative Treatment
- Operative Treatment of Acute Scaphoid Fractures
- Arthroscopic Management of Scaphoid Nonunions
- Bone Grafts for Scaphoid Nonunion: An Overview
- Review of the Clinical Use of Fluoroscopy in Hand Surgery
- The Classification of Swanson for Congenital Anomalies of Upper Limb Modified by the Japanese Society for Surgery of the Hand (JSSH)
- Radiographic Assessment of the Robert and Lateral Views in Trapeziometacarpal Osteo-arthrosis
- Ulna Nerve Decompression at the Elbow in Patients with Normal Nerve Conduction Tests
- The Adipofascial Radial Artery Perforator Flap: A Versatile Reconstructive Option in Upper Limb Surgery
- The Effect of Screw Design on Union Rates in Scaphoid Nonunions
- Scaphoid Excision and Four-Corner Fusion for Neglected Perilunate Dislocations: Preliminary Results
- Functional Outcomes Following Pilon Fractures of the Middle Phalanx Managed with the Ligamentotaxor External Fixator
- Critical Angles of Deformity in Dupuytren's Contracture of the Little and Ring Fingers
- Simultaneous Regional Fasciectomy, Skin Grafting, and Distraction Arthrolysis of the Prox-imal Interphalangeal Joint for Dupuytren's Contracture of the Little Finger
- Interfascicular Neurolysis for Incomplete Spontaneous Posterior Interosseous Nerve Palsy with a Surgical Delay of 17 Years: Is It Still Effective?
- Irreducible Palmar Dislocation of the Distal Interphalangeal Joint Due to Closed Degloving of the Distal Phalanx of the Little Finger
- Limb Preservation in Recurrent Giant Cell Tumour of Distal End of Radius with Fibular Graft Fracture: Role of Ulnocarpal Arthrodesis
- A Huge Angioleiomyoma of the Finger
- Trans-Scaphoid Perilunate Dislocation: Union of an Extruded Scaphoid Proximal Pole Fragment
- Intratendinous Ganglion of the Extensor Tendon of the Hand
- Avulsion Injuries of the Flexor Digitorum Profundus Tendon: An Unclassified Pattern of Injury
- Extensive Periosteal Chondroma in the Middle Phalanx with Pathological Fracture Recon-structed with Strut Bone Grafting
- Various Diagnostic and Treatment Pitfalls of Combined Fracture Dislocations of Trapezoid and Multiple Carpometacarpal Joints
- Osteonecrosis of Interphalangeal Joint of Thumb Two Months after Rattlesnake Bite

JOURNAL OF HAND THERAPY

VOLUME 28, ISSUE 2, APRIL-JUNE 2015
HTTP://WWW.JHANDTHERAPY.ORG/CURRENT

- Addressing muscle performance impairments in cerebral palsy: Implications for upper ex-tremity resistance training
- The implications of injury in the developing nervous system on upper extremity function
- Upper extremity function: What's posture got to do with it?
- Characterization and intervention for upper extremity exploration & reaching behaviors in infancy
- Clinical assessment of the infant and child following perinatal brachial plexus injury
- Evaluation of pediatric upper extremity peripheral nerve injuries
- Innovative evaluation of dexterity in pediatrics
- Establishing expert consensus on the evaluation of pediatric upper extremity function
- Long term functional outcomes after early childhood pollicization
- Severe camptodactyly: A systematic surgeon and therapist collaboration
- Perspectives on glenohumeral joint contractures and shoulder dysfunction in children with perinatal brachial plexus palsy
- Current and emerging strategies for treatment of childhood dystonia
- Flexor tendon injuries in children: Rehabilitative options and confounding factors
- Common medial elbow injuries in the adolescent athlete
- Transient neonatal radial nerve palsy. A case series and review of the literature
- Therapeutic application of electrical stimulation and constraint induced movement therapy in perinatal brachial plexus injury: A case report
- Hand therapy following elbow release for passive elbow flexion and long head of the tri-ceps transfer for active elbow flexion in children with amyoplasia
- Utilizing everyday items in play to facilitate hand therapy for pediatric patients

31° Congreso Nacional Asociación Colombiana de Cirugía de la Mano

27 al 29 de Agosto de 2015 | Hotel Radisson | Cartagena, Colombia

INVITADOS INTERNACIONALES

Dr. Alexander Shin - USA
Dr. Peter Amadio - USA
Dr. Jayme Bertelli - Brasil
Dra. Carolina Leclercq - Francia
Dr. Ricardo Kaempf de Oliveira-Brasil
Dr. Rui Ferreira - Brasil
Dr. John Capo - USA
Dr. Abel Nascimento- Portugal
Dr. Zsolt Szabó - Delegado AO

BLOQUES TEMÁTICOS

- Radio distal
- Carpo
- Plexo braquial
- Nervio periférico
- Flexores
- Mano paralitica y espástica
- Malformaciones congénitas
- Fracturas

Inscripción de trabajos libres, de ingreso y poster, hasta: 30 de Mayo de 2015
Entrega de Trabajos libres, de ingreso y poster, hasta: 30 de Junio de 2015

SOCIEDAD INVITADA:

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Miembro al día ASOCIMANO / Sociedad invitada	$ 450.000 US$ 200	$ 550.000
No Miembros (Cirujano Plástico, Ortopedista, Cirujano de Mano	$ 700.000	$ 800.000
Fisioterapeuta, Terapeuta Ocupacional	$ 500.000	$ 600.000
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2015 Hong Kong International Wrist Arthroscopy Workshop and Seminar cum 1st Congress of Asia Pacific Wrist Association (APWA)

2015年度香港国际腕关节镜工作坊及研讨会 暨
第一届亚太腕关节医学会学术会议

30 Oct 2015 (Fri) PM

APWA Wrist Surgery Instructional Course
亚太腕关节学会教育课程

Target participants 参加对象: Doctors, Therapist, Nurse and other related professionals 医生、治疗师、护士及其他有关专业人士

31 Oct 2015 (Sat)

International Wrist Symposium cum
1st Congress of Asia Pacific Wrist Association (APWA)
国际腕关节镜研讨会 暨 第一届亚太腕关节医学会学术会议

Target Participant 参加对象 : Doctor, Therapist, Nurse and other related professionals 医生、治疗师、护士及其他有关专业人士

1-2 Nov 2015 (Sun-Mon)

Hands-on Wrist Arthroscopy Workshop on Anatomical Specimens
关节镜操作班
Basic, Intermediate and Advanced Course
基础、中级及高级课程

Target Participant 参加对象 : Orthopaedic Surgeon & Hand Surgeon 骨科医生及手外科医生

Course Director 课程主任: PC HO 何百昌

Plenary Lecturers 特邀讲者:
Guillaume HERZBERG (France 法国)
Christophe MATHOULIN (France 法国)
Lee OSTERMAN (USA 美国)

International Faculty 海外受邀讲者 :
- Gregory BAIN (Australia 澳洲)
- Eva-Maria BAUR (Germany 德国)
- Wei-jen CHEN (Taiwan 台湾)
- Shan-lin CHEN (China 中国)
- Andrew CHIN (Singapore 新加坡)
- Jeffrey ECKER (Australia 澳洲)
- Keiji FUJIO (Japan 日本)
- Sanjeev KAKAR (USA 美国)
- Young-keun LEE (Korea 韩国)
- Bo LIU (China 中国)
- Ather MIRZA (USA 美国)
- Toshiyasu NAKAMURA (Japan 日本)
- Abhijeet WAHEGAONKAR (India 印度)
- Wen-dong XU (China 中国)

Co-organizer 合办单位:
Orthopaedic Learning Centre
Department of Orthopaedics & Traumatology
The Chinese University of Hong Kong
香港中文大学矫形外科及创伤学进修培训中心

Asia Pacific Wrist Association (APWA)
亚太腕关节医学会

Hong Kong Society for Surgery of the Hand (HKSSH)
香港手外科医学会

For enquiries, please contact 查询请联络 :
Natalie Chin 钱小姐 (852)2632 3074
Email 电邮: olc@ort.cuhk.edu.hk
Website 纲址:
http://www.olc-cuhk.org/e/apwa-2015-annual_congress.pdf

Supporting Organization 支持组织 :
European Wrist Arthroscopy Society

IX International Symposium On Spinal Cord Injuries

3-5 DECEMBER 2015

BRESCIA, ITALY

WWW.MIDOLLOSPINALE.COM

Symposium Main Topics and Events include:

- Honorary Lecture by Nobel Laureate A. Yonath
- Basic and applied research in experimental Spinal Cord repair and regeneration
- Experimental studies and clinical use of stem cells and neurotrophic factors
- Robotics and Telemedicine
- Young Neuroscientist supported by Dompè Investigator Award
- The 4th "Brunelli Club Meeting" dedicated to the most advanced surgical and neuro- rehabilitation techniques in the treatment of the flaccid and spastic palsies of upper limbs, including case reports.

World Congress of Brachial Plexus and Peripheral Nerve Surgery

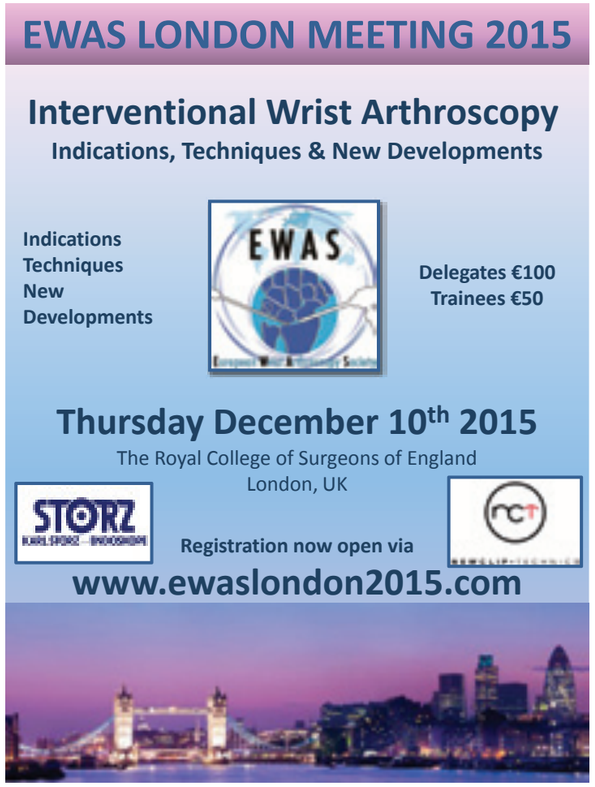
NEW DELHI, INDIA

4-7 FEBRUARY 2016

WWW.WCNS2016.COM

The ISPNS is a 100 member strong young Indian Society of Brachial Plexus and Peripheral Nerve Surgeons, which is committed for the spread of education regarding the brachial plexus and peripheral nerves to young surgeons from the country and abroad.

The event will be the 5th Annual meeting of Indian Society of Peripheral Nerve Surgery (ISPNS) and will feature a one-day Pre-conference cadaveric Hands-On workshop on 4th February 2016, at Cadaveric Training and Research Facility, All India Institute of Medical Sciences, New Delhi; followed by 3 day long CME (5-7th February 2016) by expert faculty from all around the globe. The meeting is expected to be attended by numerous delegates from across the country, and abroad, including neurosurgeons, hand surgeons, orthopaedic surgeons and plastic surgeons. A number of national and international faculty are expected to attend this event.



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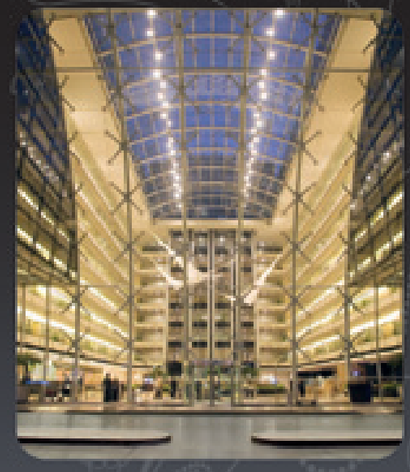

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