

TIPS AND TECHNIQUES BABY-FRIENDLY AND SAFE EXCISION OF POSTAXIAL POLYDACTYLIES TYPE B

> HAND THERAPY: LOW-PROFILE DYNAMIC PIP JOINT ORTHOSES

Tacit knowledge of (higher level) hand labourers

RESEARCH ROUND-UP: THE INFLUENCE OF LATE DISPLACEMENT IN DISTAL RADIUS FRACTURES ON FUNCTION, GRIP STRENGTH, RANGE OF MOTION AND QUALITY OF LIFE. LETTERS TO THE MEMBERS: 14TH IFSSH AND 11TH IFSHT TRIENNIAL CONGRESS

Important information for National Delegates

Nominations for 2019 IFSSH Pioneer honours

The Secretary-General will call for nominations from member societies in September 2018.

The members of the nominating society should agree that a nomination is appropriate according to the criteria in the Charter and the guidelines listed on the website - www.ifssh.info/pioneers.html. Please also read the Editorial in this Ezine issue on page 4 and 5.

The Society should forward the nomination to the Secretary-General (email: secretary@ifssh.info; administration@ifssh.info) and include:

- 1. A letter of nomination detailing the reasons and addressing the selection criteria, and including the three letters of recommendation from peers;
- 2. An abbreviated CV of three pages maximum (including date of birth - NB: all nominees must be aged over 70 by 17th June 2019, or deceased);
- 3. A photograph; and
- Contact details of the nominee (or family member if 4. deceased).

Nominations will be considered by the IFSSH Nominating Committee, which requires that all of the above criteria are met and that all nomination details are completed by the date below.

The closing date for nominations is 17th December 2018. NO NOMINATIONS WILL BE ACCEPTED AFTER THIS DATE.

Future Meetings: Triennial IFSSH Congresses

XIVth IFSSH - XIth IFSHT Congress - Berlin, Germany 17-21 June, 2019 www.ifssh-ifsht2019.com XVth IFSSH - XIIth IFSHT Congress - London, United Kingdom 2022 (Dates to be confirmed)

National and Regional hand surgery meetings

Please see announcements in the Ezine and listed on the IFSSH website.





2 **IFSSH EXECUTIVE NEWS**

Important information for National Delegates

EDITORIAL

Giants, pioneers and the future - Michael Tonkin

11 LETTERS TO THE MEMBERS 14th IFSSH and 11th IFSHT Triennial Congress

PIONEER PROFILES 12

- Ivan B. Matev
- Ramon Isales

SPECIAL FEATURE 14

Tacit knowledge of (higher level) hand labourers

- Angus Taylor

20 HAND THERAPY

Low-Profile Dynamic PIP Joint Orthoses - Joy Hanna

23 ART

24 RESEARCH ROUND-UP

The influence of late displacement in distal radius fractures on function, grip strength, range of motion and quality of life.

26 TIPS AND TECHNIQUES

Baby-friendly and safe excision of postaxial polydactylies type B - Daniel Weber

30 MEMBER SOCIETY NEWS

- · Taiwan Society of the Hand
- Switzerland Hand Surgery
- American Association for Hand Surgery
- · British Society for Surgery of the Hand
- Spanish Society for Surgery of the Hand
- · Venezuelan Society for Surgery of the Hand
- · American Society for Surgery of the Hand

38 PEARLS OF WISDOM

To Pad, or Not to Pad - Judy C Colditz

40 UPCOMING EVENTS

List of global learning events and conferences for Hand Surgeons and Therapists

www.ifssh.info

May 2018

GIANTS, PIONEERS and the FUTURE

Perhaps one of the highest honours which can be bestowed upon hand surgeons is the recognition by the IFSSH and, therefore, by the hand surgery community worldwide that an individual is deserving of the award of Pioneer of Hand Surgery. Some of the history which relates to the origins of this award may not be known to all. An understanding of this history is helpful in planning for the future.

The IFSSH was formed in Chicago in 1966 at a meeting of representatives of eight hand surgery societies. We celebrated our 50th birthday at the 2016 Buenos Aires IFSSH Congress, now a Federation of 59 Societies, and growing. The ideals of the original charter remain to this day. They may be summarised as an intent to further the cause of the development of hand surgery throughout the world. Inherent in this intent is the determination of those blessed with greater socio-economic advantage to support those countries (and those parts of developed countries) which are less advantaged. The inaugural IFSSH Congress was conducted in Rotterdam in 1980 and has been a major component of the hand surgery academic curriculum triennially since then. The first Pioneer ceremony awaited the Tokyo congress in 1986.

The IFSSH Executive Committee and the IFSSH Delegates' Council decided to introduce the Pioneer award at the Tokyo congress. Although the criteria for nomination may have been made more (or less) specific since that time, the principle was, and is, to honour those amongst us who have made exceptional contributions to hand surgery. The current criteria apply to those who are aged 70 years or over at the time of the congress at which the award is to be conferred or are deceased. What may be less well known to some are the origins of the award of Giant of Hand Surgery. Some consider this to be an award of higher merit, but it is not so. The Executive Committee and the Delegates' Council of the time chose to recognise those who were worthy of the award but who were deceased prior to the 1986 congress as Giants rather than as Pioneers. They date to the 16th century; the list is not all enveloping; and on an occasion another worthy name is added, for example, Julius Casserius in 2016.

In recent times, there has been some discussion as to whether or not the concept of a "Pioneer of Hand Surgery" has passed. Alternative titles, such as a Master of Hand surgery, amongst others for those worthy of recognition, have been recommended; as has the consideration of more than one level of recognition. Although a case for change may be made when applying a precise, perhaps pedantic, definition to the terms we use, the words of our current President-Elect, Marc Garcia-Elias are powerful. He spoke of the joy and pride in the faces of those receiving the award of Pioneer of Hand surgery at the Buenos Aires congress, and of the infectious joy shared by those in the audience.

That is enough. Leave things as they are. This does not mean that we should not reflect upon current realities. An increasing number of societies equates with an increasing number of Pioneer nominations. The time in the triennial congress Opening Ceremony for this component is not open ended. However, your current Executive Committee is adamant that the Pioneer awards remain as part of the Opening Ceremony, and that any change in the present format is less than desirable. and recognition or awards from our national societ The IFSSH Pioneer of Hand Surgery Award is applicable to those who have made an exceptional contribution to the world of hand surgery. Michel Tonkin

Perhaps this gives us cause to pause and consider. The nomination for consideration by the IFSSH Nominating Committee must follow "approval by the members of the hand surgery society to which the nominee belongs(belonged)". It must be accompanied by a letter of nomination which confirms this approval, the support of three peers and an abbreviated curriculum vitae. Most importantly, a nomination must reflect exceptional contribution(s)



to hand surgery. These may be at a national level or an international level; however, one would expect that, in the main, exceptional contribution nationally would be recognisable and acknowledged internationally. Few of us reach this level, which is not to diminish the achievements of most of us. Our rewards come from the knowledge that we have done our best, acknowledgement of this from our peers, and recognition or awards from our national society.



PROF. MICHAEL TONKIN

IMMEDIATE PAST PRESIDENT: IFSSH CHAIRMAN: IFSSH NOMINATING COMMITTEE DEPUTY EDITOR: IFSSH EZINE

Berlin Germany

17-21 June 2019

Building Bridges – Together Hand in Hand









Berlin

2019

14th IFSSH

11th IFSHT

NGRES

COMBINED FESSH CONGRESS

Preliminary Programme Schedule

	Monday, 17 June	Tuesday, 18 June		Wednesday,		
7:30		Registration		Registra		
8:00	D					
8:30	Registration	Combined Session I				
9:00		IFSSH & IFSHT			Concurrent Scientific	
9:30						
0:00	Educational Monday				Coffee Break	
0:30		Concurrent Scientific Sessions	ion	Poster Exhibition		
1:00					Concurrent Scientific	
1:30						
2:00						
2:30		Presidential Address	hibit		Suurana lastu	
3:00			Industrial Ex		Swanson Lectu	
3:30	Lunch Break	Lunch Break / Industry Workshops			la aluata u) A (a aluah a	
4:00	Educational Monday				indusiry vvorksno	
4:30		Concurrent Scientific Sessions				
5:00						
5:30						
6:00		Coffee Break				
6:30						
7:00						
7:30		Concurrent Scientific Sessions				
8:00						
8:30	Opening Ceremony					
9:00						
9:30						
20:00						
20:30						
21:00	Welcome Cocktail					
21:30						
2:00						
2.00						

Main Topics

- Congenital Deformities
- Microsurgery
- Dupuytren's Disease
- Rheumatoid Arthritis
- Nerve Surgery
- Wrist Surgery
- Arthroscopic Surgery
- Osteoarthritis
- Fractures and Dislocations
- Elbow and Forearm
- Tetraplegic and Spastic Deformities
- Infections

Experime

Innovations

- Tumor
- Tendon
- Burn
- Avascular Necrosis
- Scar and Aesthetics
 - Diagnostics
 - Pain
 - Musicians Hand Handsurgery in the Austere Environment Hand Dysfunction in **Psychiatric Disorders**

www.ifssh-ifsht2019.com



Important Dates

n	to	al		

- 1 March 2018 Start Abstract Submission
- 1 March 2018 Start Online Registration
- 30 September 2018 Abstract Submission Deadline
- 28 February 2019 End of Early Bird Registration

Welcome Address



Prof. Jörg van Schoonhoven

The German Society for Hand Surgery has the honor and pleasure to host the 14th Triennial Congress of the IFSSH together with the 11th Triennial Congress of the IFSHT from June 17th to 21st 2019 in Berlin. We invite you not only to actively participate in an extraordinary scientific meeting but to meet friends, connect with hand surgeons and learn about the different perspectives of hand surgery from all over the world as well. According to the mission of our congress "Building bridges together hand in hand" we are delighted to welcome you as our guest in the outstanding city of Berlin!

Prof. Max Haerle

It is our aim to allow as many hand surgeons as possible the report of their scientific and clinical experience. At the same time we want to bring together all the various disciplines of hand surgery from all parts of the world. All main topics of hand surgery will be included into the scientific program. In addition to lectures of invited international experts there will be various workshops, instructional courses and new formats, like the "Educational Monday". Feel encouraged to send us your abstracts, share your experience with us and actively take part in this unique event. Be curious!

Natascha Weihs

It is a great privilege for the German Society of Hand Therapy to invite Hand Specialists from all over the world to come to Berlin for the next Triennial Congress of IFSSH and IFSHT. Berlin is an example of two communities with different approaches and ways of living having successfully joined together to form a vibrant, forwardlooking society that is open to new impulses and willing to meet new challenges. There could be no better place to join and intensify the cooperation between surgeons and therapists as well as the experience of therapists from different cultures and countries. We are certain that it will be an unforgettable event. See you in Berlin!

Prof. Andreas Eisenschenk

With its extraordinary history - full of contrasts and significant changes - Berlin is one of the most fascinating cities in the world. But the German capital provides not only a great variety of cultural and entertainment options, but also all the necessary requirements for a successful meeting. The scientific and the accompanying social program will provide a great opportunity for inspiring exchange under colleagues as well as making new friends. Experience it for yourself!

Berlin welcomes you!



Date

17-21 June 2019

Venue

CityCube Berlin, Germany www.citycube-berlin.com

Congress Website

www.ifssh-ifsht2019.com

International Societies

International Federation of Societies for Surgery of the Hand (IFSSH) www.ifssh.info

International Federation of Societies for Hand Therapy (IFSHT) www.ifsht.org

Local Host Societies

German Society for Hand Surgery (DGH) www.dg-h.de German Society for Hand Therapy (DAHTH) www.dahth.de

Associated FESSH Congress

Federation of European Societies for Surgery of the Hand (FESSH) www.fessh.com

Fiscal Organiser, Congress & Exhibition Management

Intercongress GmbH Ingeborg-Krummer-Schroth-Str. 30 79106 Freiburg, Germany ifssh-ifsht@intercongress.de





www.ifssh.info

UPDATE

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Dr. Anne Wajon, IFSHT President, provided a welcome message via video link. Numerous international speakers at the meeting came from the Netherlands, USA, Sweden and Uruguay. We are extremely proud that hand therapy in Nepal has developed so quickly, and that the international community has supported Nepal in their quest to expand the skills of local hand therapists.

11TH IFSHT CONGRESS 17-21 JUNE 2019 IN BERLIN

Plans are proceeding for the 2019 Congress!! Abstract submission and online registration is now open. Please go to http://ifssh-ifsht2019.com to register, review the preliminary schedule, and gain information about the venue.





IFSHT INTERNATIONAL TRAINING NEEDS

In 2017, IFSHT surveyed its new member societies to determine their specific training needs. Requests

were received from Nepal, Ghana, Guatemala and Sri Lanka. Please look at: https://www.ifsht.org/ page/international-teaching-needs and consider whether you can help! Up to \$1500 is available to support qualified hand therapists in providing hand therapy education in a developing hand therapy region.

IFSSH EZINE

IFSHT's contribution to the February issue of the IFSSH Ezine is from Mojca Herman on "Sports Injuries of the Hand and Wrist - Advances in Rehabilitation Treatment." To read this and other useful clinical articles, download from: http:// www.ifssh.info/ezine.html.



For hand therapy educational events, go to "National /International Education Events" under "Education" at www.IFSHT.org.

14th IFSSH and 11th IFSHT Triennial Congress

Combined with FESSH Congress in Berlin 17 to 21 June 2019

Dear Hand Surgeons and Therapists from all over the world,

According to the Congress mission "Building bridges surgery and therapy from all over the world. Together Hand in Hand" the upcoming IFSSH & IFSHT Triennial Congress combines the international (IFSSH & Don't miss all the news and register for the official IFSHT), the European (FESSH & EFSHT) and the German newsletter: http://ifssh-ifsht2019.com/newsletter/ national (DGH & DAHTH) Congresses for Hand Surgeons and Therapists in one major event. From 17th to 21st We are delighted to welcoming you in the outstanding June 2019 it will take place in the City Cube, in Berlin. and vibrant city of Berlin!

It is our aim to bring together all the various disciplines of hand surgery and therapy from all parts of the world. We are delighted to have around 260 experts within the international scientific committee preparing a diverse and top-class congress program.

Presenting scientific experience to an international audience is a singular experience for surgeons as well as for therapists. Share your experience, make your contribution to the scientific program and become an active part of the congress by submitting your abstract via the congress website www.ifssh-ifsht2019.com.

In addition to the free paper program, there will be lectures by invited international experts, various workshops, instructional courses and a new format, the

www.ifsht.org | info@ifsht.org

SPOTLIGHT ON IFSHT MEMBER **SOCIETY: PHILIPPINES**

The Philippine Society of Hand Therapy is an emerging hand therapy group formed May 2017 with approximately 50 members. The society's aim is to promote the specialized practice of hand therapy in the Philippines through seminars and continuing education programs. In November 2017, the



Photo from the APFSHT conference in November 2017; Mr. Jose Ramos was elected president (back row, 3rd from the right).

society jointly organized the 11th APFSSH and 7th APFSHT Congress in Cebu, Philippines with presentations from Dr. Anne Wajon, Dr. Hiroshi Yajima and other renowned hand therapists.

INTERNATIONAL SYMPOSIUM ON HAND REHABILITATION

The inaugural International Symposium on Hand Rehabilitation was held from 3-4 March, 2018 in Kathmandu, Nepal. Ms. Tarannum Siddigui led the conference organization by the Nepalese Society for Hand Rehabilitation and Research (NSHRR). In 2016 Ms. Siddiqui attended the IFSHT Congress in Buenos Aires as one of the recipients of the IFSHT Evelyn Mackin Triennial Award.



L to R: Mohan Dangol (Advisor NSHRR), Nhashala Manandhar (Executive Member NSHRR), Nirja Shrestha (Executive member NSHRR), Amrita Shrestha (Executive Member NSHRR), Tarannum Siddigui (President NSHRR), Bibek Ghimire (Secretary NSHRR), Keshav Prasad Sitaula (Advisor NSHRR), Pravin Kumar Yadav (Executive Member NSHRR).

"Educational Monday". Experience it yourself!

Please feel invited to not only actively participate in an extraordinary scientific meeting but also to meet friends, connect with new colleagues and learn about the different perspectives and approaches of hand

The organizing committee

Jörg van Schoonhoven Max Haerle Andreas Eisenschenk Natascha Weihs

Important Dates:	
March 1st 2018	Start Abstract Submission
	and Online Registrations
September 30th 2018	Abstract Submission
	Deadline
February 28th 2019	End of Early Bird
	Registration

Ivan B. Matev MD, DSc

Ramon Isales MD, JD, FACS



Ivan B. Matev was born on May 26, 1925, in Bourgas, Bulgaria. He graduated from the Sofia Medical University. In 1956 Matev was appointed head of one of the first Departments for Surgery of the Hand and Upper Extremity in Europe, at the Medical University Hospital of Orthopaedics and Traumatology in Sofia. He trained in Plastic, Orthopaedic and Trauma Surgery at various European centres, including a WHO Fellowship in Hand Surgery in the United Kingdom (1966), and a Hand Surgery and Orthopaedic Research Fellowship, with special focus on small joint replacement, under Swanson in Grand Rapids, Michigan, USA (1969-70).

Professor Matev has participated in instructional courses on hand surgery and has been invited lecturer at many congresses around the world. He was Guest Professor in hand surgery at Essen University, Germany (1991-1992), and Visiting Professor at John Hopkins University, Baltimore, USA, at the Fukuoka

and Sapporo Medical Schools, Japan, and at Australian and South African Medical Schools. He has trained most orthopaedic and hand surgeons in Bulgaria and over 35 surgeons from Europe, Asia, North and South America, and Africa. He has authored more than 180 publications, including Rehabilitation der Hand (Thieme Verlag, Stuttgart), chapters on hand surgery in 10 fundamental textbooks and monographs published in the USA, United Kingdom and France, and 15 orthopaedic and hand surgery textbooks and manuals published in Bulgaria. He developed a number of original procedures for hand surgery, including thumb lengthening by the distraction method which he introduced to hand surgery in 1966, treatment of the spastic "thumb-in-palm" and boutonniere deformities, and flexor tendon repair with long graft. He described the "Matev radiological sign" to help diagnose median nerve entrapment at the elbow joint after posterior dislocation.

Professor Matev is Founder and President of the Bulgarian Society for Surgery of the Hand and Delegate to the IFSSH. He is an Honorary Member of the American, Australian, South African, French and Hungarian Hand Societies, and of the Hungarian Traumatologic Association. He was a Corresponding Member of the British, German, Italian, Japanese Hand Societies and of the Cuban Traumatologic Association. He was President of the Union of Scientists in Bulgaria (1990-1998), a member of the Bulgarian Olympic Committee and past member of the Bulgarian National Basketball Team. Ivan Matev retired from active Hand Surgery in 1990.

His hobbies included tennis and music. He has two sons, both orthopaedic and hand surgeons. His wife Kate helped him exceptionally in his life and work.

At the Seventh International Congress of the IFSSH in Vancouver, B.C., Canada (1998), Ivan B. Matev was bestowed the honour: "Pioneer of Hand Surgery"

Ramón Isales was born in Catano, Puerto Rico on January 13, 1920. He studied at the University of Puerto Rico and received his Doctor of Medicine degree from Boston University School of Medicine in 1950. He trained in general surgery at the 3rd (Boston University School of Medicine) Surgical Service from 1950 to 1955. As part of his training he attended hand cases under Dr. John J Byme. He was certified by the American Board of Surgery in 1956. He later studied law and graduated from the School of Law at the University of Puerto Rico in 1981.

Ramón served in the United States Army from 1942 to 1946 and received his commission in the infantry after attending the Officer Candidate School at Fort Benning, Georgia in 1943.

Dr. Isales was Staff Surgeon and Medical Director of the Industrial Hospital of the State Workmen's Compensation Fund of Puerto Rico from 1958 to 1970. He was very active in teaching the management of multiple trauma and surgery of the hand throughout Puerto Rico during all of his active practice. He founded the Hand Clinic of the Industrial Hospital which eventually answered consultations from all parts of the island.

Dr. Isales was the first Puerto Rican to be admitted to the American Society for Surgery of the Hand and the second to the American Society for Surgery of Trauma. He was President of the Puerto Rico Chapter of the American College of Surgeons and also of the Committee of Trauma. He was Vice-President of the Latin American Section for Surgery of the Hand of the Pan American Medical Society. He was instrumental in the founding of the Sociedad Puertorriqueria de Cirugia de la Mano. His leadership and help spurred several young surgeons to train in surgery of the hand in the United States.

Retired from the practice of surgery, Dr. Isales continued teaching bioethics and was a consultant in that subject at the Universidad Central del Caribe School of Medicine. He also lectured at the School of Law of the University of Puerto Rico on legal medicine and was a consultant for a law firm that specializes in defending medical malpractice claims.

Ramon Isales was honoured as "Pioneer of Hand Surgery" for his many contributions by the IFSSH at the Seventh International Congress in Vancouver, B.C., Canada in 1998.

12

Angus Taylor

TACIT KNOWLEDGE OF (HIGHER LEVEL) HAND LABOURERS

Unlike the traditional ideal of a wholly explicit, self-guaranteeing truth, from-to knowledge cannot be instantaneous; it is a stretch, not only of attention, but of effort, effort must be lived, and living takes time. Knowledge, therefore, is embedded both in living process and in the uniquely human form of living process: in history.

- Excerpt from the preface in Michael Polanyi's book "Knowing and Being: Essays" by Marjorie Grene

Although I taught fine art at the University of Pretoria, South Africa, for 20 years, I do not view myself as an academic. In my view I practice tacit knowledge, a specific and personalized knowledge, daily by making sculpture. In a way, as is the case with surgeons, I share the experience of being a much appreciated, if at times somewhat glorified, hand-labourer. Moreover, as a sculptor my professional language is that of material form and contrasts, textures, surfaces, play between mass and weightlessness, scale (small or large), a variety of choices made between the use of specific materials and sculpting methods. Each line in a work of art is as individualistic as handwriting, each shape contains presence and empty or negative spaces become voids that generate feelings of freedom or tension.

In my opinion there exists a specific profoundness, or presence in an artwork that was developed, and conceptualized by the same person that physically made it, namely the artist. That is to say, in physically making the work, the artist also imbues that artwork with their physical presence. This presence can be seen in the imperfections of the artwork, including scratches on the surface and marks left behind by the sculpting or casting process, for example. For me, it is within such marks and imperfections that there exists a form of artistic honesty, the specifics of an artistic voice, a personality and ultimately an artistic palette. After more than twenty years as a professional sculptor, I have learned that meeting the maker of an artwork helps one to identify aspects of them in the work of art. In turn, this knowledge enriches and deepens one's experience of observing the artwork itself. I see this every time a fellow artist or client comes into my studio and we discuss a work of art or when I teach and the relationship between the student and their artwork gradually deepens until they exist in parallel.

Today, each time I look at an artwork I view the identity of the artist as an intrinsic part of that work of art. In this way, the experience of looking at an artwork is humanized and artworks ultimately invite or allow viewers into a highly personal, intimate space that is as much about the experience of looking at the artwork as it is about the artist that made it. To be certain, the content of the work is a vital ingredient in this exchange, but it is not the only ingredient. The artwork is not simply an illustration, but rather, also a process of making, of minute decisions that alter its development in the moment and thus contribute and modify the artist's initial concept. There exists something like a feedback loop between the material, method of making and the artist that continually informs and allows adaptation within this process of collaboration. Perhaps more to the point, when the artist is both thinker and maker there exists flow and continuity in the artwork.

One might think that this is surely the only way to make visual art, but the paradigm has shifted. Within visual art, personal facility or ability to make has become less of the focus or appreciation of the 'artwork'. The concept or idea as foundation of the piece has become the dominant aspect in the intrinsic value. To illustrate this point, one can, for example, read The Art of not making (2011), by Michael Petry.

We live in a world dominated by ideas and information
– our current revolution – so the shift in focus is
therefore quite understandable. The difference between
direct or indirect thinking and making is has become
unclear. However, if you have created, made and
laboured with your hands to achieve a concrete goalexperience it through their own body until it become
implicit.We live in a world dominated by ideas and information
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laboured with your hands to achieve a concrete goalExperience it through their own body until it become
implicit.Doctorate in Physical Chemistry in Hungary. WithExperience it through their own body until it become
implicit.

such as an artwork, you implicitly understand the value of making. And, as the old saying goes, practice makes perfect. Our hands learn, they memorise sequences of movements and become more agile, ready to complete the task at hand, so to speak. This is tacit knowledge. If you understand tacit knowledge, you can recognize it at the drop of a hat. There are many reasons for this, but let me first expand upon exactly what tacit knowledge is.



'Tacit knowledge' is attained as personal knowledge through a process that cannot be easily vocalised or instructed. The simplest way to explain it would be the proprioceptive action of riding a bicycle. Once you understand how, the knowledge is implicit. You can only translate in broad terms. The learner must experience it through their own body until it becomes implicit. the start of the Second World War he relocated to the United Kingdom. He started teaching physical chemistry at Manchester University, but in his last years he focussed his energy on social sciences and philosophy. From 1951 to 1952 he presented at the prestigious Gifford Lectures in Aberdeen. His book titled Personal knowledge was published in 1958, which was based on the same lectures in revised format. He discovered 'the structure of tacit knowing' while writing it, and considered it to be his most important discovery.

The impersonal aspect of knowledge arises from and returns to personal participation in the search for and acceptance of the object to be known. For only the explicit formulable core of knowledge can be transferred, neutrally, from person to person. Its implicit base (since it is not verbalized and cannot be formulated and so impersonalized) must be the groping of someone.

- Excerpt from the preface in Michael Polanyi's book "Knowing and Being: Essays" by Marjorie Grene

66I extend my deepest sympathy to surgeons for having to acquire this very personal knowledge through doing, but not being allowed a mistake!**?**?

To illustrate the above description of Grene on the work of Polanyi, I am going to use my own journey of making art with stone as primary example.

I come from a creative, bohemian family and due to our quite uncomfortable upbringing (I am one of five children) I started studying a B-Com degree. This



lasted a full week before I changed direction. Thinking narrative if you know how to read it. It tells of how back today, I can clearly understand that sculpture it was made and possibly of what happened along was the logical choice of study for me: I worked for its existence: pressures and heat, movements and my journalist father for nine years, mostly welding violence, exposures and interactions. Stone is also a his doors and windows for the impractical 'lavatangible marker that reaches far back into an abyss lamp' dream home that could not be built. Every day of deep time, so far back that it is impossible for us to I practiced still-life drawing by making artworks that comprehend. One of my favourite pieces of stone is a my painter-mother diligently marked and scored. By banded black chert from Barberton, formed 3,23 billion the time I reached adulthood, my practical skillset was years before present. therefore over-developed: I could already weld steel at the age of seven and work with brick, stone and My first interaction with stone (Belfast Gabbro) was cement, for example. However, I should add that the fairly crude: stacking or bolting pieces together idea of reason and critical thinking was also deeply with minimal carving. In this way I created larger entrenched in our family home. My parents taught us artworks by constructing smaller pieces into a single philosophy, psychology, science and numerous other unified whole. It made sense to use this method as less popular ideas at the time. the indigenous Gabbro (commonly referred to just

The house was filled with books and contained in my mother's collection of art books, was a monograph on the work of Italian sculptor Marino Marini. Marini mostly worked in stone, wood, and cast metal. Through the years, after slowly paging trough it time and time again, I fell in love with his work and his use of

As I mentioned earlier, the working of a type of stone is a process of learning, for instance, drilling and the amount of pressure or speed that is needed to work through marble as opposed to granite or sandstone. Every time I work to drill a hole in a piece of stone it is always a specific moment, unique unto itself: I stop breathing for a moment as I push the drill onto the surface of the stone. I feel its weight; I sense the weight of the drill itself in my hands. I recognise the texture of the stone and have to be acutely attuned to any and all variations therein as I drill deeper. If I apply too much pressure it easily could break and shatter. Then I may have to begin again from scratch, even though I have already invested hours of labour into shaping this particular stone. It is the same if you carve stone, one wrong move and you may very well end up splitting an entire section of the stone away instead of merely making a small mark.

materials. Throughout my studies and development as a professional sculptor I have worked with many materials including bronze, stainless steel, mild steel, cement, wood, resins and plastics. Today I mostly work with bronze and natural stone. After thousands of years, bronze is still the best casting material, being denser than steel with a lower melting point, soft to work with and capable of being patinated. The patination, which is a manipulated rust process, allows one to produce sculpture in 78 different colours. I work with stone because of its inherent beauty and diversity, especially around my studio in South Africa. Stone has a profound history that is literally written in the material itself.

At the time you pick an individual stone up it is already something. It has an 'is-ness', or Tsu-jan. It tells a

as 'granite') is super hard – much harder than the metamorphic sedimentary stone, marble. Over time I was able to acquire better tools and hone my working methodology to a point where I could carve details into individual pieces and create artworks that still read almost as if random pieces fit together magically.



Today I am much more experienced and serious mistakes, cracks and splits in the stone very rarely occur. But there can be no mistaking the fact that this is the result of the tacit knowledge now invested in my very hands through years of tactile experience. As an aside, I extend my deepest sympathy to surgeons for having to acquire this very personal knowledge through doing, but not being allowed a mistake! That said, through years of experience I have also begun to understand that even mistakes in stone, weak areas that chip or break away can leave very interesting surfaces and forms that I may want to work with.

Unlike an artist the surgeon does not often see his or her work post completion. In a way, the better the surgical execution, the more the evidence of their intense surgical interaction with the physical body disappears. Visual art is therefore a magnificent teacher, a barometer of where you were, where you are and where you may be headed: the marks on an artwork tell of an ongoing form of exploration, of a process of learning and becoming

something else. Such marks may be understood in relation to the development of the artist, their bodies, their thoughts and experiences. For me 'scars' on an artwork signal a different kind of narrative than healing. I am not aiming for perfection, a perfect result if you like. In fact, a perfect result would be one where the artwork embodies an open form of collaboration between the material, the concept and the artist.

Grene explains that: "In the from-to stretch by which we grope our way forward out of and into and within the world, we both make and are made, possess and

are possessed". For the visual artist, this feedback loop is essential for growing. As an artist, I have come to realize that the more intensely my interaction or contact with the material, the more I can take from it post completion. If made by proxy, this opportunity is lost. To quote from Grene again: "...the action through which we appropriate is also the passion through which we give ourselves to being. Our selfintegration is also self-surrender; our self-surrender is also the



process through which we find ourselves." I find myself, my artistic voice and my purpose in my interaction with my materials.

I will continue exploring the geology of my specific environment, refining my process and approach of how to work with stone. I prefer to collaborate with materials rather than to dominate them, to recognize the materials for what it 'is' with endearment and deep appreciation. I find this interaction between myself and the material humbling for many reasons, one of which being that such beauty exists without any animated design. All I wish to do, is to bring it to attention of others.



Angus Taylor Sculptor **Dionysus Sculptures International** http://angustaylor.co.za



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Low-Profile Dynamic PIP Joint Orthoses

JOY HANNA, ECKO, BRISBANE AUSTRALIA

Management of proximal interphalangeal joint (PIPJ) dysfunction of the hand remains one of the most challenging surgical and rehabilitative paradigms. Pain, stiffness, swelling, loss of ROM, reduced strength and deformity can occur as a result of trauma and nontraumatic arthritis (Branam et al., 2007; Bravo et al., 2007).

Disruption of the normal congruency & biomechanics of the joint produces significant limitations in both power and precision. Intrinsic (bony architecture, softtissue tensioning, extensor mechanism competence, collateral ligament integrity) and extrinsic (patient age, occupation, activity level, ability to comply with therapy) characteristics differ between patients and must be taken into account when planning PIPJ orthotic design.

This paper provides an alternative orthoses to facilitate protected motion of the PIPJ in the presence of multitissue dysfunction.

The intact PIPJ is unique and this creates the challenge when we attempt to apply standard rehabilitative principles. The intact PIPJ enables us to perform tasks that require precision, dexterity, manipulation of objects in a sustained and repetitive manner and power.

One of the most important features of PIPJ function

is the variation in capacity and demand between radial and ulnar digits, in that the index and middle PIPJ require stability for prehension whilst the ring and little maximum motion for power (Bravo et al., 2007). This variation in demand is critical to the decision making process in terms of mobilising versus immobilising when developing our rehabilitation program i.e. maximising end range flexion motion in the index finger at the expense of maintaining radial lateral stability may compromise the long term function of that patient's hand.

The intact PIPJ has a range of motion (ROM) of around 100 degrees and a functional ROM of between 30 -70 degrees with an increasing ROM required as we move towards the ulnar aspect of the hand.

The preservation of PIPJ function is dependent on the maintenance of a pain free flexion/extension arc and lateral stability. The intact PIPJ is stabilised by the bicondylar articular contours, the viscoelastic constraint of the radial and ulnar co-lateral ligaments and possibly the extensor mechanism (Linschied, 2000; Murray, 2006).

This simple splint design enables early retention of flexion arc whilst preserving lateral stability, the later often being sub-optimal in traditional dynamic splints. It also offers the ability to block end of range (EOR) of extension when protection of the volar stabilising structures are required. Stability varies throughout the arc of motion and is at its greatest at the extremes of motion. This splint design promotes lateral stability throughout the range.



The author has utilised this splint in PIPJ arthroplasty when lateral stability has been compromised, when the implant is at risk of dorsal dislocation at EOR extension and/or in the presence of compromised extensor function with a dorsal approach. It has also proved beneficial in complex intra-articular fractures of the PIPJ.

As therapists, it is critical to be aware of the vulnerability of particular structures dependent on the injury. Therapists should adjust their post-operative rehabilitation regime balancing motion and protection. Treatment provided should be efficient, effective and simple for patients to complete. Step (3) Cut the patterns out on a piece of 2mm thermoplastic

This splint design has a low profile, is simple to fabricate and relatively easy for the patient to manage. Investigation into the outcomes following the use of this specific technique is required to allow the provision of evidence-based practice.

Splint fabrication

Draw the two patterns for the orthosis by utilising a rubber glove placed over the affected digit.

Step (1) Proximal portion



Step (2) Distal portion





Step (4) Moulding



Step 4. Mould the proximal portion first ensuring that the lateral "ears" lie directly over the axis of the PIPJ. Curl the dorsal leaf of the splint to allow blockage of end of range extension as required. Mould the distal portion whilst the proximal portion is on the finger so that you can approximate the lateral "ears" directly over the proximal portion. Often the plastic will be tacky and adhere in the short-term which enables you the ability to mould the dorsal leaf in contact with the reciprocal leaf on the proximal portion at the required angle.



References

- Branam BR, Tuttle HG, Stern PJ, Levin L. Resurfacing arthroplasty versus silicone arthroplasty for proximal interphalangeal joint osteoarthritis. J Hand Surg (Am) 2007:32:775-778.
- Bravo CJ, Rizzo M, Hormel KB, Beckenbaugh RD.
 Pyrolytic Carbon Proximal Interphalangeal Joint Arthroplasty: Results with minimum two-year follow-up evaluation. J Hand Surg 2007;32A:1-11
- Linscheid RL, Implant Arthroplasty of the Hand: Retrospective and Prospective Considerations, J Hand Surgery 2000:25A:796-8



Step 5. Rivet at the axis of the joints on both radial and medial side with a rivet slightly too long for the width of the plastic- this allows motion as a hinge. Place straps proximally and distally. Apply a rubber band over the abutting dorsal leaves.

Step 6. Check that the splint allows stable maximal flexion whilst the rubber band facilitates a dynamic extension force.



Joy Hanna has over 20 years experience in hand and upper limb rehabilitation. She graduated from the University of Queensland in 1992 and completed a Master of Science (Hand Therapy) in 2003. Her

Masters thesis was on the Management of Extensor Tendon Injuries with Early Active Mobilisation. Joy has worked both in Australia and the UK, both within the public and private sectors. She is currently the Manager of EKCO Hand Therapy in Brisbane. Joy has presented at both national and international conferences in Australia, the UK and USA and has taught at a number of universities in the field of hand therapy. Joy is a past president of the Australian Hand Therapy Association. Art Exibit #3: Jewelry Box "The Holy Hand of Alchemy"

Artist: Izabel de Villiers 2017







Research Round-up

THE INFLUENCE OF LATE DISPLACEMENT IN DISTAL RADIUS FRACTURES ON FUNCTION, GRIP STRENGTH, RANGE OF MOTION AND QUALITY OF LIFE.

M Å Wadsten, G O Sjödén, G G Buttazzoni, C Buttazzoni, E Englund, A S Sayed-Noor

Journal of Hand Surgery (European) Volume 43, issue 2, p131-136, July 2017

1.What were your main reasons for writing this article?

The idea of the article arose after a study we published in BJJ evaluating stability in distal radius fractures (DRF). In this study we found that late displacement after 10-14 days occurred in approximately 1/3 of the cases. Furthermore, when discussing our findings on an international level, we found that our treatment algorithm with a shorter follow up time was considered controversial, at least in North American countries. Despite this, we could not find studies focusing on the clinical outcome in patients with late displaced DRF. From a clinical point of view, this was somewhat surprising since the question and knowledge about what happens with these patients is essential.

A longer follow up time require more resources from public health, especially if the late displacements lead to surgery. Therefore it's important that an extended follow up is also clearly a benefit for the patient.

We wanted to know how patients with late displacement managed in daily activities compared to patients with union in acceptable position. We realised that some of the answers would be available in our material with a further follow up.

2. What are the most interesting/important results and conclusions of your article?

We expected that patients with late displacement would experience more problems in daily activities. We also expected them to do worse in strength and range of motion (ROM). Our thesis was right regarding strength and ROM, where patients with late displacement had a worse outcome. Thus, late displacement may affect patients with high demands for strength and ROM during professional activity or leisure.

Simultaneously, we were surprised to see that no differences could be seen in the outcome questionnaires. This implicates that late displacement will probably not limit the activities of normal daily living for the majority of patients with a distal radius fracture.

3. What should all hand surgeons and or hand therapists reading your article understand about the findings of your research?

It is important to understand that late displacement after 1-2 weeks is common, especially if there is initial displacement and comminution of the fracture. The treating surgeon must analyse the specific needs for each individual patient. If we know that our patient has high demands regarding strength and motion of the wrist, and we certainly want the fracture to unite in a good position, a final follow up of 1-2 weeks is not enough when conservative management is chosen.

However, it seems like the average distal radius fracture patient will probably not experience more problems in daily activities, even if a late displacement occurs.

Even though treatment algorithms vary in many countries, hand surgeons and hand therapists should be aware that patients with a late displaced distal radius fracture may need to focus more on rehabilitation especially regarding forearm rotation and strength.

4. Will you be conducting further research/publishing further work on this topic? If so, what will it entail?

We continue our work with distal radius fractures and I think our greatest challenge is to improve our knowledge of how to identify the patients who will benefit the most from surgical treatment. There has been a continuous increase in the number of operatively treated DRF and the peak limit may have been reached. I think a more individualized treatment is the next step. We need to further improve our knowledge of fracture instability at early and late stages and also the outcome after both conservative and surgical treatments in different patient categories. The present study showed that late displacement might lead to reduced strength and range of motion. We do not know if we can avoid this with surgery at a late stage or if surgery at an earlier stage is the answer. This and many other questions are what we need to find out.



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Tips & Techniques

BABY-FRIENDLY AND SAFE EXCISION OF POSTAXIAL POLYDACTYLIES TYPE B



Daniel M. Weber, MD

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1. INTRODUCTION

Postaxial polydactylies can be divided into two types: type A with well-developed, articulated extra digits and type B with rudimentary, pedunculated digits. Type A is less common, and it is relatively often associated with syndromes. Therefore, affected children should be assessed by pediatricians or geneticists before surgical resection is performed under general anesthesia around the first birthday (Figure 1). Type B is common and affects 1 in 1300 live births in the Eurasian population and up to 1 in 150 in African-Americans (1)

(Figure 2). It is often inherited in

an autosomal dominant fashion.of

the three of us I thought would be

fruitful.



Figure 1



Figure 2

2. TREATMENT

Hands with type B polydactylies are normal except for the extra digit, and therefore, the treatment aims at a straightforward resection of the rudimentary finger. Traditionally, this was performed with suture ligation in the perinatal period by obstetricians or pediatricians.

However, an increasing number of patients have been referred to hand surgeons, and the question arises how to perform the resection in infants. Options include suture or vascular clip ligation with or without local anesthesia and formal surgical resection with local or general anesthesia. However, few retrospective studies have been published on the subject, and none of them provide evidence for which treatment is best (2)

2.1 Ligation

Suture ligation or vascular clip ligation of the extra digit is quick and simple, and the mummified finger should fall off spontaneously after about 10 (4-21) days (3,4). However, the extra digit has a nerve supply, so tying it off without appropriate anesthesia can be very painful. Furthermore, simple ligation usually leaves a noticeable scar, and painful neuromas can occur (3). This may cause revision surgeries, reported to occur in 7% after clip ligation and 23.5% after suture ligation (4). Patient's discomfort and parental distress have been reported to arise from the falling off of the black nubbins (5).

2.2 Surgical excision The high revision rate and parental distress after suture ligation encouraged surgeons to perform formal excisions of the extra digit, particularly when children presented after the neo-natal period. A number of techniques have been recommended. Some surgeons opt for straight-line excision with a single swipe under light tension of the digit without coagulation of the nerve and vessel, whereas others prefer elliptical incisions, formal dissection, and coagulation of the feeder vessel and nerve {Katz, 2011}. Good cosmetic appearance at discharge and at the later follow-up were recorded, with no long-term complications such as neuroma formation (2). However, controversy exists on how to provide suitable analgesia: Abzug and Kozin recommend performing the surgical excision under general anesthesia at the age of 1 year or older (1). By delaying surgery, they avoid the use of general anesthesia in the

66 The present recommendations focus on baby-friendly care, allowing excision of postaxial polydactylies type B to be performed on infants with minimal distress **22**

very young patient, the elevated risks of which have become a major concern (6). However laboratory based neurotoxicity of anesthetics in young children seems not to be a clinical significant problem. (6,7).

Cardio-respiratory disturbances and life-threatening problems during general anesthesia in newborns are the real risk and reason to delay surgery in this population to older age (Weiss 2016; www.safetots. org). Therefore, many authors recommend early surgical excision under local anesthesia, either with injection of a local anesthetic (8) or a topical anesthetic cream (2). Both authors positioned the child on the operating table, and the role of baby-friendly handling was not discussed.

2.3 Author's preferred method A topical anesthetic cream

containing duocaine 5%, lidocaine 2.5%, and prilocaine 2.5% (EMLA ®) is applied generously to the little

finger and the extra digit, and an acetaminophen suppository (25 mg/ kg)is given one hour prior to the procedure.

The child is breast- or bottle-fed by the mother immediately prior to the procedure. The child is given a pacifier if it is used routinely in the family. The child is then transferred to a room dedicated to small surgical procedures and handed over to the assistant, who keeps the child comfortable and warm next to the chest (Figure 3). Bright operating lamps are avoided, and the face of the child can be covered to protect the eyes from light.



Figure 3

Sterile draping of the polydactylous hand is performed with an aqueous antiseptic (Octenidine hydrochloride, Octanisept ®). Then, 0.5 ml of 1% lidocaine solution without epinephrine is infiltrated proximal to the base of the extra digit. Ellipsoid skin incisions are performed at the base of the extra digit, and the digital nerves

and vessels are dissected and coagulated with diathermia. The skin is closed with an adhesive dressing (Steri-Strip ®) supplemented by resorbable sutures (polyglactin 9/0, Vicryl Rapide ®) if needed (Figure 4). A 24% sucrose solution may be administered orally if the child becomes agitated.



Figure 4

The child is never transferred to an operating table but stays in the arms of the assistant during the whole procedure until returned to the parents. Many well-fed children fall asleep during the procedure, and the crying of a child is unusual.

Young infants up to the age of 6 months tolerate this procedure best (Figure 5). No specific postoperative observation is needed for this outpatient procedure, and follow-up visits can be done by the referring pediatrician. Acetaminophen suppositories or oral drops (25mg/ kg/dose, max. 100mg/kg/day) can be administered by the parents as needed.



Figure 5

3. DISCUSSION

Several authors have demonstrated the efficacy and low complication rates of surgical excisions of type B polydactylies under local anesthesia. Beyond these series, evidence for the safe application of EMLA and injection of lidocaine in newborns has been provided in large studies on male circumcisions (9). The present recommendations focus on babyfriendly care, allowing excision of postaxial polydactylies type B to be performed on infants with minimal distress. This may further minimize the neuroendocrine surgical stress response and may help avoid exaggerated pain response later in life (10).

Tying off a postaxial polydactyly type B at the nursery is still an accepted method. However, relatively high revision rates, permanent scars that can be noticeable, and the parental distress that can occasionally be observed after ligation raise the question

whether the indication for surgical excision under local anesthesia should be extended from latepresenting infants to all neonates born with this condition.

4. REFERENCE

- 1. Abzug JM1, Kozin SH. Treatment of postaxial polydactyly type B. J Hand Surg Am. 2013 Jun;38(6):1223-5. doi: 10.1016/j. jhsa.2013.02.002. Epub 2013 Mar 27.
- 2. Katz K1, Linder N. Postaxial type B polydactyly treated by excision in the neonatal nursery. J Pediatr Orthop. 2011 Jun;31(4):448-9. doi: 10.1097/ BPO.0b013e31821addb6.
- 3. Watson BT1, Hennrikus WL. Postaxial type-B polydactyly. Prevalence and treatment. J Bone Joint Surg Am. 1997 Jan;79(1):65-8
- 4. Mills JK, Ezaki M, Oishi SN. Ulnar polydactyly: long-term outcomes and cost-effectiveness of surgical clip application in the newborn. Clin Pediatr (Phila). 2014 May;53(5):470-3. doi: 10.1177/0009922813514479. Epub 2013 Dec 16.
- 5. Dodd JK1, Jones PM, Chinn DJ, Potokar T, Laing H. Neonatal accessory digits: a survey of practice amongst paediatricians and hand surgeons in the United Kingdom. Acta Paediatr. 2004 Feb;93(2):200-4.

- Houck CS1, Vinson AE1. Anaesthetic considerations for surgery in newborns. Arch Dis Child Fetal Neonatal Ed. 2017 archdischild-2016-311800. Epub 2017 Mar 10.
- 7. Davidson A, Vutskits L. The new FDA drug safety communication on the use of general anesthetics in young children: what should we make of it? Paediatr Anaesth. 2017 Apr;27(4):336-337. doi: 10.1111/ pan.13122.
- 8. Carpenter CL1, Cuellar TA, Friel MT Plast Reconstr Surg. 2016 Feb;137(2):564-8. doi: Office-Based Post-Axial Polydactyly Excision in Neonates, Infants, and Children. 10.1097/01. prs.0000475787.67693.e7.
- 9. Brady-Fryer B1, Wiebe N, Lander JA. Pain relief for neonatal circumcision. Cochrane Database Syst Rev. 2004 Oct 18;(4):CD004217.
- 10. Lönnqvist PA. Regional anaesthesia and analgesia in the neonate. Best Pract Res Clin Anaesthesiol. 2010 Sep;24(3):309-21

Jul;102(4):F359-F363. doi: 10.1136/

5. LEGENDS

Figure 1: Postaxial polydactyly type A in a child with Ellis-van-Creveldsyndrome

Figure 2: Postaxial polydactyly type B

Figure 3: Positioning of the child on the assistant's arm for surgery

Figure 4: Newborns tolerate the use of diathermia and suturing without sedation

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Member Society News

TAIWAN SOCIETY OF THE HAND

The Taiwan Society of the Hand (TSSH) was founded in 1990: its members include orthopaedic surgeons, plastic surgeons, general surgeons and rehabilitation specialists. TSSH joined IFSSH in 1994, and later became one of the founding members of APFSSH.

TSSH will hold its annual congress from May 5th-6th 2018, and we would like to take this opportunity to cordially invite our affiliated societies, including the Japanese Society for Surgery of the Hand (JSSH), the Korean Society for Surgery of the Hand (KSSH), and the Singapore Society for Hand Surgery (SSHS), to join us and our prestigious international guest speakers at this event.

This year's guest society is the KSSH: Soo-Min Cha, as the Secretary General of our guest society, will make a presentation on the condition of hand surgery in Korea. Combined KSSH-TSSH forums have been convened, and separated into two sessions; Orthopaedic Hand and Plastic Hand. Each topic will be covered by presentations and discussion panels headed by hand surgeons from both Korea and Taiwan, with Francisco Del Pinal from Spain, and In-Ho Jeon from Korea providing the Keynote speeches. Additionally, Rei Ogawa (Japan), Sang-Hyun Woo (Korea), and Clara Wong (Hong Kong), will join local experts for panel discussions including: Upper Limb Lymphedema, Application of Venous Flaps, Burn Hand Reconstruction, and a number of wrist and elbow issues. We look forward to our guests sharing their experiences, and hope that this will broaden the horizons of our TSSH members.

For this year's meeting, an Asia-Pacific session was organised to encourage young surgeons to present their research and/or work, and the travelling fellows play their role as ambassadors to enhance the friendship and commitment to cooperation between the Societies.

Finally, in the past year, the 'Continuous Medical Education (CME) in Hand Surgery' has gone from strength to strength. 2017 saw the introduction of live streaming of all CME events through social media, encouraging more surgeons to join TSSH activities island wide. The TSSH website has also been updated: the user interface was improved, facilitating fast and efficient access to important announcements, conference schedules, CME files and even video demonstrations, together with the launch of a new tab, 'where to find hand surgeons in my city', allowing members of the general public to locate a certified hand surgeon in their area. For more information, please visit www.handsurgery.com.tw



SWITZERLAND HAND SURGERY



Schweizerische Gesellschaft für Handchirurgie SGH Société Suisse de Chirurgie de la Main SSCM Società Svizzera di Chirurgia della Mano SSCM

Hand Surgery & Therapy quo vadis? On to new shores

Under this motto the 51st Annual Congress was held with Hand Surgeons and Hand Therapists in Thun on 16th-17th November 2017, hosted by the president Mario Bonaccio (Frauenfeld) in his first term. The topic of the Congress included minimally invasive Hand Surgery, Spasticity and Tetraplegia as well as a political roundtable about the future developments in financing an already very expensive health system without losing our very high quality of care.

Shortly after the meeting this discussion turned into a difficult reality as our Federal Government imposed a new reimbursement system on the ambulatory health care which reduced the financial compensation of most of our surgical procedures by almost 40%. This hits the Hand Surgeons very hard, because we perform a big part of our procedures on an outpatient basis and we can't compensate this loss with income from private inpatients. The only positive consequence so far is that the SGH has decided at an extraordinary meeting, to offer a constructive solution. This will be indispensable for the security of the patients and to keep our high quality of care.

Switzerland was the guest country in Paris, at an exciting and highly scientific 33th Annual Congress from 18th-20th December 2017. This Congress allowed the sharing of not only scientific information but also friendship under the presidency of Philippe Bellemère.



The presidential dinner at the palace "Le Pré Chatelan" in Paris

The Swiss Hand Surgery Society (SGH) increased its ordinary and extraordinary members in 2017/18 from 254 to 269. Also the Board changed and welcomed three new members: Torsten Franz (Uster), Stefan Schindele (Zürich) and Silvia Schibli (Chur)

There is exciting work going on in the field of education. The 4 year training program of the Swiss Hand Surgery Society has been accredited for the second time by the Federal Office of Public Health. Apart from our specialty in Hand Surgery Training, there is an additional 2 year common trunk in general surgical training completed by a basic examination. This common trunk will be structured in the near future by the newly founded Swiss College of Surgeons of which the SGH is a founding member. This will include a modular system, where individually learned procedures (basic surgical skill with simulators, management of legal issues, diagnostic techniques, management of critical care, medical morbidity, etc) are certified.

Esther Vögelin and Mario Bonaccio

AMERICAN ASSOCIATION FOR HAND SURGERY

Looking Beyond Innovation



Dr. Nicole Jarrett, Cooper University Health Care in Philadelphia, PA, on a medical mission in Honduras in April 2017

Coming off of a successful Annual Meeting in Phoenix, Arizona the American Association for Hand Surgery is already at work planning its 2019 Annual Meeting under the theme "Beyond Innovation" to be held January 30 -February 2, 2019 at the JW Marriott Desert Springs in Palm Desert, California. The French Society for Surgery of the Hand will be the guest organization. Under the direction of President Dr. Brian Adams and Program Chairs Dr. Glenn Gaston, Dr. Christina Ward and Dr. Jane Fedorczyk, the 2019 program will feature a number of new and interactive elements. As a unique organization of both hand surgeons and hand therapists, the AAHS meeting content reflects the collaboration of both groups, and so we welcome all hand surgeons and hand therapists to attend the meeting in Palm Desert next year. Abstracts will be accepted until Sunday, July 8, 2018. http://meeting.handsurgery.org/

AAHS also continues to offer its webinar series with the aim to provide hand care education on a global scale. The

Association has held numerous extremely well attended webinars in the past two years, and more are being planned for 2018. These webinars are FREE to any and all participants. More information is available online at http://handsurgery.org/. The next webinar, Management of Peripheral Nerve Gaps, will be held in conjunction with AAOS and ASHT on May 29, 2018 at 7:15 PM Central Time. AAHS and its Hand Surgery Endowment continue to advance global hand care, health and education through various programs, including weekly lectures to orthopedic, plastic surgery and trauma residents as well as hand therapists at the Komfo Anokye Teaching Hospital in Kumasi, Ghana. This has become a successful program for all organizations involved, and the AAHS Education Committee hopes to expand its reach to other countries in the future. To supplement these efforts, HSE continues to grant the Vargas International Hand Therapy Teaching Award, a program which it has supported for over 20 years, and award volunteer scholarship to junior surgeons, fellows and therapists to travel to different locations to provide education and care.



A patient seen bt Dr Nicole Jarrett and team during their medical mission in Honduras in April 2017

For more information about the American Association for Hand Surgery, this history of the organization, membership and journal information, please visit http:// handsurgery.org/.



AAHS PANNUAL PANNUAL

AAHS American Association for Hand Surgery www.handburgery.org Goest Organization French Society for Surgery of the Hand

BRITISH SOCIETY FOR SURGERY OF THE HAND

The British Society (BSSH) has had a very successful year under the presidency of Mr Grey Giddens (2017). Both scientific meetings in Bath and Edinburgh were very well attended. Symposia on a variety of subjects from, modern research methods, wrist biomechanics, CRPS to surgical bias were illuminating and there were excellent lectures from Prof. David Ring on the 'Psychological Aspects of Surgery' and Prof. Stephen Hovius on 'The struggle for evidence in Congenital Hand Surgery'.

One of the highlights of the year was the invitation to attend the German Hand Society meeting in Munich in October where a delegation of the BSSH delivered an instructional session on hand fractures. We had a marvellous reception from Prof Riccardo Giunta and his colleagues and the course gala dinner was unforgettable including the Bavarian headgear!!





Pictured with Grey Giddens is David Shewring, the 2018 president, who delivered the successful bid for BSSH to host the 2022 IFSSH in London and leads a Committee

to oversee this prestigious event, which includes David Newington and David Warwick.

Once again, the series of Instructional courses to support the hand surgery curriculum have commenced. These are in Manchester and the next course (ICHS 7.4 - 29-30th June) is on fractures, joint injury and arthritis. This is also preceded on 28th June by a cadaveric master class in Arthroplasty of the Hand and Wrist with an international faculty assembled.

Finally, the BSSH scientific meetings this year are in Cardiff (May 4-5th) and London (October 11-12th). We are delighted to welcome Dr Neil Jones and Dr Michael Solomons to the Welsh capital in the first of these events. Excellent programmes have been organised with a pre meeting BSSH Research Day organised for the 2nd May on 'The Basics of Doing a Systematic Review'. The BSSH and Council look forward to seeing you in Cardiff & London.



SPANISH SOCIETY FOR SURGERY OF THE HAND (SECMA)

The Board of the SECMA

The new Board of the Spanish Society was constituted at the last national meeting which was held in Marbella on 1 April 2017. The new President is Dr. Pilar Pradilla, the first woman who has become president of the SECMA. She was the director of the Instructional Course in Hand Surgery which took place in Seville from 4-6 April 2018.

The following members constitute the new Board : Dr. Adolfo Galán (General Secretary) from Málaga; Joaquin Casañas (President Elected) from Barcelona, Dr. Guillem Salvà (Treasurer) from Palma de Mallorca; Dr. Pedro Delgado (Secretary Elected) from Madrid , Dr. Fernando Corella (Director and Editor in Chief of The Ibero-American Journal of Hand Surgery) from Madrid, Dr. Marta Guillén (Chair of the Council of Social and Media Service and Website Manager)from Madrid; Dr. Manuel Llusá (Council of Teaching Committee) from Barcelona; Dr. Luis Aguilella (Council of Research Committee) from Valencia, Dr. Javier de Torre (Council

of Professional Matters) from Almeria, and Dr. R. S. Rosales (International Delegate and Council of Institutional Relations Committee) from Canary Islands.

Institutional SECMA Instructional Course

SECMA organizes this two-day institutional instructional course every year, with lectures and lab cadaver sessions. It is aimed at young orthopedic surgeons with a special interest in Hand Surgery. This year, the course took place in Seville, 4-6 April.

VI Institutional SECMA Course in Methodology in **Clinical Research and Data Analysis in Hand Surgery** SECMA offers a day course in clinical research methodology and data analysis every year. The last course took place in La Coruña in November 2017. It was organized by Dr. Gabriel Celester. This year the course, which is free for SECMA members, will be organized by Dr. Corella and it will take place in Madrid and Dr. R. S. Rosales will be the professor. The course will cover the clinical design, level of evidence, the use of patient reported outcome instruments and data analysis using the SPSS and Excel Statistics.

R. S. Rosales MD, PhD International Delegate of the Spanish Society

VENEZUELAN SOCIETY FOR SURGERY OF THE HAND AND UPPER LIMB RECONSTRUCTION

The beginning of Reconstructive Surgery of the Hand and Upper Limb in Venezuela started at the University Hospital of Caracas, and goes back to the year 1972 when Dr. Antonio De Santolo Ricciardelli began the first specialized consultations. These were undertaken in an attached "Section" of the Chair of Orthopaedics and Traumatology Clinics (Luis Razetti School of Medicine, Central University of Venezuela). It was established by Sterling Bunnell who taught that the hand is biomechanically born from the elbow and functionally born in the cerebral lobe opposite to the dominant hand. The hand and the upper limb are an indivisible

Institutional Course of the Spanish Society for Surgery of the Hand. April 2018. Seville. Spain. Lab cadaver session



Institutional Course of the Spanish Society for Surgery of the Hand. Professors and attendees. Seville

SECMA & RICMA (The Ibero-American Journal of Hand Surgery).

The new online version of the "Revista Iberoamericana de Cirugía de la Mano" (RICMA) also named "Ibero-American Journal of Hand Surgery", has contracted with "Thieme E-Books & E-Journals" as the publisher. A new editorial web manager will help the authors to submit their manuscripts to the RICMA. The editorial staff, Dr. Fernando Corella and Dr. Pedro J. Delgado, have carried out a tremendous amount of work for that purpose (www.thieme.com/RICMA). The objective is to start publishing scientific original articles simultaniously in English and Spanish languages. An editorial board has been elected for that purpose: Dr. Vicente Carratalá, Dr. Mireia Esplugas and Dr. Montserrat Ocampos (Associated Editors); Dr. Roberto S. Rosales (Statistical Advisors); and Dr. Pedro J. Delgado Serrano (International Advisor). Several Ibero-American Hand Surgery and Plastic Surgery Societies have already been recruited for this Journal: Portugal, Argentina, Venezuela, Chile, Brazil, Uruguay, and México. We hope that many others will follow in a short time.

functional unit. This was the philosophical precept under which students were trained at the Postgraduate Course in Traumatology and Orthopedics. In 1989, this Section was transformed into a "Unit" and the Residence Programme for Surgery of the Hand and Upper Limb Reconstruction formally commenced, and was endorsed by the current Ministry of Health. In 1997, the Unit was transformed into a "Service" and a 3-year Specialization Program was formally initiated in 2005, and recognised by the Central University of Venezuela. During the last 46 years, many highly trained professionals have graduated in the competencies of our specialty.

It is also noteworthy that Dr. Antonio De Santolo Ricciardelli, was honoured as IFSSH Pioneer of Hand Surgery in 2010. He was one of the founding members in 1974 of the Venezuelan Society for Surgery of the Hand and Upper Limb Reconstruction. Dr. Ricciardelli was Head of Service until 2002 when he retired. The Head of the Service was passed on to Dr. Miguel Guédez, who remained in office until 2014, followed by Dr. Magally Ortiz until the beginning of 2018. Presently Dr. José Vicari holds this honourable position.



May 2018

AMERICAN SOCIETY FOR SURGERY OF THE HAND (ASSH)

The American Society for Surgery of the Hand (ASSH) will host its 73rd Annual Meeting 13-15 September 2018 in Boston, Massachusetts, USA. ASSH President Jim Chang, MD and Program Chairs Jeff Friedrich, MD and Jeff Yao, MD have developed a rich and varied program for the event that aims to "Inform, Innovate and Inspire." The price of registration increases after 1 June 2018, so register soon to reserve your spot at the discounted rate.

This year's International Reception event has changed! Instead of a traditional reception, ASSH is hosting an event at historic Fenway Park, home of the Boston Red Sox baseball team, on 13 September 2018 at 7:10 PM. International attendees are eligible to receive a free ticket to the event, which includes admission to the game (Boston Red Sox vs. Toronto Blue Jays) and a \$25 food and beverage credit to use at the park. Register for the ASSH Annual Meeting soon to reserve your free ticket for this unique experience (Guest tickets may be purchased for an additional fee.).

ASSH is also pleased to announce that they are welcoming the Societa Italiana di Chirurgia della Mano (SICM) as the 2018 International Guest Society.

Members of the guest society will be honoured with a special interactive poster section, access to the VIP Lounge, complimentary 1-year subscription to ASSH's Hand-e online learning site, and more. Learn more about the benefits and opportunities on the ASSH website.

Learn more about all of the sessions and opportunities available at the ASSH Annual Meeting by visiting the website: www.assh.org/annualmeeting. For questions, contact meetings@assh.org.





LINKS:

Program: http://www.assh.org/annualmeeting/Program Register soon: http://www.assh.org/annualmeeting/ Registration/Meeting-Registration/How-to-Register Learn more...: http://www.assh.org/annualmeeting/ General-Information/International-Guest-Society www.assh.org/annualmeeting meetings@assh.org

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Building Bridges – Together Hand in Hand





To Pad, or Not to Pad That is the Question!



Judy C. Colditz, OT/L, CHT, FAOTA

To Pad, or Not to Pad...Hand therapists frequently need to modify orthoses to relieve pressure of an edge or pressure from an underlying bony prominence. Many therapists add padding. This discussion of a few basic principles may be of value to less experienced clinicians.

PADDING ADDS PRESSURE

When padding is added to an area of the orthosis that is already providing too much pressure, the additional padding adds more pressure! Although the padding may dissipate focused pressure (example: sharp edge of orthosis), it does not remove pressure and thus often does not relieve the discomfort.



The solution is to avoid adding padding to the pressure area; instead, add padding around the area of pressure to lift the orthosis off the area



An easy way to assure accuracy is to mark the location of the pressure point on the patient's skin with a marker and then quickly apply the orthosis so the ink from the marker transfers to the inside of the orthosis. This mark defines the

location around which padding should be added (or perhaps just proximally and/or distally). There are many different types of padding, a discussion of which is beyond the scope of this Clinical Pearl. Suffice it to say that the padding must not be soft enough that it will compress so it no longer "lifts" the orthosis off the pressure point.

The ideal, however, is to heat the orthotic material and either slightly roll the edge or create a bubble shape over the bony prominence so the orthosis no longer touches the pressure area.

PADDING REDUCES STABILITY

The more intimately an orthosis fits the contours of the underlying body part, the greater the ability of the orthosis to stay in place. When padding is added, and especially when excessive padding is added, the orthosis is lifted away from the underlying contour and loses critical stability. For this reason, if padding is used at all it should be the absolute minimal amount necessary. If extensive padding is required for comfort, a new orthosis is likely indicated.

MOST PADDING IS UNHYGIENIC AND DIFFICULT TO REMOVE

Adding adhesive backed padding material to the interior of an orthosis is inviting moisture and germs. Removing and replacing adhesive backed padding is often unsuccessful and at best leaves a sticky residue.

If the orthosis cannot be modified to relieve pressure and padding is indicated, the use of removable, washable padding may be the solution.

One method is to affix a narrow sliver of adhesive backed hook on the inside of the orthosis at the desired location of the padding and adhere the padding to the hook. One must use a padding material with a surface compatible with the adhesive hook. Neoprene materials that have a hook compatible side and some soft strapping materials can be used as removable padding.



Orthosis to block thumb MP joint flexion creates pressure over the dorsum of the MP joint.

Orthosis to block thumb MP joint flexion creates pressure over the dorsum of the MP joint. Small neoprene pad is positioned proximal to the MP joint and kept in place with a thin piece of adhesive hook. The pad is removable and washable.



Small neoprene pad is positioned proximal to the MP joint and kept in place with a thin piece of adhesive hook. The pad is removable and washable.

The adhesive hook is kept to the absolute minimum amount to minimize bulk; all that is needed is enough to hold the padding in place. The patient can be given additional replacement pads, and/ or the patient can remove, wash, and replace the pads.

BEST SOLUTION: NO PADDING

Of course, the ideal solution is to avoid the need for padding. One suggestion is to identify all potential areas of pressure and raise the contour of these areas before molding the orthosis. One technique is the use of relatively firm exercise putty. (Soft putty will not retain its shape when orthotic material is molded over it.) Take a small amount of firm putty and roll it into a small ball (or a tube shape, if appropriate). Place the shape over the prominence and gently smooth the putty so there is

a soft transition. Place the warm orthotic material over the putty, molding the orthosis. When the orthosis has cooled, remove the putty so there is space between the material and the underlying contour.



Smoothed putty over the distal ulna prominence creates extra space when the orthotic material is molded.

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More HandLab Clinical Pearls can be downloaded free of charge : https://handlab.com/resources/ category/clinical-pearls/





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