

# ezine ifssh

CONNECTING OUR GLOBAL HAND SURGERY FAMILY

BONE GRAFTING USING AN  
ALUMINUM FOIL TEMPLATE

CALL FOR COOPERATION:  
NEWBORN COMPARTMENT SYNDROME

PIONEER AND EXCO NOMINATIONS



## *In Search of Answers*

HANDS ACROSS  
THE ATLANTIC

CURRENT MANAGEMENT OF SCAPHOID NON-  
UNION BASED ON THE BIOMECHANICAL STUDY

UPCOMING EVENTS





## Good News for Doctors-in-training!

It is the priority of IFSSH to make the visit of the World Congress affordable to the young and interested generation. Therefore, a new registration status for Doctors-in-training has been installed. For the reduced fee of EUR 340 in the early registration, young surgeons have the possibility to enhance their knowledge and skills during the 5-day congress in Berlin.

Join us and make the most of your stay!

### Early Bird Registration until 28 February 2019



[Register now >](#)

## Triennial International Hand Surgery & Therapy Congress



# contents

### 4 GUEST EDITORIAL

Evidence-based medicine in the world of 'alternate facts'  
- Ben Ollivere

### 6 IFSSH HISTORIAN REPORT

- David Warwick

### 8 SECRETARY-GENERAL REPORT

- Daniel J. Nagle

### 10 PIONEER PROFILES

- Boleslaw Nagay
- James F. Murray

### 12 SPECIAL FEATURE

Call for cooperation "Newborn Compartment Syndrome"

### 14 HAND THERAPY

Hands Across the Atlantic  
- Flurina Zeier

### 18 RESEARCH ROUND-UP

Current Management of Scaphoid Non-union  
Based on the Biomechanical Study  
- Kunihiro Oka and Hisao Moritomo

### 20 TIPS AND TECHNIQUES

Bone Grafting using an Aluminum Foil Template  
- Alexander Zolotov

### 22 MEMBER SOCIETY NEWS

- Indian Society for Surgery of the Hand
- Guatemalan Association of Hand Surgery
- German Society for Surgery of the Hand (DGH)
- The Hong Kong Society for Surgery of the Hand (HKSSH)

### 26 ART

Tea Pot

### 27 UPCOMING EVENTS

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



# Evidence-based medicine in the world of 'alternate facts'

The world hasn't yet really decided what the presidency of Donald Trump will leave as its legacy but whatever it is you can be certain it won't be the normal presidential legacy. Few observers, whatever their leaning, would argue that Trump's policies are without controversy and there is little in the American President's politics that we can find reflected in the views of the editorial staff here at 360. A quite astounding phenomenon has been the development of the term 'alternate facts'. A jaw-dropping approach which is at best misdirection and at worst flagrant lies.

This phenomenon has set me thinking about probity and specifically research ethics. To coin a new phrase, 'alternate facts papers' are not as rare as one might think. The best estimates of the number of retracted papers would suggest that they are on the increase. There were 2047 retracted articles in the PubMed index in 2012(1) however, with a seemingly exponential growth there are now 4919 indexed in PubMed in 2017. These articles are increasing in frequency and clearly represent only the 'tip of the iceberg', with rises in the number of retractions for both error and fraud (1) discussed in one of the best articles on the topic.

So, there are some scientific 'alternate facts' out

there as well. Does it really matter? If retractions happen, surely that will solve the problem? Not necessarily, is the short answer. The Internet provides permanence even to retracted papers. The online monitor Retraction Watch has a "leader-board" of the most cited retracted papers. The leading paper (describing a protein apparently secreted by visceral fat that mimics the effects of insulin) has an amazing 1023 citations. The majority (n = 776) occurred after its retraction. While for some the temptation may have been too much or simply the result of innocent errors, there are many authors with multiple retracted papers. Now disgraced anaesthetist Yoshitaka Fujii has had 183 papers retracted, most concerning post-operative nausea and vomiting, with entirely faked data(2).

While this clearly represents the minority of papers, it does underline the difficulty inherent in the Internet's ever-present memory. One of the potentially best papers we have seen for many years concerning DVT prophylaxis and patients post arthroscopy and following lower limb plasters has probably been read only by a minority of readers(3). Despite being a new and important study reported in The Lancet, it doesn't appear on the first ten pages of Google under the search term "thromboprophylaxis plaster cast", but many guidelines and opinions do, including the NICE

guidance (CG92) recommendations which, in the absence of evidence, were based on expert opinion only. Even when using the PubMed search engine this study ranked twentieth in relevance to the same search.

Whilst this is perhaps a particularly good example as there is much previous research, much funded by drug companies and the high dollar healthcare industry is not above promoting themselves up search engines, just as much as they are prepared to buy votes (via the lobby system) in the US congress, fund research with a deliberate design to shed positive light on their products or influence national policy.

“..much of what we read may not only be out of date, but it may be just plain wrong; it may even have been withdrawn.”

The inclusiveness and algorithm-led nature of internet searching can, in some circumstances, result in significant inertia in the spread of ideas. In addition to this, it continues to propagate discredited papers and 'alternate facts' (I won't even attempt to delve into the 'Bowling Green Massacre' or 'What Happened in Sweden!'). It is important for those of us in clinical practice to be aware of this. The ubiquitous nature of the 'quick Google search' has the potential to not only throw up valuable information but also misinformation. We may feel in medicine that we are beyond making such simple mistakes, but

there is a real risk that much of what we read may not only be out of date, but it may be just plain wrong; it may even have been withdrawn. The quest for evidence-based practice is facilitated, and hampered, by the information age in equal measure.

## References

1. Steen RG, Casadevall A, Fang FC. Why has the number of scientific retractions increased? PLoS One 2013;8:e68397. Erratum in PLoS One. 2013;8. doi:10.1371/annotation/0d28db18-e117-4804-b1bc-e2da285103ac.
2. Retraction Watch. Archive for the 'Yoshitaka Fujii' Category. Co-author of retraction record-holder likely fabricated his own data, analysis shows. mDecember 2016. <http://retractionwatch.com/category/yoshitaka-fujii/> (last accessed 27/02/2017).
3. Van Adrichem RA, Nemeth B, Algra A, et al; POT-KAST and POT-CAST Group. Thromboprophylaxis after Knee Arthroscopy and Lower-Leg Casting. N Engl J Med 2017;376:515-525. [www.bj360.boneandjoint.org.uk](http://www.bj360.boneandjoint.org.uk)



**BEN OLLIVERE**  
EDITOR-IN-CHIEF  
EDITOR360@  
BONEANDJOINT.  
ORG.UK

Bone & Joint360 | volume 6 | issue 2 | April 2017  
62.360editorial2017

© 2017 The British Editorial Society of Bone & Joint Surgery. DOI: 10.1302/2048-0105.62.360522

# IFSSH

## Historian Report 2018

It is a privilege to serve as your IFSSH Historian. In this Report I will show you some of the progress made over the past 6 months.



### SOCIAL MEDIA

IFSSH now has a Twitter account. This has been set up by myself with the assistance of my colleagues Zaf Naqui and Max Horwitz. @IFSSHHand.

If there is anything that any IFSSH member wants to send around the world to the hand surgery community then let me know (Davidwarwick@handsurgery.co.uk or @handwrist) and I can post it on Twitter for you. Please follow @IFSSHHand and retweet the tweets that we send.

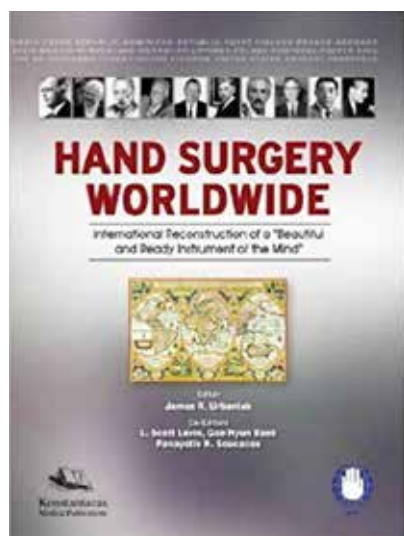


### IFSSH WEBSITE WWW.IFSSH.INFO

Our website has been thoroughly updated and will be launched soon. It has a simple -to-use layout with useful portals such as an Education Portal and an Archive Portal.

### HAND SURGERY WORLDWIDE

This great book was published several years ago. We have now had it scanned and it will be available for you all to read on its own portal in the new IFSSH Website. It contains the fascinating history of IFSSH.



### UPDATED HAND SURGERY WORLDWIDE

We have invited many countries whose hand society was not in existence at the time of the first book to send in their histories. We have also asked older societies to send in an updated history. These accounts will also be on the new website within the Hand Surgery Worldwide section of the new website

### IFSSH ARCHIVES

Helped by our great IFSSH Administrative Secretary Belinda Smith, we have uploaded onto the Archives tab of the new website all the minutes of the Council and Delegates meetings as well as details of all the Giants and Pioneers in Hand Surgery. So, all IFSSH members can now see what we discuss and what we create.



### EVIDENCE BASED MEDICINE

The University of Nottingham has a Centre for Evidence Based Medicine in Hand Surgery. Every month there is a distillation of all systematic reviews relevant to our speciality. This is a great resource and any IFSSH member can receive these automatically- just visit <https://www.jiscmail.ac.uk/HAND-SURGERY-EVIDENCE-UPDATES> and get registered.



David Warwick

### PROFESSOR DAVID WARWICK

MD BM FRCS FRCS(ORTH) EUROPEAN DIPLOMA OF HAND SURGERY CONSULTANT HAND SURGEON PRESIDENT ELECT, BRITISH SOCIETY FOR SURGERY OF THE HAND ORTHOPAEDIC RESEARCH GROUP LEAD EXECUTIVE COMMITTEE, INTERNATIONAL FEDERATION OF SOCIETIES FOR SURGERY OF THE HAND

ezine  
**ifssh**  
CONNECTING OUR GLOBAL HAND SURGERY FAMILY

### IFSSH DISCLAIMER:

The IFSSH ezine is the official mouthpiece of the International Federation of Societies for Surgery of the Hand. The IFSSH does not endorse the commercial advertising in this publication, nor the content or views of the contributors to the publication. Subscription to the IFSSH ezine is free of charge and the ezine is distributed on a quarterly basis.

Should you be interested to advertise in this publication, please contact the Editor: [ezine@ifssh.info](mailto:ezine@ifssh.info)

### IFSSH EZINE EDITORIAL TEAM:

#### EDITOR:

**Professor Ulrich Mennen**  
(Past President of the IFSSH)

#### DEPUTY EDITOR:

**Professor Michael Tonkin**  
(Immediate Past President of the IFSSH)

#### GRAPHIC DESIGNER:

**Tamrin Hansen**

#### TO SUBSCRIBE GO TO:

[www.ifssh.info](http://www.ifssh.info)  
[administration@ifssh.info](mailto:administration@ifssh.info)



# Secretary General Report

## Report on the June 2018 Berlin visit

Representatives of the organizing committees of the 2019 IFSSH Berlin triennial meeting provided IFSSH President Dr. Zsolt Szabo and Secretary-General Dr. Daniel Nagle and IFSHT President Dr. Anne Wajon a congress site visit of Berlin. The tour was organized to follow the June FESSH meeting in Copenhagen. The local hosts, including Dr. Joerg van Schoonhoven and Dr. Max Haerle of the German Society for Surgery of the Hand (DGH) and Ms. Beate Jung of the German Society for Hand Therapy (DAHTh) and along with Ms. Isabell Faad and Ms. Denise Schuler of Intercongress (the congress organizing contractor), provided Drs. Szabo, Nagle and Wajon with an in-depth tour of the meeting venue, the Berlin CityCube. This is a beautiful new spacious (2,555 m<sup>2</sup>) congress/exhibition facility that will easily accommodate the IFSSH Triennial meeting. I encourage you to visit the CityCube website. <https://convention.visitberlin.de/en/meetingguideberlin/locations/citycube-berlin>. The congress hotel will be the Ritz Carlton and the IFSSH Gala will be held in the Ritz Carlton ballroom. A plethora of hotels in all price ranges are available and public transportation is very convenient to the CityCube.

Drs. van Schoonhoven and Haerle and Ms. Jung reviewed the tentative congress schedule. They pointed out that abstracts were already being received. The organizing committee has been in contact with 56 hand surgery societies from around the world and has set up an international scientific committee with over 260 experts. The organizers plan to introduce new innovative educational opportunities. A series of "pre-courses" will be offered on Monday, June 17, 2019. A focus on young hand surgeons and therapists will include new

social activities as well as workshops and lectures designed specifically for the "next generation" of hand care specialists. While the IFSSH congress has always featured current and forward-looking hand surgery care, this congress will also feature lectures on providing care to those with hand pathology and injuries in areas of the world with limited resources. Also, the organizers have incorporated FESSH-sponsored Instructional Courses and an Instructional Book.

The economics of such a large undertaking were discussed and it is clear the organizers have an excellent grasp on the financial aspects of the congress. The congress organizers have been very effective in securing industry support for the congress. The CityCube offers the industry partners ample space for their exhibits. In keeping with IFSSH philosophy the congress registration fees will be structured so as to promote participation by hand surgeons and therapists from all economic backgrounds.

Please make plans to join your colleagues from around the world in Berlin, June 17 – 21, 2019. You will find Berlin to be an amazing city with a myriad of cultural, culinary and historical attractions. You will not be disappointed as the Congress will be vibrant and educationally stimulating and the social program will be outstanding.

## IFSSH PIONEERS OF HAND SURGERY: Call for Nominations

The IFSSH Executive Committee invites nominations for IFSSH Pioneer of Hand Surgery honours.

The members of the nominating society should agree that a nomination is appropriate in that the nominee

has provided exceptional contributions to hand surgery. The criteria are listed on the website - [http://ifssh.info/pioneers\\_hand\\_surgery.php](http://ifssh.info/pioneers_hand_surgery.php).

The Society should forward the nomination to the IFSSH Nominating Committee (email: [administration@ifssh.info](mailto:administration@ifssh.info)) and include:

1. A letter of nomination, confirming the approval of society members, 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
4. Contact details of the nominee (or family member if 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.

Further details, including a checklist that must be included with the submission, are available on the IFSSH website: [http://ifssh.info/pioneers\\_hand\\_surgery.php](http://ifssh.info/pioneers_hand_surgery.php). The closing date for nominations is 17th December 2018. No nominations will be accepted after this date.

## 2025 IFSSH TRIENNIAL CONGRESS HOST SOCIETY: Call for bids

The 2025 IFSSH Triennial Congress is allocated to The Americas under the geographic rotation system.

The IFSSH Executive Committee calls for bids to host the 2025 Congress. Full guidelines are available on the IFSSH website: <http://ifssh.info/guidelines.php>.

Submissions should be forwarded to the Secretary General ([administration@ifssh.info](mailto:administration@ifssh.info)) by 17th March 2019. The same documentation must be sent to each member country delegate and IFSHT representative for evaluation. This distribution is the responsibility of the nominating society. The contact details of all societies are on the IFSSH website: [http://ifssh.info/member\\_nation.php](http://ifssh.info/member_nation.php)

## IFSSH EXECUTIVE COMMITTEE: Call for Nominations

Nominations for President-Elect, Secretary General-Elect, Historian and Member-at-large will be considered at the Berlin IFSSH Congress Delegates' Council meeting. These nominations must be received from an IFSSH member society, signed by the society President and the society IFSSH delegate, or from members of the IFSSH Executive Committee, and may be received up to and including the time of the Delegates' Council meeting (according to current By-laws). However, we recommend that nominations be forwarded to the IFSSH administrative office ([administration@ifssh.info](mailto:administration@ifssh.info)) by 17th December 2018. It is intended that delegates consider an amendment to the By-laws at the Berlin meeting to establish this more formal process of nomination to the Executive Committee.

## FUTURE MEETINGS

Triennial IFSSH Congresses

- XIVth IFSSH – XIth IFSHT Congress – Berlin, Germany - 17-21 June, 2019 [www.ifssh-ifsht2019.com](http://www.ifssh-ifsht2019.com)
- XVth IFSSH – XIIth IFSHT Congress – London, United Kingdom – 27th June - 1st July, 2022 [www.ifssh2022.london](http://www.ifssh2022.london)

Best wishes to all from the IFSSH Executive Committee.  
Dan



**Daniel J. Nagle MD**

Secretary General: IFSSH

# BOLESLAW NAGAY

MD(Chir) (1926-2014) Poland



Boleslaw Nagay was born in Lwów (Lviv), Ukraine, on 27 January 1926. After WWII, he moved to Gdynia in Poland, and graduated from the Gdansk University Faculty of Medicine in 1951. After a one year residency at the First General Surgical Clinic in Gdansk, he joined the Army Hospital in Koszalin where, for 5 years, he served in the surgical department. He was appointed specialist in general surgery in 1959 and became the Deputy Chief Surgeon at the Provincial Hospital in Koszalin. After successfully defending his doctoral theses (MD) in 1964, he moved to the Pomeranian Medical Academy in Szczecin and became Assistant Professor in Surgery, and Clinical Professor of Surgery in 1986.

Although a general surgeon, his main task was to develop the specialty of surgery of the hand in North Western Poland. He has organized and chaired the Hand Surgery Symposia in Szczecin, which have attracted international participants from Europe, Russia, USA, and Canada since 1970. He spent considerable energy building the Hand Surgery Service for the Szczecin region. Between 1970 and 1986, he visited hand surgery services in Moscow, Budapest, Jena, Paris, and Hamburg. Under his supervision, in 1990, a 24-hour emergency hand surgery service, including replantation, was instituted at the General and Hand Clinic in Szczecin. He has trained more than 30 general surgeons and 15 hand surgeons who are now working at the Regional Hand Surgery Emergency Centre in Szczecin.

Professor Nagay has written more than 110 papers on various problems in general and hand surgery. He has authored *Surgery of the Hand and General Surgery Compendium* in 1996. He introduced a two-stage operation for severe cases of Dupuytren's contracture (1978) and performed experimental work on the possibility of using skin in reconstructive procedures of tendons. He introduced the treatment of algodystrophy with hydroxyl-radical scavengers and the use of greater omentum flaps to cover large skin and other tissue defects in the hand.

Professor Nagay was President of the Section for Surgery of the Hand at the Polish Orthopaedic and Traumatologic Association for two terms beginning 1983. He was a long-term Polish Delegate to the IFSSH. He is a Founder Member of the Polish Society for Surgery of the Hand. Professor Nagay is a member of the editorial committees of *Polish Hand Surgery*, and *Chirurgia Narządów Ruchu Ortopedia Polska*, the official journal of the Polish Orthopaedic and Traumatologic Association. After his retirement in 1996, he is remained active as Consulting Clinical Professor in Hand Surgery in his old clinic.

For his pioneering work and activities in Hand Surgery in Poland, Boleslaw Nagay was acknowledged as "Pioneer of Hand Surgery" at the Seventh Congress of the International Federation of Societies for Surgery of the Hand in Vancouver, Canada in 1998.

# JAMES F. MURRAY

MD, FRCSC (1921-2003) Canada



Jim Murray is widely and fondly thought of as the father of hand surgery in Canada. Early in his plastic surgery career, he recognized the special and unique needs of hand injury patients, and became a widely spoken advocate for the growing subspecialty. Eventually he became Canada's first surgeon to restrict his practice entirely to surgery of the hand. He always recognized the importance of a multidisciplinary approach to hand problems, and organized a unique Hand Unit in Toronto, Canada, which included both plastic and orthopaedic surgeons, in addition to specialized hand therapists.

James F. Murray was born and raised in Toronto, graduating from the University of Toronto Medical School in 1943. From 1944 to 1946 he served as Captain in the Royal Canadian Army Medical Corps during World War II, and subsequently undertook his surgical training at the University of Toronto, and at McGill University in Montreal. His first staff position was at the Toronto East General and Orthopaedic Hospital (now Michael Garron Hospital) in 1953, and soon thereafter he organized a specialized hand clinic. He was then appointed the Consultant Hand Surgeon at the Ontario Workers' Compensation Board. In 1983, he founded and became the first director of the Hand Service at Sunnybrook Health Science Centre. In 1985, he was bestowed the honour of Professor Emeritus, University of Toronto. Prof. Murray lectured extensively about hand surgery, wrote numerous articles, and co-authored six chapters in differing hand textbooks.

The first hand surgery fellowship training program in Canada was organized by Jim Murray in 1981. His residents and fellows always commented on his gentle handling of tissue, his precise workmanship, and his open mind to new concepts. He treated his patients with respect. He was a tireless supporter of his residents, and taught them not only skills in surgery, but also what it took to be a fine surgeon. He taught when to operate, but more importantly when not to.

Murray has had various awards, including the Presidencies of the Canadian Society of Plastic Surgeons, the Canadian Society for Surgery of the Hand (MANUS), and the American Society for Surgery of the Hand. The J.F. Murray Award of Excellence is presented annually at the meeting of the Canadian Society of Plastic Surgeons for the best judged paper in hand surgery.

Jim Murray was team doctor for the Toronto Maple Leaves from 1948 to 1964, as well as surgeon to Team Canada during the 1972 USSR hockey series. His greatest legacy will be his ability to inspire others with his love for hand surgery. Numerous surgeons have pursued careers in hand surgery because of the profound early influence he had on them.

At the Seventh International Congress of the IFSSH, held in Vancouver, Canada in 1998, James F Murray was awarded the honour: "Pioneer of Hand Surgery"



# Call for cooperation “Newborn Compartment Syndrome”

Newborn (Neonatal) Compartment Syndrome is a rare condition.

Surgeons dedicated to malformations may have come across children with per-natal ischemia of an extremity, mostly the arm.

The aetiology and pathophysiology of this condition is still unknown. There are several uncertainties with regards to the early and late treatment.

Which risk factors are common? What do we know about the success of early compartment release? Which treatment and at what age is appropriate for the best functional result considering the patients' growth process?

As a first step we would like to collect data, evaluate it and present the findings as a basis for discussion in a

special session at the 2019 IFSSH Congress in Berlin. Anybody who has treated these patients is kindly requested to participate by completing the survey found at: <https://www.surveymonkey.de/r/B6392TT>

Please complete ASAP, but not later than the end of February 2019. All data has to be anonymized. In case of a follow-up publication we assure that all participants will be acknowledged and all copyrights respected.

We hope to see you in Berlin 2019

#### Wiebke Hülsemann

Children's Hospital Wilhelmstift, Hamburg, Germany

#### Richarda Böttcher

Unfallkrankenhaus Berlin, Berlin, Germany



[www.ifsht.org](http://www.ifsht.org) | [info@ifsht.org](mailto:info@ifsht.org)

## SPOTLIGHT ON IRISH ASSOCIATION OF HAND THERAPISTS

Established in 1987, The Irish Association of Hand Therapists (IAHT), currently has 40 members (28 OTs, 12 Physios) of which seven are CHTs (HTCC) and one is AHT (BAHT). The committee has been proactive in promoting and developing hand therapy in Ireland. In 2017, to celebrate 30 years of Hand



IAHT Executive Committee (from left): Mary Naughton (Chair), Estelle Kronn (Treasurer) Aine O'Reilly, Emma Carr, Olga Hill (Secretary), Michelle Spirotas, Michelle O'Donnell, Simone Derham, Una McCarrick

Therapy in Ireland, the IAHT hosted the “The Sensational Hand - an Evidence-based Rehabilitation Approach to Peripheral Nerve Conditions” presented by Christina Jerosch-Herold and Birgitta Rosén. This year, Sarah Bradley presented the “The Poole Finger Traction Splint” for non-surgical management of complex finger fractures. The association also offers members a bursary scheme to support education and research and has a close relationship with The Irish Hand Surgery Society with whom they run joint meetings on a yearly basis.

## IFSHT AWARDS/GRANTS FOR BERLIN CONGRESS-JUNE 2019

Applications close December 30, 2018



### • Lifetime Achievement Award

2019 will be the inaugural presentation of this prestigious award, designed to recognize therapists who have made

an outstanding contribution to hand therapy internationally. This award is available to therapists from full member societies, with nominations sup-

ported by three members of their society. Please go to the IFSHT Website for more information, and download a nomination form: <https://www.ifsht.org/page/lifetime-achievement-award>.

### • Evelyn Mackin Award

This award is available to financially support hand therapists from a developing country to attend the Triennial Congress (i.e. a country not a full member of IFSHT). Please review application guidelines: <https://www.ifsht.org/page/evelyn-mackin-triennial-award>.



IFSHT seeks donations to support this award. Donations can be accepted online at the IFSHT website: <https://www.ifsht.org/page/evelyn-mackin-triennial-award-0>.

### • Christina Alegri Innovation Award

The Cristina Alegri Innovation Award provides the opportunity to showcase and celebrate the innovative assessment and treatment techniques in hand therapy. In 2016, Birgitta Rosén received this award for her development of the Shape Texture Identification Test. Please consider nominating a colleague by downloading the application: <https://www.ifsht.org/page/cristina-alegri-award-innovation-hand-therapy>.

### • Triennial Congress Travel Award

IFSSH and IFSHT are pleased to offer partial financial support for therapists to attend the Berlin Congress with funds raised through the IFSHT silent auction and from donations. Priority is given to presenters from countries with limited resources. Please access the application here: <https://www.ifsht.org/page/ifshtifssh-triennial-congress-travel-grant-berlin-2019>. If you are able, please donate to this travel grant fund: <https://www.ifsht.org/page/ifshtifssh-triennial-congress-travel-grant-0>.

## IFSSH EZINE

The IFSSH Ezine is a quarterly electronic publication with many worthwhile clinical articles, including a regular contribution from a hand therapist (latest version: <http://www.ifssh.info/ezine.html>). Contributions to [informationofficer@ifsht.org](mailto:informationofficer@ifsht.org) are welcome.

For hand therapy educational events, go to “National/International Education Events” under “Education” at [www.IFSHT.org](http://www.IFSHT.org).

# Hands Across the Atlantic

## A THERAPIST EXCHANGE PROGRAMME BETWEEN SWITZERLAND AND ARGENTINA



**FLURINA ZEIER**  
Ergo- und Handtherapie  
Wolhusen GmbH  
Weidring 19  
6110 Wolhusen  
Switzerland  
info@ergohand-wolhusen.ch

All dialogues and names of patients are fictitious but based on my own experiences during my internship in Buenos Aires.

### Introduction

In October 2016, I attended the IFSHT/IFSSH Congress in Buenos Aires. As a 31-year-old Swiss hand therapist, who had never travelled out of Europe, the prospect of undertaking this journey seemed daunting. However, Marita Holzach, my long-standing boss who lived in Buenos Aires as a child, encouraged me to join her on this trip. While I was in Buenos Aires, I was fortunate to be able to join María Agustina Davalos at the Occupational Therapy Department in the Hospital Italiano. Agustina founded the OT department in 2001 and now manages seven employees and four student interns. Five of these therapists work in hand therapy. Agustina also has a private practice.

During my visit to the hospital, I spent time with Paula Simaro, another hand therapist. She explained a lot about procedures and techniques. If we hit a language barrier, she would try to speak more slowly and, if needed, she would switch to English. Her hospitality was shown throughout the time I was there.

### A day in the Clinic

At ten o'clock and right after our arrival in the big treatment room, the first group of patients entered. Every therapist, every student and I were greeted by a kiss on the cheek and a „¿Hola, que tal? – („Hi, how are you?“). Paula started the treatment on Luisa, our first patient, and showed her an exercise for the mobilization of the arm and the shoulder: standing in front of the wall. She also demonstrated how Luisa should roll a little ball upwards and downwards along the wall. While performing the exercises, Luisa showed signs of pain at the elbow. „Do not force“, Paula reminds her. „Roll the ball upwards only as much as possible without feeling pain, wait a little bit, and then go back. Do not go into the pain“, Paula explains calmly and clearly. Luisa was smiling at me. „Now you have to try your best; a Swiss therapist is watching you.“ Paula tried to encourage her to

move more and gave her a friendly smile. „Very well done! Five times more, then take a break.“

Paula then worked on another patient who already started with an exercise he knows.



Figure 1

„How are you today, Miguel?“ -

„Today I'm fine. But after the last therapy session, I had pain for a long time. I even couldn't play the guitar,“ reported Miguel, who was a passionate hobby musician.

„Is it possible that you did too much strength training last time, with the hand exerciser?“ asks Paula. Miguel shrugged his shoulders. „You know what? We shall begin with a paraffin wrap today, so that your muscles are pre-warmed. Then you should do an easy weight training today. “Probably you're right“, confirmed Miguel and then turned to me: „Sometimes I want too much. It's just annoying if the necessary endurance is lacking while playing the guitar!“ I nodded my head sympathetically.

„Apart from that I'm fine. I'm really content!“ he shouted out to Paula.

„They're pretty good here, the therapists“, he said to me and lifted his eyebrows.

When Paula returned with the paraffin wrap, she corrected Luisa, who was compensating and lifting her right shoulder. „Take a break if you are tired“, Paula told Luisa, who wanted her to do the exercise correctly.

Repeatedly, I got feedback from the patients that they're very satisfied with the hand therapy and that they felt the special care from the therapists. I was impressed by the exceptional professional competence and empathy of the therapists there. Paula, for example, had demonstrated her passion and ambition for her profession that I've never seen before after my graduation. She had challenges on patient loads and pressing time for treatment. Some treatments such as an extended massage or a lymph drainage were not possible due to the short time available for each treatment session. However, she would try her best to conduct the best that she could in each session. Patient education on compliance and home exercises were key indicators of success.



Figure 2

„Flurina“, Agustina nudged me out of my observation. „Would you like to do a scar massage to Emilia? At one point there is a significant adhesion“, asked Agustina. „I would be glad to!“ I answered and sat down vis-à-vis Emilia. During the next ten minutes Emilia got an extended scar treatment from me with a vacuum pump and wooden scar mobilization tools. In the meantime, Emilia talked about the typical Argentinian Christmas rituals, since Christmas was only a month away. Due to the heat here, it is difficult for me as a Swiss woman to associate a hot winter with the Christmas season.



“I’m impressed by the rich pool of ideas for exercises and the flexibility and creativity of the therapists who change exercises or create new ones in no time using everyday materials such as rubber bands”

The many warm interactions and conversations with patients is one of the most valuable souvenirs I take with me from this experience.

Shadowing in the occupational therapy department in the Hospital Italiano and Agustina’s practice for one day was a remarkable experience. Agustina was very open and tried to show us as much as possible of the special characteristics of her occupational therapy department. In turn, she was very interested to learn about our ideas and practice of Occupational Therapy in Switzerland. Soon a lively professional exchange was taking place.

Agustina and her colleague Paula Simaro felt so inspired by this intercultural therapeutic exchange, that in the spring of 2017, they visited us in Switzerland for two and a half weeks, shadowing therapists in the Occupational Therapy Departments of several institutions as well as Marita’s practice, the

„Ergotherapie und Handrehabilitation“ in Sursee. In figure 3 you can see Paula, Marita and Agustina from the left on a steamboat trip on the lake of Lucerne during their visit to Switzerland.



Figure 3

#### My Clinical internship at the Hospital Italiano, Buenos Aires

My enthusiasm about the Argentinean mentality and culture had been awakened during my visit to the IFSHT Congress. The warmth and sincerity of the therapists surrounding Agustina did the rest to convince me. Therefore, I have decided to apply for a three week hand therapy internship programme in Hospital Italiano, Buenos Aires under the supervision of the Occupational therapist Ms. Paula Simaro.

Hand therapy practice in Switzerland and Buenos Aires, Argentina

An interview was conducted with Agustina and Paula to reflect the differences in hand therapy practice in both countries:

What did you notice in Hand Therapy in Switzerland?

- The distance between the therapist and the patient.
- The order and the system at work and the guidelines in the rehabilitation. That everything is organized very well.
- How much time you have for each patient and how much attention you are able to pay with each patient.

- The large number of specialists which are involved simultaneously in the treatment of one patient.
- The beautiful view from the windows in the different centres, practices and clinics we visited.
- The access to therapeutical resources you have.
- The silence of the patients in the waiting room.

What are the strenghts of Argentinian hand therapists in your opinion?

- Creativity in producing therapeutic appliances and equipment with the little material available.
- The interest to educate oneself further continually after the basic education and to be on top of things professionally.
- The versatility and flexibility of the therapists treating three and more patients simultaneously.
- The ability to attune oneself very quickly to another patient on an ongoing basis.
- That usually we develop a deep relationship with the patients.

What are the strenghts of Swiss hand therapists in your opinion?

- The ability to accurately record the interventions and methods of the treatment for every patient.
- The strict adherence to the guidelines as set forth by the rehabilitation protocol or doctor.
- The therapists are able to organize and report the whole therapeutic process well and accurately.
- Having access to a variety of therapeutic materials and tools.

#### Reflection of my internship

I am grateful for the financial resources, time, and materials we have available in Hand Therapy in Switzerland. A deep conversation with a patient, which can have a very positive effect on the healing process, can only develop if I can spend time with one patient.

- Less can also be more sometimes! I take with me the reminder of the fact that you can create or change exercises very easily using everyday materials. The likelihood that the patient will do the exercise at home is then even greater, than if he

is prescribed expensive therapeutic equipment.

- I came to the realisation that it is very inspiring and enriching to exchange with Occupational Therapists from another country and another culture. I am convinced that if an exchange is appreciated and respectful, both sides gain.



Figure 4

#### Figures

1. Demonstration of the self-stretching exercise of the muscles of the thumb
2. Demonstration of the stretching exercise of the elbow joint by a weight band on the wrist and a paraffin wrap (white)
3. Left to right: Paula Simaro, Marita Holzach and María Agustina Davalos, on the lake of Lucerne during their visit of Switzerland.
4. The Occupational Therapy team in the Hospital Italiano. Left to right: Elena Santamarina, María Agustina Davalos, Flurina Zeier (author), Martina Chiurazzi, Paula Simaro and Ana Lis Roldan.

#### Thanks to,

- Marita Holzach, for her repeated encouragement and facilitating the exchange.
- María Agustina Davalos and Paula Simaro, for their warm welcome and making this great experience happen.
- Sarah Ewald Chevalley and Erin M. Taylor-Ewald, for their editorial assistance.

# CURRENT MANAGEMENT OF SCAPHOID NON-UNION BASED ON THE BIOMECHANICAL STUDY

Kunihiro Oka and Hisao Moritomo

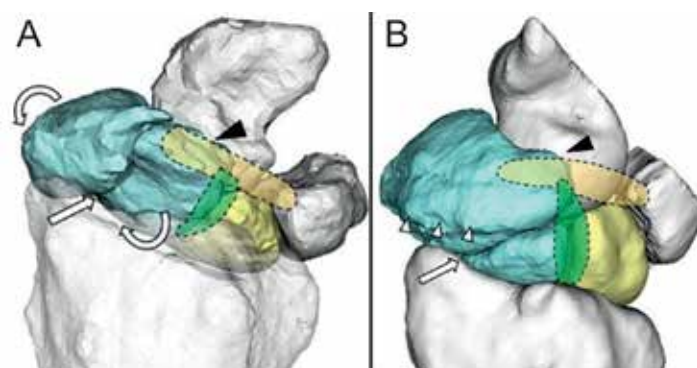
## 1. What were your main reasons for writing this article?

The natural history of scaphoid non-union is widely known as a cause for scaphoid non-union advanced collapse (SNAC). SNAC wrists generally show a scaphoid humpback deformity and dorsal intercalated segment instability (DISI) accompanied with wrist pain and limitation of range of wrist motion. However, it is true that some cases are less symptomatic with minor carpal collapse. These varied patterns of deformity in scaphoid non-unions have been investigated with three-dimensional (3-D) biomechanical analysis studies and clarified this question. The natural history of scaphoid non-unions mainly depends on the location of the fracture. Understanding the biomechanical pathology of scaphoid non-union is important in deciding the type of treatment. Thus, we consider that our biomechanical studies of the pattern of deformity in scaphoid non-union offers scientific evidence how scaphoid non-unions should be treated.

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

The patterns of the carpal collapse in scaphoid non-union are classified roughly into two types based on the fracture location. In the distal type fractures (Herbert type B2) with the fracture located distal to the scaphoid apex, the scaphoid-lunate complex is separated into two segments, namely the lunate and proximal fragment of the scaphoid, and secondly the distal fragment of the scaphoid (Fig. 1A). The proximal scaphoid fragment and lunate, which are connected via dorsal scapho-lunate interosseous ligament (DSLIL) and dorsal intercarpal ligament (DIC), extend together, and the distal fragment of the scaphoid flexes. Therefore, untreated distal type fractures result in the humpback and DISI deformities and have, relatively early after injury, large bone defects on the volar side.

In proximal type fractures (Herbert type B1) with the fracture located proximal to the scaphoid apex, the connection between the distal fragment and lunate is preserved via the DSLIL and DIC so that the scaphoid-lunate complex remains stable (Fig. 1B). Therefore the carpal collapse and the symptoms in the proximal type fractures are less severe than the distal type fractures. While proximal type fractures have a degree of carpal stability, minor movements at the non-union site affect the radio-scaphoid joint over time. Chronic proximal type fractures generate osteophytes at the dorsal edge of the scaphoid fossa of the radius as well as at the dorsal scaphoid ridge on the scaphoid due to the impingement of the large distal scaphoid fragment on the radius.



**Fig. 1. Dorsal view of scaphoid non-union of the distal type fracture (A) and proximal type fracture (B).**

Black triangles and white arrows indicate the scaphoid apex and fracture line, respectively.

Translucent orange area and green area surrounded by black dots indicate the dorsal intercarpal ligament (DIC) and dorsal scapho-lunate interosseous ligament (DSLIL), respectively.

**Distal type fracture (A)** shows humpback (with curved arrows) and DISI deformities due to the separation of scapho-lunate complex at the fracture site.

**Proximal type fracture (B)** has stability because the connection between distal fragment and lunate is preserved. Minor movement at the radio-scaphoid joint results in osteophyte formation on the dorsal scaphoid ridge (white triangles).

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

The principal goals of the treatment of scaphoid non-union fractures include achieving union, correcting the scaphoid deformity, and restoring the carpal alignment to prevent degenerative changes of the wrist. The pattern of carpal collapse and location of osteophyte generation are quite different between the proximal (Herbert type B1) and distal (Herbert type B2) types. Therefore, it is important to preoperatively distinguish whether the fracture is located proximal or distal to the scaphoid apex.

Distal type fractures should be treated by open reduction and internal fixation as early as possible because DISI deformity and SNAC rapidly progress in these fractures. When distal type scaphoid non-unions are treated with surgery, the volar approach is preferred because of the large bone defects on the volar side. Grafting a wedge-shaped bone harvested from the iliac crest corrects the humpback deformity and restores the scaphoid length. Screws can be conveniently inserted via the scaphoid tuberosity to fix the bone graft in position.

While open reduction with internal fixation is the first choice of management for proximal type fractures, conservative treatment can be considered as an optional management, because these fractures are less symptomatic. When proximal type fractures are treated with open reduction and internal fixation, a dorsal approach is recommended.

Osteophytes which have developed on the dorsal scaphoid fossa of the radius and the dorsal scaphoid ridge can be observed from the dorsal side in a flexed wrist position. After the removal of these dorsal

osteophytes, the non-union is debrided with a curette and a cancellous bone graft is inserted into the non-union site. Screw insertion from the dorsal approach allows an easier vertical insertion of the fracture site.

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

Yes, we will be doing further research about wrist disorders using the 3-D analysis method. The wrist has a complex anatomy due to its varied function. Therefore, 2 dimensional evaluation is considered to be insufficient to understand the details of wrist conditions, let alone its complex functional motion. Many problems in wrist disorders, including carpal ligament injury, scapho-lunate dissociation, Kienbock disease and ulnar wrist pain, remain unresolved. We believe that 3D biomechanical static and dynamic analysis could provide information for aiding in the elucidation of the patho-mechanism of wrist disorders in the future.



**Kunihiro Oka, MD, PhD and Hisao Moritomo, MD, PhD.**

Department of Physical Therapy, Osaka Yukioka  
College of Health Science  
1-1-41 Sojiji, Ibaraki-shi, Osaka 567-0801  
Japan  
Email: hisao-moritomo@yukioka-u.ac.jp



# Bone Grafting using an Aluminum Foil Template

## TIPS AND PEARLS OF WISDOM



**Alexander Zolotov MD, PhD,**  
**Chief: Department of Orthopedic**  
**Surgery**  
**Medical Center**  
**Far Eastern Federal University**  
**Sukhanova 8**  
**Vladivostok 690001**  
**Russian Federation**  
**www.drzolotov.com**

### Introduction

Bone grafting is a common surgical procedure for the treatment of bone defects and deformities. Cortico-cancellous bone graft can be used as an “onlay”, “inlay” or “peg”<sup>1</sup>. Bone graft size and shape should be equal to size and shape of the bone defect for stability and contact with the bone fragments. Very often bone defects have complex geometric shapes such as a non-symmetrical cylinder, cone or cube. Therefore it could be difficult to prepare the bone graft equal to the exact shape and size of the defect. To optimize this stage of the operation, Toh (2007) suggested a template of the bone defect made from a silicon block<sup>2</sup>. This “trial spacer” helped to prepare the optimal bone graft as a copy of the bone defect for the treatment of a scaphoid nonunion. Pulgar et al (2017) used a template of the bone defect made from bone cement for the treatment of the defect of a talus<sup>3</sup>.

In our practice we shape a template from sterile aluminum foil. Aluminum foil is cheaper and more affordable in comparison with silicone or bone cement. Template fabrication from aluminum foil is simple and convenient and this process requires only little time.

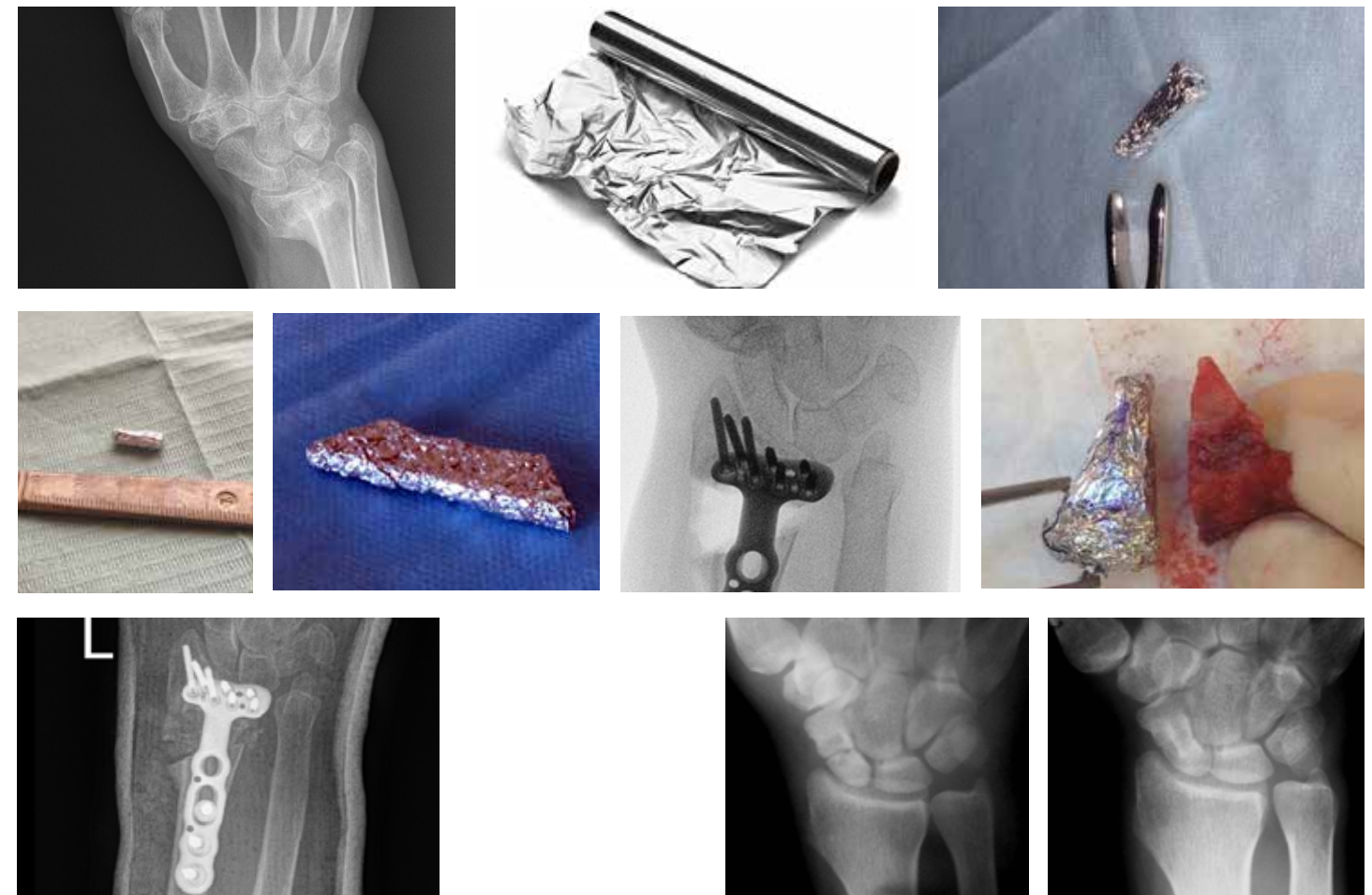
### Material and methods

After exposing the area of malunion (nonunion), correction of the deformity and fixation of the bone fragments, the surgeon measures the size and shape of the bone defect. He then prepares a template according to the size and form of the bone defect. The template is formed from sterile aluminum foil. The surgeon manipulates the piece of foil like a piece of plasticine and molds the template. The foil template is fitted to the defect to achieve close contact with the bone. The ready-made template is removed from the wound. The surgeon then uses the template to draw an outline of the future bone graft on the donor site with a surgical marker. The bone graft is taken equal to, or a little bit larger than the template. The bone graft is

then compared with the template and shaped with a bone forceps/nibbler as necessary. The prepared graft is then inserted tightly into the bone defect.

The proposed method was applied in the treatment of 45 patients aged from 14 to 53 years old with defects and/or deformities of the bones and joints of the upper extremity: fingers (5), metacarpal (4), wrist (23), forearm (11), distal humerus (1), and glenoid (1).

This proposed method for bone grafting has important advantages. The aluminum foil is readily available and cheap and sterilization is standard. The template fabrication process is quick and simple. The template can be made smaller (with scissors) or larger (add to the piece of foil) if needed. Once prepared, the template is durable and keeps its shape. There were no complications connected with the use of the template from sterile aluminum foil.



### REFERENCES:

1. Crenshaw AH. Surgical techniques. In: Crenshaw AH. (Ed.) Campbell's Operative Orthopaedics. St. Louis, Mosby Company, 1987, Vol.1:3–22.
2. Toh S. Fractures of the Scaphoid. In: Ring D.C., Cohen M.S. (Ed.) Fractures of the Hand and Wrist. New York, NY: Informa Healthcare, 2007:115-136.
3. Pulgar J, Escudero M, Carcuro G et al. Cement Casting to Optimize Reconstruction of Chronic Osteochondral Lesions of the Talus. Foot and Ankle Specialist. 2017; 10: 333-336.

# Member Society News

## INDIAN SOCIETY FOR SURGERY OF THE HAND

The Indian Society for Surgery of the Hand held their 42nd annual Conference at Coimbatore with Dr. S. Raja Sabapathy as the Organising Chairman. It was a very successful congress with a maximum number of attendees and excellent academic content. There are two named orations in the Society recognizing the contributions of the pioneers of the Indian Hand Society. Dr. Scott Levin from USA delivered the Prof. R. Venkataswami Oration on "Orthoplastic Upper Extremity Surgery – 3 decades of Evolution" and Dr. Jesse Jupiter delivered the BB Joshi Oration on "Fractures of the Distal Radius – Current Treatment for a Historical Perspective".

This year the ASSH Visiting Professor Dr. Steven Moran from Mayo Clinic, USA, visited India at the time of the conference and he delivered the ASSH Visiting Professor Lecture on "Re-evaluation of the blood supply of the Carpus: Implications for diagnosis and treatment". In addition he participated in a half a day educational programme in Mumbai on Wrist disorders conducted by Dr. Pankaj Ahire.

There was a change of guard in the association and the new President is Dr. Ravi K. Mahajan from 2018-2020. The address of the new Secretariat of the Indian Society for Surgery of the Hand is:  
Dr. Pankaj Ahire,  
10/404, The Orchard Residency,  
LBS Marg, Ghatkopar West,  
Mumbai – 400 086.  
India  
Mob: +91 9821 467036

Email : drahire@hotmail.com

Society Email: secretary@issh.org

India has been invited to be the guest nation of the 2020 ASSH meeting to be held in San Antonio during the Presidency of Dr. Martin Boyer. The Asian-Pacific Federation of Societies for Surgery of the Hand (APFSSH) introduced a new system of the annual Exco Council meeting on the sidelines of the annual meeting of a Member Nation. This practice was started this year and the Executive Council of the APFSSH met at Coimbatore during the Indian meeting.



The next meeting of the Indian Society for Surgery of the hand will be held in Bhubaneswar from 11th to 15th September, 2019.

Dr. S. Raja Sabapathy  
Organising Chairman  
ISSHCON 2018

## GUATEMALAN ASSOCIATION OF HAND SURGERY



### ASOCIACION GUATEMALTECA DE CIRUGIA DE LA MANO

The history of the Guatemalan Association of Hand Surgery started in 1960, as a direct offspring from the school of Dr Sterling Bunnell when Dr Alberto Smenjaud from the University Hospital of Social Security in Guatemala, started a small unit for the treatment of upper limb injuries. This has been going on for many years.

In 1976 when Dr Harold Kleinert was President of the American Association for Surgery of the Hand, together with Dr Luis Gómez Correa, the President of the Caribbean Association of Hand Surgery, decided to do a trip to Guatemala City. They realized the first International Hand Surgery Congress in Guatemala, which included a large group of USA hand surgeons, including well-known names in hand surgery like Drs William Littler, Morton Spinner, James Burton, Harold Boyd, Harold Kleinert, John Clicket and Gómez Correa.

These were truly the first seeds that germinated a whole new generation of surgeons, who are currently our Guatemalan Association for Surgery of the Hand.

Drs Gómez Correa, Guillermo Muñiz Solares and Marco Antonio Sánchez, were the first dedicated hand surgeons. They were also instrumental for many years of training and educating hand surgery in Guatemala.

Hand Surgery developed mainly in two centres in Guatemala. The first Hand Surgery service was established in 1982 in the Department for Accidents of

the Social Security Hospital of Escuintla. A small group of trauma and orthopaedic residents was formed. A laboratory was also started where the first microsurgery practices were held under the supervision of Drs Guillermo Muñiz and Gustavo Arnoldo López Paz (a graduate of Dr. Kleinert) This first Service organised about 25 congresses so far.

Many high-profile professors have been invited to share their knowledge including Drs Graham Lister, Daniel Nagle, Luis Scheker, Leonel Foncea, Jorge Clifton and Alejandro Espinosa. The first brachial plexus surgery clinic was created approximately 20 years ago under the supervision of Dr Jose Borrero.

During the last 12 years, Hand Therapy developed in Guatemala, under the auspices of the American Association of Hand Surgery and the Guatemala Healing Hand Foundation. The driving force behind this initiative was Ms Linn Bassini, who invited many international Hand Therapists to lecture in workshops and meetings. Dr Scott Kozin was instrumental in the management of more than 600 children with congenital anomalies of the upper limb.

Presently two university hospitals and 8 private hospitals render reconstructive surgery by dedicated hand surgeons and therapist including Mark Baran, Miguel Pirela Cruz, Sue Michovitz, Christine Novak, Jay Talsania, Rebecca Lynn, Jeff Greenberg, John Indalecio, and many others.

The standard of Hand Surgery and Therapy in Guatemala has developed to an international level.

## GERMAN SOCIETY FOR SURGERY OF THE HAND (DGH)

From 11 – 13 October 2018, 586 surgeons and 189 therapists met during the 59th Congress of the German Society for Surgery of the Hand (DGH) combined with the 23rd Congress of the German Association



for Hand Therapy (DAHTH) in Mannheim. During 49 scientific sessions many subjects of hand surgery were discussed with a major focus on surgery of peripheral nerves.

This year the Swiss Society for Surgery of the Hand was our guest society that participated with key note lectures not only in scientific, but political discussions as well. Switzerland is one of the few countries in the world that has implemented Hand Surgery as an independent surgical specialty in the national health system. Considering the good experience of Switzerland and many years of discussion within the German Society the members of the DGH have voted to establish its own specialty in Germany.

Next year the annual congress of the DGH and DAHTH will be integrated into the IFSSH/IFSHT congress in Berlin. The traditional congress silver plate was passed on to the five new congress presidents during the dinner party (figure).

Apart from many other projects, the organizing of the 14th IFSSH and 11th IFSHT Triennial Congress in Berlin from 17th to 21st of June 2019 is the focus of the activities within our Society.

We are proud to present many developments concerning this Congress:

- The extended abstract submission deadline is just over and more than 1500 abstracts are waiting to be reviewed by the international scientific committee. Popular topics are osteoarthritis, tendon, wrist, soft tissue reconstruction and microsurgery - but stay tuned - also some rarities will surprise the audience.
- It is a fantastic experience to receive a huge number of contributing offers for symposia, workshops, lectures and further ideas which will enrich the congress program. According to the Congress mission "Building bridges together hand in hand" we will try our best to include as many of

these proposals as possible.

- The support of young talents is an important part of the Congress. For the first time, there will be a new participation status for "doctors-in-training" which is subsidized by the IFSSH and additionally the early bird participation fee for students is reduced. Please spread the word and invite your young colleagues to join us in Berlin.
- To further enhance the networking possibilities and reinforce the exchange, not only between young talents and long-term experienced experts, but also between different cultures, we established the new event "Berlin Night". It will take place in a special event location on Tuesday evening and present Berlin insights you should discover.

Do not miss the early bird registration that will end 28th of February 2019.

We are looking forward to welcoming you in Berlin!  
Jörg van Schoonhoven  
Secretary General of the German Society for Hand Surgery

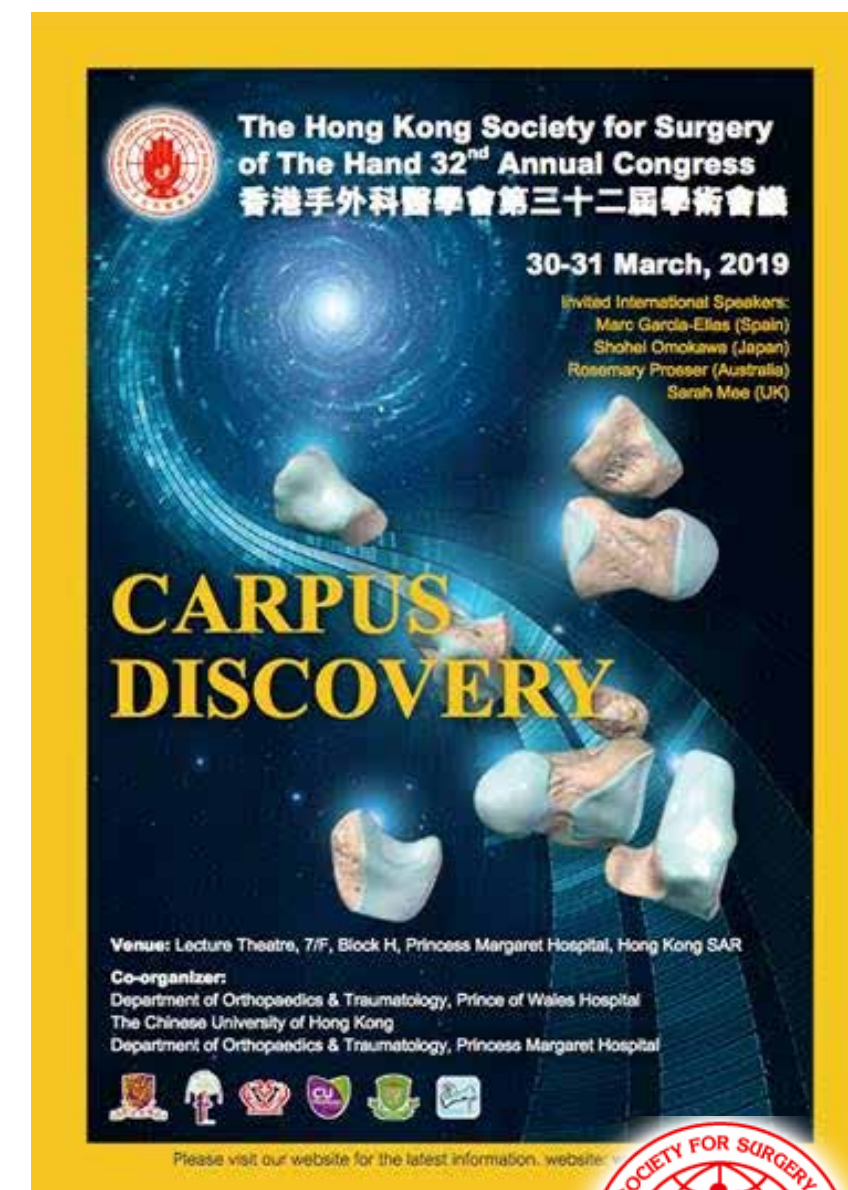


The traditional Congress Silver Plate is passed on from this year's congress presidents. Ulrich Kneser and Berthold Bickert on to the five congress presidents of the 14th IFSSH and 11th IFSHT Triennial Congress in Berlin from 17th to 21st of June 2019. Natascha Weihs, Beate Jung, Andreas Eisenschenk, Max Haerle, Jörg van Schoonhoven

## THE HONG KONG SOCIETY FOR SURGERY OF THE HAND (HKSSH)

This year, we have successfully hosted the World Symposium of Congenital Malformations of Hand and Upper Limb 2018 with the 31st Annual Congress of the HKSSH on 7-10 March in Hong Kong. There were 200+ participants from more than 30 countries around the world interacting with the panel of international experts in the field. Highlights of the meeting can be found at [www.wchs2018.org](http://www.wchs2018.org).

Our next Annual Congress will be held on 30-31 March 2019, titled 'Carpus Discovery'. We are honoured to have Dr Marc Garcia-Elias (Spain) and Prof Shohei Omokawa (Japan) as our guest speakers updating us with the latest knowledge on the biomechanics of and surgical interventions for various wrist pathologies. Dr Rosemary Prosser (Australia) and Ms Sarah Mee (UK) will share with us their expertise from the perspective of hand therapists. [www.hkssh.org](http://www.hkssh.org)





# Art Exhibit #5 Tea Pot



# 2018

## Hong Kong International Wrist Arthroscopy Workshop and Seminar

2018年度香港国际腕关节镜工作坊及研讨会



### 15 Dec 2018 (Sat)

#### International Wrist Symposium & Clinical Workshop on Ulnar Wrist Pain 尺侧腕关节疼痛专题研讨会及临床工作坊

- Ulnar Wrist Pain after Distal Radius Fracture with Case Discussion 桡骨远端骨折后尺侧腕关节疼痛: 案例讨论
- Evaluating Ulnar Wrist Pain: A Systemic Approach 尺侧腕关节疼痛: 系统性评估方法
- Recent Advance in Wrist Imaging Techniques in Diagnosing Ulnar Wrist Pain 影像学检查在诊断尺侧腕关节疼痛的新进展
- Symposium 1: Triangular Fibrocartilage Complex tear 研讨会 I: 三角纤维软骨复合体撕裂
- Symposium 2: DRUJ Degenerative Conditions 研讨会 II: DRUJ 退行性病症
- Symposium 3: Miscellaneous Conditions in Ulnar Wrist Pain 研讨会 III: 尺侧腕关节疼痛中的各种疾病

Target Participants 参加对象: Doctors, Therapists, Nurses and Related Professionals 医生、治疗师、护士及其他有关专业人士

### 16-17 Dec 2018 (Sun-Mon)

#### Hands-on Wrist Arthroscopy Workshops 腕关节镜操作班

- 16 Dec 2018 Basic Course 初级课程
- 17 Dec 2018 Intermediate Course 中级课程
- 16-17 Dec 2018 Advanced Course 高级课程

Target Participants 参加对象: Orthopaedic Surgeons & Hand Surgeons 骨科医生及手外科医生

#### Course Director 课程主任



Pak Cheong HO  
何百昌

#### International Faculty: 海外受邀讲者及导师



Eva-Maria BAUR  
Germany 德国



Wei-Jen CHEN  
Taiwan 台湾



Jeffrey Oscar ECKER  
Australia 澳洲



Mireia ESPLUGAS  
Spain 西班牙



Keiji FUJIO  
Japan 日本



Guillaume HERZBERG  
France 法国



Young-Keun LEE  
Korea 韩国



Bo LIU  
China 中国



Toshiyasu NAKAMURA  
Japan 日本



Jui-Tien SHIH  
Taiwan 台湾



Luc VAN OVERSTRAETEN  
Belgium 比利时

#### Co-organizer 主办单位:

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系  
香港中文大学矫形外科及创伤学系进修培训中心

Prince of Wales Hospital  
威尔斯亲王医院

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

#### For enquiries 如有查询:

Phone 电话: (852) 3505 3074

Email 电邮: olc@ort.cuhk.edu.hk

Website 网页: [http://www.olicuhk.org/e/wrist\\_2018.html](http://www.olicuhk.org/e/wrist_2018.html)

#### Supporting Organization:



European Wrist Arthroscopy Society





## French Society of Surgery of the Hand

54<sup>th</sup> CONGRESS

PRESIDENT : JEAN-LUC ROUX

Year of the Francophony  
2018Palais des Congrès  
Porte Maillot - PARIS  
20 to 22 DÉC 2018

www.gemcongres.com

The Hong Kong Society for Surgery  
of The Hand 32<sup>nd</sup> Annual Congress  
香港手外科醫學會第三十二屆學術會議

30-31 March, 2019

Invited International Speakers:  
Marc Garcia-Elias (Spain)  
Shohei Omokawa (Japan)  
Rosemary Prosser (Australia)  
Sarah Mee (UK)CARPUS  
DISCOVERY

Venue: Lecture Theatre, 7/F, Block H, Princess Margaret Hospital, Hong Kong SAR

## Co-organizer:

Department of Orthopaedics & Traumatology, Prince of Wales Hospital  
The Chinese University of Hong Kong  
Department of Orthopaedics & Traumatology, Princess Margaret HospitalPlease visit our website for the latest information. website: [www.hkssh.org](http://www.hkssh.org)