

## IFSHT AWARDS AND SPONSORSHIP ACTIVITY

IFSHT has been grateful to the IFSSH Committee for Educational Sponsorship for their support over the 2016-2019 triennial period. Of note, during this triennial period, IFSHT followed the CES Version 3, July 2014 Guidelines in requesting contributions to support planned educational activities likely to improve the quality of hand therapy (and surgery) throughout the world. These funds were received and allocated as follows:

- **IFSSH/IFSHT Triennial Travel Grant**

Eighteen applicants received funds to support registration (\$4500), accommodation (\$1810), travel (\$2371) and some were provided with a stipend (\$2277). Funds were distributed based on guidelines, specifically for countries with low GDP and for associate members who had not attended the Congress previously. Funds from the 2016 Silent Auction were specifically used to support speakers and poster presenters. In total, \$10958 was spent on this grant, and IFSHT appreciates the \$4000 contribution made by IFSSH. Recipients of this award were:

<b>Name</b>	<b>Country/ member status</b>
Ilkem Ceren Sigirtmac	Turkey/Full
Amol Sangekar	India/Full
Pankaj Gupta	India/Full
Daniel Hart	Ireland/Full
Sharfieh Erfan	Iran/Corres
Maryam Farzed	Iran/Corres
Zaid Al Bolouski	Kuwait/not member
Pablo Herreo Gallego	Spain/Full
Saba Kamal	USA/Full
Sarah Bradley	UK/Full
Lauren Miller	Australia/Full
Cristos Karagiannopoulos	USA/Full
Robert Sowa	Ghana/Corresp
Pawinee Piyagunsri	Thailand/Assoc
Mohan Dangol	Nepal/Assoc
Marketa Stranska	Czech/Full
Martina Douchova	Czech/Full
Petra Pechova	Czech/Full

- **Evelyn Mackin Triennial Award**

In 2019, IFSHT fully supported four therapists to attend the IFSSH-IFSHT congress. IFSHT booked and paid for flights (\$2667), accommodation (\$1190) and registration (\$2000), and will provide a per diem allowance of \$300pp (\$1200), costing \$7057 in total on this award. We appreciate the support from IFSSH in contributing \$4100 toward these costs.

<b>Name</b>	<b>Country</b>
Gangtey Yoedzer	Bhutan
Tsitsi Murove	Zimbabwe
Liis Lamson	Estonia
Marta Jokiel	Poland

- **IFSHT/IFSSH International Teaching Grant**

During this term, grants made available to support therapists teaching hand therapy in less-developed countries have increased to \$US1500. Four applications were received, and support offered to the following therapists.

<b>Name</b>	<b>Recipient country</b>
Jane Fedorczyk (USA)	Rwanda (funds not required)
Jenny Ball (Australia)	Kathmandu, Nepal
Meryl Glover (UK)	Malawi
Shrikant Chinchalkar (Canada)	Sri Lanka

Reports for Jenny Ball (Appendix 1; \$1000 grant), Meryl Glover (Appendix 2; 410 Euro), and Shrikant Chinchalkar (Appendix 3; waiting on invoice) follow. IFSHT appreciates the \$1500 contribution toward this grant from IFSSH.

## APPENDIX 1

IFSHT teaching grant: Nepal 21 -25 May, 2018.

Recipient report: Jenny Ball

On the 19th of May 2018, a team of three Physiotherapists from Australia travelled to Kathmandu in Nepal for a week of formal teaching, practical workshops and in-hospital mentoring, as part of a volunteer program for Interplast Australia, with additional funding from the IFSHT teaching grant. Three eminent Australian Professors of Hand and Burn surgery were also there to teach surgeons gathered from across Asia, skills in reconstructive surgery. The team, led by Jenny Ball, along with Prof Gillian Webb and Maddie Bayly-Stark were on their 2<sup>nd</sup> annual visit to this country where Hand and Burn Therapy is becoming an emerging and necessary specialty for Physiotherapists who make up the majority of the acute and rehabilitation workforce.

The team had the privilege and opportunity to provide a 3-day course of curriculum for the Kathmandu University School of Physiotherapy on the management of Hand trauma and Burns therapy. It was attended by 30 Physiotherapy students, 2 Physios from Bhutan, one Physio from Bangladesh, 2 Physios from the Nepal Society for Hand Rehabilitation and Research and lecturers from the University. Following the course further training and mentoring in Hands and Burns took place at the Kirtipur Burns and Cleft Palate Hospital for 2 days.

The learning outcomes achieved over the course of the week included the development of clinical reasoning skills in the management of acute and late trauma from hand injuries and whole of body burns using a wound healing approach. Assessment, treatment, outcome measurement and discharge planning were explored using current evidence, wound healing principles, practice knowledge, physiotherapy skills, and cognisance of the human and consumable resources available in their countries



*(Physiotherapist Uygen Namgyel, presented with IFSHT donated Dynamometer to take back to Bhutan)*

Tensile limits and scar potential of tissues at varying stages post trauma and post op were considered and practical skills obtained in control of oedema, stiffness, tendon protection and mobilisation, early mobilisation, respiratory care and contracture prevention and scar management in burns.

Practical workshops enabled the students to develop handing skills with materials ranging from Plaster of Paris, to fibreglass and thermoplastics, ensuring that the materials which are often donated to them can

be used effectively and confidently. Skills in splint and compression garment pattern drafting and making were achieved also. Funding by the IFSHT for workshop materials and goniometers is gratefully acknowledged.



Comprehension and application of the knowledge and skills imparted in the course were assessed in a formal test (which everyone passed!) and also in a session where groups worked together on all the elements of provided case studies, presenting their entire treatment (assessment, planning, clinical reasoning, practical techniques and splints or garments) back to the whole class for discussion.

This course provided an opportunity for Nepalese Physiotherapists, students and Physiotherapists from neighbouring countries to come together, enjoy each other's company, share ideas and experiences and explore the concept that the Physiotherapy knowledge and skills that they already have can be applied to patients with hand and burn injuries.



*(Physios from Nepal, Bhutan and Bangladesh).*

*(Learning to make their own collars and pressure garments)*

The need for burn contracture prevention, scar management and optimisation of hand function is paramount in countries where access to expedient and effective treatment is made difficult by geography and limited professional and material resources. Our biggest gift to them is not just the materials we donate but the facilitation of a physiological and clinical reasoning approach to treating patients. They have these skills already, and now the confidence to use them.

## **APPENDIX 2**

IFSHT teaching grant: 16-17 October, 2018.

Recipient report: Meryl Glover

### **Introduction**

The Introduction to Hand Therapy Course evolved following two UK surgeons visiting Malawi in 2016 as part of BSSH overseas work. Then in 2017 a Hand Trauma course was organized by BSSH/AO AF which included a UK Hand Therapist on the teaching faculty (Meryl Glover).

At the 2017 course it was identified that there was a need for therapists to have specific training in Hand Therapy in order to ensure surgical input was to be successful.

### **Health Service in Malawi**

Despite there being little revenue in the country, there is free health care in the government hospitals. However, there is a paucity of funded posts in healthcare. There is about 1 Doctor per 65,000 people. Last year 4 physiotherapists were trained but only 2 of them are in paid jobs.

There are a number of Health Centres, which are run with Medical Assistants (MAs) and Nurses. There are 28 district Hospitals with MAs, Clinical officers (COs), Orthopaedic COs, BSC clinical officers and Medical officers. In addition, there are 4 central hospitals with Clinical Officers, Intern Medical Doctors, Trainee surgeons and Specialist Surgeons. Of the Surgeons, 26 are General & other specialities, 11 are Orthopaedic (1 of which is a Hand Surgeon) and 3 Plastic surgeons – for the whole country.

### **Malawi**

Malawi, a landlocked country in southeastern Africa, is defined by its topography of highlands split by the Great Rift Valley and the enormous Lake Malawi. Malawi is known as the “Warm heart of Africa” in relation to its friendly welcoming peoples. In late September before the rains come the temperatures are 34-38 degrees centigrade, the jacaranda trees are in full bloom and with the sweet chestnut and acacia trees, savannah plains and traditional style African villages provides some beautiful scenery. Lake Malawi, Africa’s third deepest lake itself makes up almost a third of the country and on a clear night with a bright moon, you can see why it is called the “lake of stars”. The lake is full of “chambo” (Tilapia fish) but also has crocodiles and is a source of schistosomiasis.

The population of Malawi is approximately 18 million and the country is the 9th poorest country in the world. There are a significant nos. of NGOs involved and there is overseas investment from countries such as China. Life expectancy is approximately 51 years and Infant Mortality 48/1000 live births. 85 % of the population are unemployed and essentially subsistence farmers, resulting in a country with little revenue and the “public purse” is poor. The official language of the

country is English, but the traditional language of Chichewe is spoken by about 60% of the people.

### **Therapy Report following Introduction to Hand Therapy Course**

**Venue:** Beit Cure International Hospital, Malawi, 16<sup>th</sup> October 2018.

### **Faculty:**

- Sarah Mee (SM)- Consultant Hand Therapist/Occupational Therapist
- Meryl Glover(MG)- Specialist Hand Therapist/ Occupational Therapist
- Debs Stanton (DS)- Specialist Hand Therapist/Physiotherapist

**Delegates:** 29 delegates attended, comprising of 20 physiotherapists, 2 Occupational Therapists, 4 Rehabilitation Technicians, 2 Physiotherapy assistants and 1 nurse. The delegates attended from Beit Cure, Queen Elizabeth Hospital & Rehabilitation Centre.



### **Course Content:**

The course content was formatted following liaison with the local Physiotherapy therapy leads based at Beit Cure and Queens hospital in Blantyre, who identified the priority clinical areas where learning would be beneficial.

Teaching techniques were varied from formal presentations, to workshops including practical sessions and discussion:

*Lectures* – Assessment of the Hand and Splinting Theory

*Workshops/Practical Sessions* – Exercises/ Strengthening/ Activity, Oedema and Scar Management, Management of Stiffness, Splinting Practical

*Presentation with Practical Hands on-Fractures/ Joint dislocations/Tendon & nerve injuries and Burns/ Hand Contractures including syndactyly*

**Therapists Teaching in Addition to Introduction to Hand Therapy Course:**

MG & DS both presented on day two of the Hand Trauma workshop for COSECSA on 17<sup>th</sup> October 2018.

MG provided the additional workshop. MG ran a thermoplastic splinting workshop on 18<sup>th</sup> October for the therapists at Beit Cure.

Performance Health UK had donated thermoplastic material to Beit Cure, so this training was beneficial so that the therapists might be able to use the donated material effectively.

**Clinical Input:**

MG & SM did a joint clinic with two physiotherapists from Beit Cure. They provided their clinical expertise for patients presented by the physiotherapists.

MG attended a Club foot clinic with the Beit therapists, here she was able to assist with lower limb plastering and observe the therapists plastering skills.

**Additional Information:** All delegates were supplied with a comprehensive course manual. The contents of this manual was supplied by NES Hand Training [www.neshands.co.uk](http://www.neshands.co.uk). (SM is a Partner of NES)

Delegates were provided with a goniometer, scissors, tape measure, pen, note pad & sundries so they might practice the practical aspects during the course and then have the equipment to use in their workplaces to continue using the skills and techniques learnt on the course.



The manual & equipment was funded following a successful application to the IFSHT (International Society of Hand Therapy) teaching grant, donations from UK Hand Therapy Suppliers.

IFSHT also donated a Jamar Dynamometer to Queens hospital Blantyre, as part of their development of hand therapy in developing countries.

**Summary:** The Introduction to Hand Therapy Course was completed by 29 delegates. All delegates provided a feedback form with 21 providing additional comments.

The feedback strongly indicated that the course had been a valuable experience for all delegates. The popular request was for more training of this kind in the future, ideally a two-day course, to allow theoretical learning, clinical reasoning & practical modality practice.

The overriding message from the feedback comments was more courses and more time next time.

From the feedback and the positive participation from the delegates on the day, it can be concluded this inaugural hand therapy course was a resounding success and a worthwhile project for BSSH to have supported.

### **APPENDIX 3**

IFSHT teaching grant: 14-16 February 2019.

Recipient report: Shrikant Chinchalkar

#### **About the Hospital**

The National Hospital in Colombo is the largest teaching hospital in Sri Lanka and the final referral centre in the country consisting of 3000 beds. It is the main training centre in the country for all under graduates and postgraduate trainees of the Faculty of Medicine. The Nursing training school, Schools of Radiography, Pharmacy, Cardiography, Physiotherapy and Occupational Therapy are also affiliated with the National Hospital.

The Accident & Orthopedic Service (AOS) of the National Hospital of Sri Lanka is a Level 1 Trauma Care Centre. It treats about 100,000 patients per annum of which almost 1/3 are given in-house care. In Sri Lanka, traumatic injuries are the leading cause of hospitalization, accounting for 16% of the admission in government hospitals. The Accident and Orthopedic services being the largest and the best equipped trauma care centre with facilities including X rays, CT and MRI which are functioning 24 hours/ 365 days to facilitate the services and a casualty team that caters to those who are injured in accidents. On an average, the centre treats about 300 patients per day. The Orthopedic surgery department is the main source of hand therapy referral here at this hospital and the Occupational Therapists are primarily responsible for hand therapy services.

The first batch of six Occupational Therapists graduated in 1979, and since then there has been a regular influx of Occupational Therapists to the job market on an annual basis. Today, 105 Occupational Therapists work all over the country in government hospitals and 15 work in Army, Navy and Air force hospitals. Currently, twenty 20 students are undergoing their training.

#### **Report on my visit**

For nearly four years, Ms. Hemlatha, in-charge of the Hand Therapy Program has been communicating with Ms. Sarah Ewald- the IFSHT president and delegate regarding the opportunity of having a therapist conduct a training program to enhance the therapist's knowledge and skills in Sri Lanka. It took almost four years for this mission to materialize. And thus the training program was finally held at the National Hospital in Colombo from February 14<sup>th</sup> to 16<sup>th</sup>, 2019.

On February 13<sup>th</sup>, 2019, I met with the Occupational Therapists, Ms. Kalyani Hemlatha and Ms. Vindhya Dematagoda to discuss the format of the presentation during the workshops on February 14<sup>th</sup> and 15<sup>th</sup> 2019 and the format of conducting a clinic on February 16<sup>th</sup>, 2019. I



was updated on the topics I am covering over next two days time, about the participant's level of knowledge and expertise and timings of the presentations. To my surprise, the management of flexor and extensor tendons was taken off of the program. I was also instructed to stop the session between 3.45 and 4.00 pm each day to enable therapists to travel back to their hometown since they were travelling for a distance to attend the workshop.

I was informed that on February 16<sup>th</sup>, a number of patients with different diagnoses have been scheduled in the clinic for consultation and to discuss their condition, diagnoses, their physical conditions and the clinical reasoning for the treatment.

On February 14<sup>th</sup>, 2019 the session "Combined Orthopedic and Hand Therapy" workshop was inaugurated by the Professor of Orthopedic Surgery, Dr. V. Swarna Kumar, Ms. Hemlatha, Ms Dematagoda, and Mrs. Wasana Dahanayake, president of the Occupational Therapy Association, Mr. Ashoka Sanjeewa, secretary of the OT association and myself by lighting candles as a religious/auspicious ceremony according to Sri Lankan customs at 8.00 AM. Prf. Dr. V. Swarna Kumar, the main supporter of the hand therapy program, as I was told, gave a brief introduction about the next three-day program. He welcomed all the Therapists and the Student delegates who travelled from all over the country. There were roughly 80-90 participants who attended the workshop. The participants included orthopedic surgeons, nearly 60 – 70 therapists and the remaining being the OT students. Orthopedic Surgery - Professor Dr. V. Swarna Kumar, Dr. Harsha Mendis, attended the session till the end of the day. On the first day of the program I presented on "Wound Healing and Decision Making in Hand Therapy", "Management of Distal Radius Fractures", and "Management of Elbow Fractures" and "Hand Fractures". The surgeons expressed interest in knowing and understanding the referral process, format of prescribing therapy and timings of implementation of safe

therapeutic interventions. These topics generated many discussions pertaining to positioning the joints, hand or extremity following injury and/or surgery, precautions and management of such injuries and how to maximize the outcome. On the first day the session ended at 4.00 pm.



On February 15<sup>th</sup>, 2019 I opened up the session at 8.00 AM by discussing "Management of Global Brachial Plexus Injuries", and later presented on the "Management of Complex Regional Pain Syndrome", "The Management of Stiff Joints/hands", and "The Management Tendon Transfers". The session ended at 4.00 pm followed by a brief closing ceremony. Similar to the first day, this day's session also generated many question.

Upon listening to my presentations on the first day on wound healing and distal radius fractures Prf. Dr. V. Swarna Kumar requested me that I present these two topics to the other staff members of the Orthopedic Surgery department, medical students, interns, junior and senior registrars on the program next day during the lunch break. I presented both the topics to the group on February 15<sup>th</sup>, 2019. The main purpose of the presentation was to encourage the surgeons to refer the patients for early intervention to prevent and/or minimize massive joint stiffness as this was commonly seen and observed by the therapists. These presentations definitely generated several discussions regarding the benefits of early hand therapy interventions to maximize function and ultimately the outcome. The surgeons realized that the longer they waited for early therapeutic interventions the stiffer the patients joints were and since the hospital operates on national government funding, how early intervention will prove to be cost effective in service delivery.



On February 16<sup>th</sup>, 2019, I visited the hand therapy department to see some upper limb cases. The department was less than approximately 600-700 square feet, relatively smaller to accommodate a large volume of patients. There were about 3-4 patients being treated by each three therapists in a given time slot. The department has some basic equipment to treat these patients. The therapists have been very creative in splint fabrication and using some of the homemade instruments. I saw a number of patients with different diagnoses such as Brachial Plexus Injuries, Hand Fractures, Soft tissue Trauma, Complex Regional Pain Syndrome, flexor tendon injuries and Complex Multiple fractures of the Upper Extremity. The clinic ran from 8.00 AM till 2.00 PM. We went case-by-case, viewing their history, surgical &/or non-surgical intervention, reading x-rays and discussing their current status by systematically evaluating their conditions and then going over treatment priorities and interventions. A systematic progression of therapeutic intervention was outlined for each case. The therapists demonstrated greater and better understanding of the treatment progression and implementation.



I have left electronic copies of the handouts on the topics I presented during the workshop and in addition on the flexor and extensor tendon injuries with Ms. Hemlatha for distribution to the attendees for future reference.

### **General Impression from the two-day workshop**

From my interaction with the therapists I gathered that the therapists have some very basic knowledge of the musculo-skeletal system and limited knowledge of hand therapy in general. The therapists have some knowledge of wound and or fracture healing however they lack an understanding of at what stage of healing mobilization could safely be introduced. It was obvious from my interaction with them that the therapists rely heavily on the surgeon's direction.

Secondly, the interaction between the therapists and surgeons is minimal. Therapists, due to their limited knowledge are uncomfortable in approaching the surgeons and seeking guidance regarding therapeutic interventions or changing the interventions. And since there is minimal exchange of information between these two professionals the surgeons often do not know what and how much to share with the therapists so that they can make a reasonable decision for therapeutic treatment.

Upon completion of this two-day session I acknowledged that the communication between the surgeon and the therapist would improve. From here on sharing of exact information on the referral and implementation of early therapeutic intervention therefore will be in effect. I am confident that since I presented these two topics to the surgeons, the surgeons will be on board with the therapists for improvisation of patient care.

### **Recommendations:**

Considering my overall observation and experience I personally believe that a follow up visit to the facility and conducting a workshop of a longer duration and holding a clinic for three days is necessary to confirm that the therapists are confident in treating various injuries. I shared my thoughts with Ms. Hemlatha and Prof. Dr. V. Swarna Kumar and both these individuals are in agreement with me.