May 2026

www.ifssh.info VOLUME 16 | ISSUE 2 | NUMBER 62 | MAY 2026

ezine ifssh

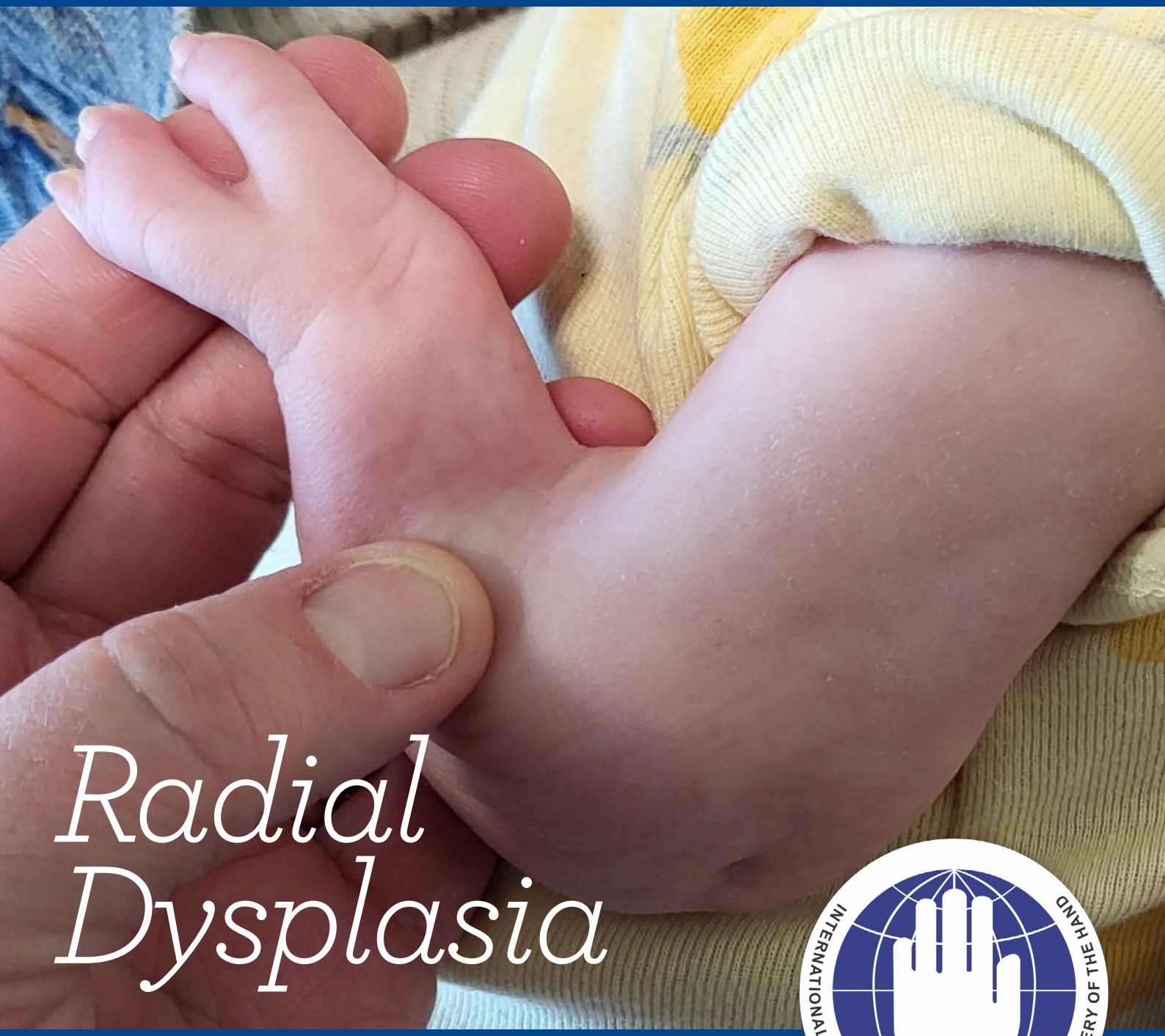
CONNECTING OUR GLOBAL HAND SURGERY FAMILY

SPECIAL REPORT

RADIAL DYSPLASIA- DECISION MAKING AND EARLY MANAGEMENT

HAND THERAPY

HERCOLINE-S: A TOOL FOR CONTROLLED STRENGTHENING OF THE HAND AND WRIST MUSCLES

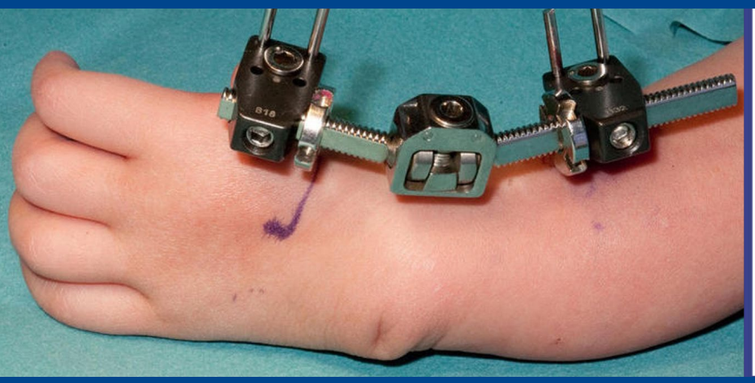


Radial Dysplasia

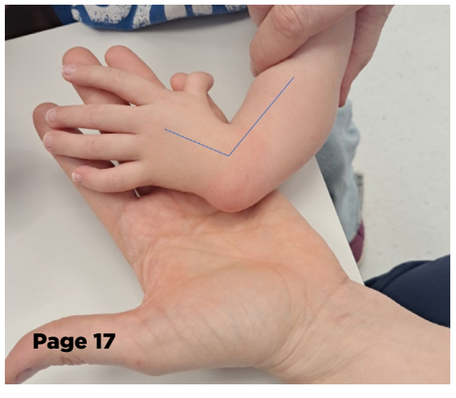
2ND IFSSH MID-TERM COURSE

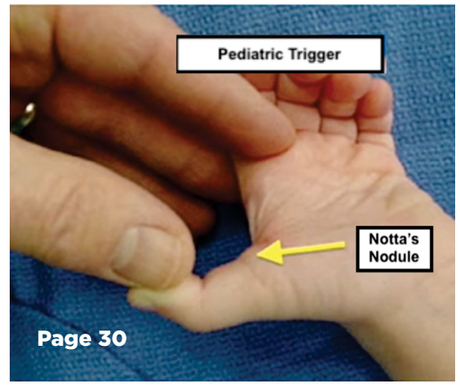
NEXT IFSSH-IFSHT CONGRESS IN SINGAPORE

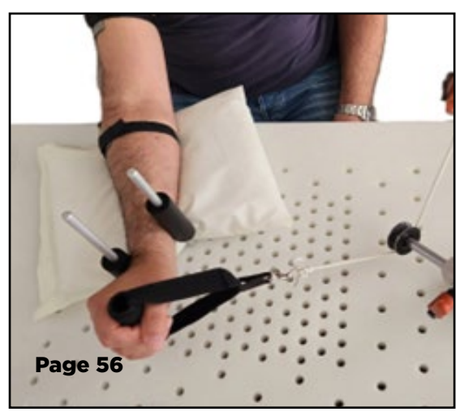
www.ifssh.info VOLUME 16 | ISSUE 2 | NUMBER 62 | MAY 2026

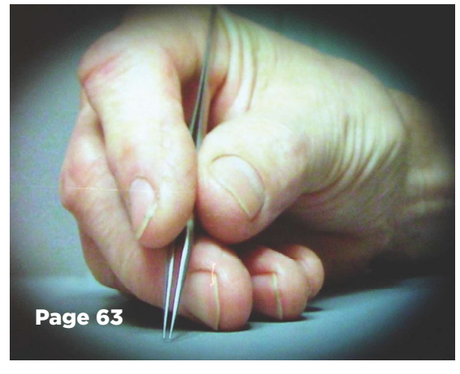


contents









Holistic decision-making

Science is founded on compelling evidence and collective knowledge. This knowledge arises from enquiring minds, objective research, and rigorous testing.

Art involves thinking outside the box. It draws on innovation, intuition, talent, skill, and learned experience.

Medicine is a combination of both science and art. It is also shaped by external and internal factors. External influences include culture, environment, and diet, while internal variables include genetic predisposition, immune response, environmental adaptation, and personal experience.

Hand surgery is no different. Being dogmatic about a particular aspect or topic may reflect a subjective opinion, a belief system, or a feeling rather than objective reality. In the pursuit of the best management option for the issue at hand, open-mindedness and objective decision-making are essential if the patient's best interests are truly at heart. Since we all carry inherent biases, a holistic view of any problem can only emerge through broad and varied perspectives.

PULPe (Paediatric Upper Limb Project – info@pulpe.eu and secretary@pulpe.eu) is an open group dedicated to education and the exchange of ideas relating to paediatric upper limb conditions.

We are grateful for the efforts our colleagues have made to summarise discussions for the IFSSH Ezine.

These reports are carefully edited to minimise bias and dogma, while reflecting a range of perspectives and experiences.

In this issue of the Ezine, we are pleased to publish another excellent report on **Radial Longitudinal Deficiency**.

Enjoy,
Ulrich

ULRICH MENNEN
Editor

Honouring 60 years of the IFSSH: From Vision to Legacy

Sixty years – when measured for the life of an individual it would mean analysing their performance, health status, and ability to leave behind a legacy. But for an institution it means a critical point that proves its ability to survive, requiring re-evaluation of strategies to remain relevant in a changing world. While individuals all have a finite life span, institutions can go on for ever. IFSSH has had a past of which we can all be proud and it is our duty to build it further to last forever.

The Beginning

It all began on the evening of 20th January 1966 when 10 prominent hand surgeons of those days met at Palmar House in Chicago, USA to draft the charter of an organisation which they called as the International Federation of Societies for Surgery of the Hand. The meeting was presided by Dr Arthur Barsky. We have Dr Barsky's well written minutes of the meeting. From what we could gather Drs Barsky and Curtis represented the United States and 8 founding societies were identified. The one iconic photo we have of the occasion registers the founding societies. Dr Zancolli from Argentina was present at the meeting but our records show that Argentina joined the Federation a few years later.

The founding members of IFSSH envisioned a dynamic role for the Federation. On day one, they planned to form committees for Functional evaluation of results, Disability evaluation, Prevention of accidents, Congenital malformations and even a committee on Standard Nomenclature. Their lofty ideals are admirable. On this day we salute the foresight of these gentlemen in forming the Federation.

This historical photo was taken at the founding meeting of the IFSSH in Chicago in 1966.
This photo is courtesy of Dr. Sergio Gama
The original eight founding Societies of the IFSSH were represented by the following Delegates.
(from left to right): A Bonola (Italy); T Morotomi (Japan); A Barsky (USA); G Stack (UK); N Carstam (Scandinavia-Sweden); D Buck-Gramcko (Germany); A Pernet (Brazil); R Tubiana (France)

The Journey so far...

What began as a Federation with 8 member societies had now grown into a Federation of 65 societies from 63 nations. Though the Federation was founded in 1966, the first Triennial Congress was held at Rotterdam in April 1980. In the time in between the members were meeting informally on the sidelines of a national congress of some member. We have successfully conducted 16 triennial congresses; the most recent at Washington DC in March 2025. Twenty-one men of calibre have led the organization. We have honoured over 240 pioneers, celebrating the legacy of Hand Surgery and serving as an inspiration to the younger generation.

Professional organisations surviving for over 60 years exhibit the traits of adaptation, take efforts to remain relevant and preserve structural stability. The council was expanded from having one member at large to five to provide representation to all regions, the leadership steps were pruned to reduce the period to Presidency so that more fresh faces and talent could come in.

The triennial congress venues rotate through various regions to satisfy the aspirations of the membership. While a lot of adaptations have been made over the years to preserve the structural stability, the work stayed true to the core purpose of the IFSSH – i.e. "to coordinate the activities of the various Societies for Surgery of the Hand throughout the world and in this way to increase and spread knowledge of surgery of the hand". This has been made possible by providing access to knowledge and helping in capacity building in deserving areas. We have been consistent, which is a hallmark of a good professional organisation. The IFSSH Ezine which you hold in your hands now, is produced four times a year and this is the 62nd issue produced without a break.

The current Executive Committee, Nominating Committee and Secretariat – for the 2025-2028 triennium.
Back (L-R): Ms Rama Sudakar, Administrative Assistant (India); Dr Roland Hicks, Nominating Committee Member-at-Large (Australia); Dr Fidel Cayon, Member-at-Large – South America (Ecuador), Dr Steven Moran, Member-at-Large – North/Central America (USA), A/Prof Satoshi Ichihara, Member-at-Large – Asia-Pacific (Japan), Mr Jonathan Hobby, Member-at-Large – Europe/Africa (UK), Prof Ilse Degreef, Member-at-Large – Europe/Africa (Belgium), Dr Nash Naam, Nominating Committee Member-at-Large (USA/Egypt), Ms Belinda Smith, Chief Administrator (Australia)
Front (L-R): Dr Aida Garcia Gomez, Communications Director (Colombia), Dr Daniel Nagle, Immediate Past President (USA), Dr S. Raja Sabapathy, President (India), Prof David Warwick, President Elect (UK), Prof Jin Bo Tang, Secretary-General (China).

The Future Challenges

The challenge for any international professional organisation in these days of rapid geopolitical changes is to remain relevant to all members. People must find value in the membership. Our triennial congresses provide a great platform for the young to meet and be inspired by the legends in Hand Surgery, and for the seniors to renew long term professional friendship which transcend borders. All our congresses have been in person meetings and even the Covid pandemic did not disturb our schedule - we were fortunate to have the Berlin congress in 2019 and the London congress in 2022. To continue to increase these educational opportunities and exchanges of knowledge and friendship, we have introduced the IFSSH Mid-Term Course in Hand Surgery concept, firstly held in Ecuador and now with the second Mid-Term Course to be in Venice in April 2027.

A pivotal role for the IFSSH to be a valued organisation is for its efforts to mitigate the global inequality in Hand Surgery services. With this in mind, I chose **'Providing quality hand surgical care to the millions who are less privileged'** as the theme for this triennium. To make this happen we need finances. We have set ourselves an audacious goal of raising five million dollars so that IFSSH will be able to provide over US $150,000 every year for educational initiatives. Every dollar counts and everyone's contribution is valuable. You will be inspired to learn what the donation could do by visiting our website.

Individuals build institutions and institutions take care of individuals. The IFSSH - and our relationship with the IFSHT - is a great example of that.

Our triennial congresses remain the greatest meeting arena for all hand surgeons. I take this opportunity to invite you all to join the next IFSSH-IFSHT Triennial Congress in Singapore in October 2028.

S. RAJA SABAPATHY
President: IFSSH

Message from the Secretary-General

Dear Colleagues,

The first months of a year are always a busy time for planning, review, and reflection. I am happy to share with you that in recent weeks the IFSSH Executive Committee (ExCo) have been busy with reviewing the applications for educational grants and responding to the reports from organisers of both the 2nd IFSSH Mid-Term Course in 2027 (Italy) and the 2028 IFSSH-IFSHT Triennial Congress (Singapore). The ExCo are deeply impressed by the dedication of both organising teams, especially the leadership of the organising chairs. With the IFSSH co-sponsored APFSSH/FESSH Academy Foundation Course in Hong Kong just completed in early March (4–6 March 2026), we are moving towards welcoming the next round of the IFSSH Course and Congress.

At the time of writing, excitement is brewing as we are exactly one year away from the 2nd IFSSH Mid-Term Course in Hand Surgery from 4-8 April 2027 (Venice, Italy). Dr Atzei, the Italian Society for Surgery of the Hand (SICM), and the extended team are preparing a practical, interactive course relevant to all hand surgeons worldwide. We recommend that you closely watch the 2nd Mid-Term Course website: https://congressworks.com/venice2027/ and join the mailing list to ensure that you are the first to know when information is updated and registration timelines are released.

Equally exciting is the news which just came in: the 3rd IFSSH Harold Kleinert Visiting Professor, Professor Joseph Dias has accepted to serve this role for 17 days in November this year by traveling to six hand surgery centres in China.

We have many opportunities to meet and share knowledge and friendship at the upcoming IFSSH events:

IFSSH Delegates' Council Meeting: 5 June 2026 – Basel, Switzerland

The 2026 IFSSH Delegates' Council Meeting will be held at 12:30pm, Friday 5 June 2026 in the Singapore Room of Congress Centre Basel (CH-4058 Basel, Switzerland; www.messe-basel.com). The agenda and documentation will be distributed by email to all IFSSH Delegates.

This meeting is within the FESSH Congress to reduce time and travel commitments for our IFSSH Delegates. Please refer to the 2026 FESSH Congress website for registration and venue information - https://fessh2026.com/

We hope to see many IFSSH Delegates (or appointed proxies) in Basel to represent the 65 IFSSH Member Societies on this 60th anniversary of our Federation.

Supporting Hand Surgery education: IFSSH Patrons of Hand Surgery

Twelve months ago, the IFSSH launched a philanthropic initiative dedicated to expanding global access to hand surgery education: the IFSSH Patron of Hand Surgery program. We are delighted to have received donations from hand surgeons, hand societies, and industry.

Thanks to their generosity, the IFSSH continues to support and extend its educational offering. In particular, young surgeons from resource-limited regions are gaining life-changing opportunities to attend international congresses, participate in hands-on workshops, and bring new skills back to their communities.

"Having the opportunity to travel in my residency and to learn from some of the best in the field, to discuss clinical cases and learn from those passionate about hand surgery was definitely something that will make my career go forwards."
Miguel Ribeiro Matias, Portugal

"Attending this Symposium was an extraordinary experience that left an indelible impact on my professional and personal journey as a hand surgeon. Most significantly, I feel less isolated in trying to understand congenital upper limb differences and realised that many across the globe are asking the same questions as I am and that many more are trying to find ways to solve the challenges in making our patients' lives better."
Nathaniel Orillaza, Philippines

We invite all readers to consider becoming an 'IFSSH Patron of Hand Surgery' and enable many more educational opportunities for hand surgeons worldwide.

For further information, please refer to https://ifssh.info/hand_surgery_donation_program.php or contact the IFSSH secretariat (donate@ifssh.info).

IFSSH Educational Sponsorship: Delivering hand surgery training to Burundi

With IFSSH financial support, a two-day Wide-Awake Local Anaesthesia No Tourniquet (WALANT) workshop was held in Bujumbura, Burundi, on 28–29 November 2025. This was organised by Operating Theatre Practitioners Association of Kenya (OTPAK) and Mercy Surgeons, and supported by the IFSSH, COSECSA and the Ministry of Health – Burundi.

The workshop brought together 31 trainees from Burundi (11), Kenya (5), Uganda (3), Tanzania (3), Ethiopia (3), Democratic Republic of Congo (2), Zanzibar (1), Somalia (1), Gambia (1), and Cameroon (1).

The program aimed to strengthen surgical capacity in the College of Surgeons of East, Central and Southern Africa (COSECSA) region and challenge dogma to alter the culture of surgery through promotion and adoption of WALANT as an innovative, cost-effective, and safe alternative to traditional surgery practices.

Trainers from Canada, Portugal, Kenya, and Burundi provided intensive, focused WALANT training over 2 days, which comprised didactic lectures, formal and informal discussions, practical sessions, and live surgical demonstrations. Participants shared stories and scenarios while networking. Early feedback has demonstrated that many started using WALANT in their home countries immediately on return, sharing their experiences, videos, photos, along with questions and answers.

The IFSSH is indebted to Prof Don Lalonde (Canada) and Prof Pankaj Jani (Kenya) for their continued endeavours to improve hand surgery education opportunities within Africa. The IFSSH has worked alongside Prof Lalonde and Prof Jani to supported numerous workshops over the past 7 years and receives motivating feedback from the organisers and trainees detailing the improved skills of participants, the growing support network amongst COSECSA surgeons, and the changing landscape for enhanced patient care.

"The opportunity for young surgical trainees to network and interact with each other cannot be overstated. In our training hospital, we have already began planning to set up a more permanent WALANT room. Most of the attendees have agreed that WALANT is going to be a game changer in the COSECSA region and we are all excited to see how this innovation can bring patients and surgeons together."
Imraan Sherman, Kenya (2022)

Announcing the 3rd IFSSH Harold Kleinert Visiting Professor: Professor Joseph Dias

The Association for Chinese-Speaking Hand Surgeons United (ACU) has been awarded the opportunity to host the next IFSSH Harold Kleinert Visiting Professor. This follows Dr Steven Moran (USA) being the inaugural Visiting Professor in Australia, and Professor Jin Bo Tang then being hosted by the Polish Society.

We are pleased to announce that the 3rd IFSSH Harold Kleinert Visting Professor will be Professor Joseph Dias from Leicester, UK.

In November 2026 Professor Dias will travel to six hand surgery centres in different cities in China, delivering education to many hand surgeons in a variety of formats. We thank ACU for organising this program and Professor Dias for his continued dedication to educate hand surgeons. A full report will be provided in the IFSSH Ezine in early 2027.

Future Meetings

A detailed list of national and regional hand surgery meetings is available on the IFSSH website. The IFSSH Courses and Congresses are as follows:

2nd IFSSH Mid-Term Course in Hand Surgery
4-8 April 2027
Venice, Italy

17th IFSSH – 14th IFSHT Congress
23 – 27 October 2028
Singapore

HANDS'N'RIO
2031 IFSSH/IFSHT Triennial Congress

18th IFSSH – 15th IFSHT Congress
2031 (dates TBC) Rio de Janeiro, Brazil

JIN BO TANG
Secretary-General: IFSSH
Email: administration@ifssh.info
Web: www.ifssh.info
X/Instagram: @IFSSHand

ezine ifssh
CONNECTING OUR GLOBAL HAND SURGERY FAMILY

IFSSH EZINE EDITORIAL TEAM:
EDITOR:
Professor Ulrich Mennen
Past Pres. and Pioneer: IFSSH

DEPUTY EDITOR:
Professor Michael Tonkin
Past Pres. and Pioneer: IFSSH

GRAPHIC DESIGNER:
Tamrin Hansen
www.foxydesign.co.za
TO SUBSCRIBE GO TO:
www.ifssh.info
administration@ifssh.info

IFSSH Patrons of Hand Surgery

We acknowledge the generous donations to date and thank the donors for their commitment to furthering the work of the IFSSH:

Super Platinum
Prof R. Venkataswami – India
Dr S. Raja Sabapathy – India
CTM Biomedical, LLC - USA
Platinum
Dr Francisco del Pinal – Spain
Dr Qing Zhong Chen – China
Prof David Warwick – UK
Dr Daniel Nagle – USA
Prof Gregory Bain - Australia
Gold
Dr Praveen Bhardwaj – India
Dr L. Scott Levin – USA
Australian Hand Surgery Society – Australia
Silver
Terry R. Light, M.D. - USA
Dr Hari Venkatramani – India
Dr Lax Bhandari – India
Dr Jing Chen – China.
Alejandro Badia, M.D. – USA
Dr K. Sridhar – India
Dr Yan Pei Gong – China
Dr Steven Moran – USA
Mr Jonathan Hobby – United Kingdom
Dr Chao Chen - China
Dr Sandeep Sebastin - Singapore
Name withheld – UK

Bronze
Name withheld – New Zealand
Peter C. Amadio, M.D. – USA
Satoshi Ichihara, M.D. – Japan
Prof Ulrich Mennen – South Africa
Peter J. Stern, M.D. – USA
Mr Geoffrey Hooper – United Kingdom
Prof Ulrich Mennen – South Africa
Peter J. Stern, M.D. - USA
Donor
Susan E. Mackinnon, M.D. - USA

Learn more and make your pledge today:
www.ifssh.info

Erratum

An incorrect name was attributed to the IFSSH/IFSHT Sponsorship Report from India in the August 2025 IFSSH Ezine (# 59) on page 21. The correct author of the report is Yogita Shendge from India. We humbly apologise for this error.

"I am truly humbled and deeply grateful for the generous IFSHT 2025 Travel Grant awarded to me. This support has gone beyond easing financial constraints; it has ignited a renewed passion within me to advance the field of hand therapy. Your recognition affirms my dedication to improving patient care and fostering meaningful global collaborations, and for that, I am immensely thankful. Attending the IFSHT Congress in Washington DC from 24 to 28 March 2025 at the Marriott Marquis was an experience of a lifetime. It provided a unique platform to connect, learn, and share with like-minded professionals from around the world. The opportunity to engage in meaningful conversations, exchange ideas, and build networks has profoundly enriched my perspective and aspirations. I must express that this enriching journey was made even more special by the financial support from IFSHT, which eased my journey and allowed me to fully immerse myself in this invaluable experience. The knowledge gained, the connections made, and the inspiration drawn from this Congress will undoubtedly fuel my efforts to inspire the next generation of hand therapists in India. I am committed to leveraging these networks to foster collaborations, undertake academic research, develop guidelines, and promote the growth of hand therapy both within India and globally. This opportunity has reinforced my belief in the power of community, learning, and shared passion. I am motivated more than ever to contribute meaningfully to our field, and I am grateful for your trust and investment in my journey. Thank you once again for your kindness, faith, and support. I am honoured to be part of the IFSHT family, and I look forward to giving back to our community with dedication and gratitude".

Yogita Shendge, India

2nd IFSSH Mid-Term Course - One year to go

Venice 2027:
The Preliminary Program for the 2nd IFSSH Mid-Term Course

From 4-8 April 2027, the 2nd IFSSH Mid-Term Course will bring the hand surgery community from all over the world to Venice, Italy, for a focused educational event designed around practical learning, discussions, and global exchange.

Hosted on the Venice Lido, the Course is being structured as a four-day program that combines plenary teaching with workshops, focused sessions, and interactive case discussions. Check out the preliminary program that already suggests that the 2nd Mid-Term Course will offer much more than a traditional lecture-based meeting.

The scientific program

The scientific content spans a broad range of current topics in hand surgery, which will be covered by the plenary sessions, such as:

- traumatic hand and wrist reconstruction
- ligament disorders and joint instability
- brachial plexus and peripheral nerve surgery
- digital and hand replantation
- congenital hand and paediatric trauma
- degenerative hand and wrist conditions
- tendon repair and reconstruction

The structure of the course will place strong emphasis on clinical relevance and decision-making, with faculty-led sessions designed not only to update knowledge, but also to explore how surgeons approach complex real-world cases while encouraging open discussion, exchange of ideas, and direct interaction with leading experts in hand surgery.

This interactive spirit is reflected particularly well in the inclusion of Clinical Challenges and Surgical Solutions sessions, which are designed to stimulate discussion and practical problem-solving around demanding cases and surgical scenarios, proposed by the participants themselves. Thus, participants will have the opportunity to engage in open case discussions with some of the world's leading experts in hand surgery through the 'Meet the Masters' sessions, further reinforcing the collegial and highly educational nature of the Course.

On-demand learning

One of the strongest features of the Mid-Term Course is its modular educational format. In addition to plenary sessions, participants will be able to choose from a range of parallel learning opportunities, including:

- Hands-on Workshops
- Focus Sessions
- 'Meet the Masters'
- Debates on Clinical Challenges
- Debates on Surgical Solutions

The workshop program is especially appealing, with topics such as:

- internal fixation of the hand and distal radius
- diagnostic and operative ultrasound
- basic microsurgical skills
- robotics in microsurgery
- 3D-planned bone reconstruction
- joint replacement in the hand, wrist, and DRUJ

Focus Sessions will further enrich the program by addressing highly relevant topics, including wide-awake surgery, hand and wrist infections, and wrist arthroscopy from basic to intermediate and advanced levels.

Taken together, the program suggests a course designed to be interactive, flexible, and immediately useful in clinical practice. It is a format designed not only to teach, but also to connect—bringing faculty and participants into meaningful dialogue around the challenges and opportunities of hand surgery today.

Why Venice adds something special?

A strong scientific program is always the foundation of a successful IFSSH event, but the location of the 2nd Mid-Term Course adds another important dimension. Venice offers excellent international accessibility and a venue that is well positioned for both the meeting and the city itself. Beyond logistics, however, Venice provides something more valuable: an atmosphere that encourages connection, conversation, and exchange among colleagues from around the world.

The organisers also highlight the many reasons to extend the trip beyond the scientific sessions. Participants may choose to explore Venice's historic neighbourhoods, artisan traditions, canals, museums, and culinary culture, or take advantage of excursions to nearby destinations such as Murano, Burano, Verona, Padua, or the Prosecco hills.

We hope that for many attendees, Venice 2027 may therefore become not only a high-quality educational experience, but also a memorable professional and cultural one.

Stay connected and be the first to hear about program updates, course news, and special highlights by visiting www.ifsshvenice2027.com, signing up for our newsletter, and following us on Instagram @ ifsshvenice2027.

Next IFSSH-IFSHT Congress in Singapore

Discover Singapore beyond the IFSSH-IFSHT Congress

Meet the Merlion - the half-lion, half-fish icon that tells the story of Singapore.

For those attending the Congress in Singapore, the Merlion is one of the city's most iconic sights and an easy way to experience the spirit of the Lion City beyond the meeting rooms. With the head of a lion and the body of a fish, this mythical figure is far more than a popular photo stop — it is a symbol deeply rooted in Singapore's history and identity.

The Merlion's fish-like body refers to Singapore's early beginnings as a fishing village known as Temasek, while its lion head recalls the city's former name, Singapura, meaning "Lion City" in Sanskrit. Together, these two elements tell the story of Singapore's remarkable transformation from a modest settlement into a global city.

Standing 8.6 metres tall and weighing around 70 tonnes, the Merlion statue was created by local sculptor Lim Nang Seng, based on a design by Kwan Sai Kheong. It was officially unveiled on 15 September 1972 by then Prime Minister Lee Kuan Yew, and has since become one of Singapore's most recognisable landmarks. Originally located at the mouth of the Singapore River, the statue was later moved to Merlion Park after the completion of Esplanade Bridge in 1997, which partially blocked its view from the waterfront. Today, it stands overlooking Marina Bay, opposite the Fullerton Hotel, offering one of the city's most memorable views.

Whether visited before the day's sessions begin or after the congress programme winds down, the Merlion is an ideal starting point for discovering Singapore. From here, visitors can stroll along the waterfront, explore the Singapore River, or simply take in the striking contrast between the city's rich past and its modern skyline.

Radial dysplasia-decision making and early management

PULPe Webinar 2025

Radial dysplasia is a challenge to treat and we lack international consensus on a treatment approach.[1] The aims of our webinar was to present treatment strategies from four hand surgical units. An occupational therapist (OT) and hand surgeon gave presentations from the UK, Norway and USA. The moderators were Bran Sivakumar (UK) and Christina Lipede (UK).

Great Ormond Street Hospital, London, United Kingdom

Bran Sivakumar and Catherine Miller

In the context of **early management**, careful assessment of radial longitudinal deficiency (RLD) begins at birth and extends beyond the hand and wrist to the entire pre-axial side of the upper limb. Bilateral involvement is common and frequently asymmetrical, making comparison of both limbs essential. RLD is associated with a number of syndromes that confer a poorer prognosis.[2] Conditions requiring early exclusion include those associated with haematological abnormalities, cardiac disease, and renal anomalies.

Alongside early input from the multidisciplinary team (MDT), referral for clinical genetics review is therefore recommended.

The **aims** of treatment in RLD are to improve overall limb function, optimise wrist position and stability where possible, maintain range of motion (ROM), and maximise growth potential.[3] The soft-tissue structures on the radial side of the wrist, including the median nerve, dorso-radial muscle mass, and fascia, are characteristically short. Management therefore begins with stretching and splintage carried out by parents under the guidance of an OT.

Treatment is ideally commenced early and involves gentle, regular passive correction of the hand–forearm angle, incorporating a degree of axial traction out of the flexed and radially deviated posture (Figure 1). Hand therapy aims to correct wrist deviation and maintain digital ROM. These gains are reinforced through the use of night-time thermoplastic splintage (Figure 2). Regular contact between the therapy team and families is recommended to allow adjustment of splints with growth, optimise technique, and support compliance.

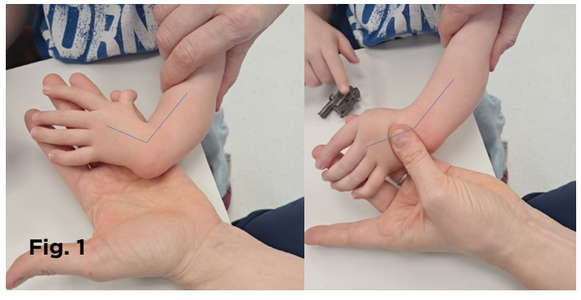


Fig. 1

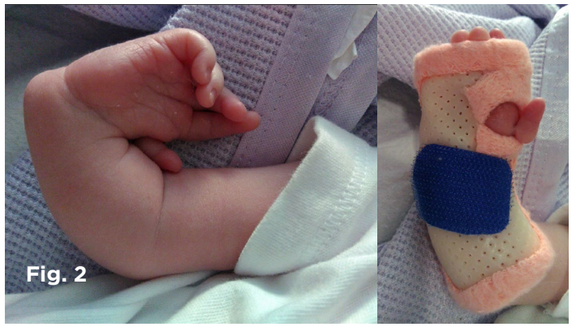


Fig. 2

Deciding on the most appropriate treatment pathway for a child and family is a **complex and nuanced** process requiring regular MDT review. Management should be tailored to a child's functional demands and associated conditions. During outpatient visits, verbal and written information is provided alongside videos outlining treatment processes and expected outcomes. Families are also signposted to relevant charities and organisations, including REACH, and, where appropriate, introduced to other families with children affected by the same condition.

Management remains function-focused, although the importance of cosmesis should not be underestimated, particularly as children grow older. Key factors influencing decision-making include the presence of severe or life-threatening comorbidities, the degree of wrist angulation, and limitations in wrist ROM in conjunction with elbow stiffness. This is particularly relevant in bilateral cases with poor elbow flexion, where children may rely on the functional advantage conferred by wrist radial deviation to reach the mouth or support objects against their body.

The degree of digital involvement, prehension patterns, and suitability for pollicisation should also be considered when contemplating wrist correction. Hypoplasia or stiffness of the index finger may predispose to an ulnar prehension pattern, which can function effectively in the context of a severely radially deviated wrist.

Regular follow-up also provides insight into child and family engagement and compliance, both of which are key determinants of success when selecting patients for surgical intervention.

Broadly, patients fall into **two groups:** those likely to benefit from **staged surgical wrist alignment** and those **better managed conservatively**. In our experience, a significant proportion benefit from surgical correction; however, comprehensive family counselling, careful patient selection, close monitoring, and long-term follow-up are essential.

The goals of **surgery** extend beyond correction of radial angulation alone. An optimal outcome aims to preserve ulno-carpal mobility, maintain longitudinal growth potential, and provide sufficient stability to minimise recurrence.[4]

Families are counselled that while stretching and splinting reduce radial deforming forces, these measures alone are insufficient to fully address radial soft-tissue tension, particularly in severe Type III and IV cases. As a result, staged surgery is often required, beginning with soft-tissue distraction of the short radially deforming structures followed by definitive wrist alignment procedure aimed at creating a stable ulna-carpal equilibrium.

Since its introduction, **soft-tissue distraction** has transformed the management of RLD and has evolved through the use of a variety of uni-planar and multi-planar devices.[5] Our preference is a uni-planar external Pennig fixator which incorporates a central co-axial hinge, applied to the radial aspect of the limb and secured proximally to the ulna and distally through the 2nd to 3rd metacarpals (Figure 3).

Intra-operative distraction typically achieves a substantial initial correction, after which incremental distraction is performed at a rate of approximately 1 mm per day.

This process is demonstrated and taught to parents using instructional videos as part of the pre-operative pathway. These videos also serve to highlight how well the process is tolerated by children which is often a major initial concern.

Maximising the slower distraction phase is critical in reducing long-term radial tension and pressure on the ulnar physis. Distraction is halted once the base of the 3rd metacarpal aligns with the distal ulna, allowing a period of consolidation for soft-tissue adaptation prior to wrist correction. This stress-relaxation phase facilitates wrist stabilisation and may promote some remodelling and straightening of the ulna.

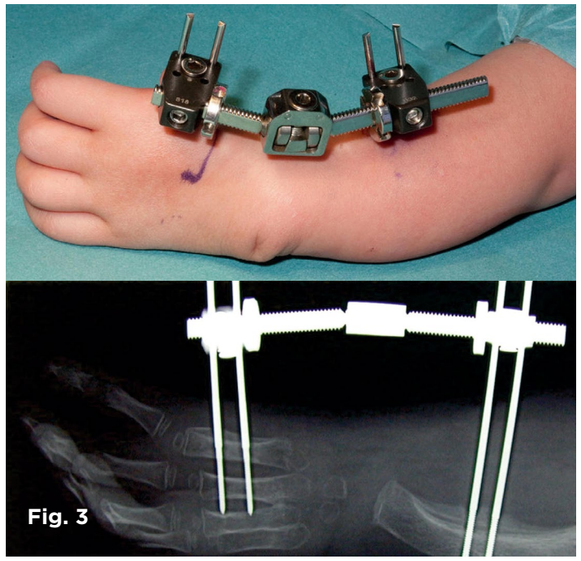


Fig. 3

Wrist correction can be achieved through **centralisation** with a proximal row carpal notch or through a non-notched stabilisation procedure (Figure 4). A stabilisation procedure, also referred to as **radialisation**, involves rebalancing the carpus on the end of the ulna in line with the 2nd metacarpal without the creation of a carpal slot. Radialisation preserves motion but it is inherently less stable than centralisation. Its stability depends on the quality of the dorso-radial muscle mass (Figure 5) which is utilised as a corrective tendon transfer to the base of the ulnar carpus and the congruity of the ulna-carpal interface. If these features are not present we would favour a centralisation. This involves alignment of the 3rd metacarpal with the ulna through the creation of a notch in the carpus, producing either a fusion or fibrous union to the proximal carpal row. This provides a more stable construct but is inherently immobile. We explain to families that this decision is made intra-operatively but our goals remain to preserve motion if possible, mitigate any pressure effect on the distal ulna growth plate and create a wrist construct which is stable long-term.

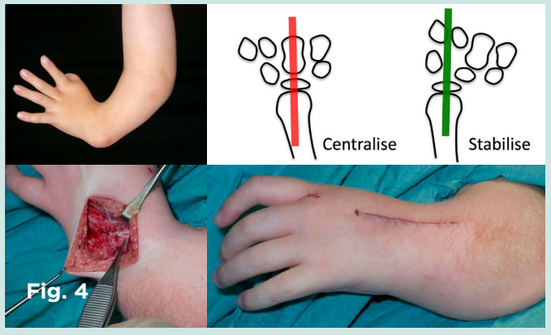


Fig. 4

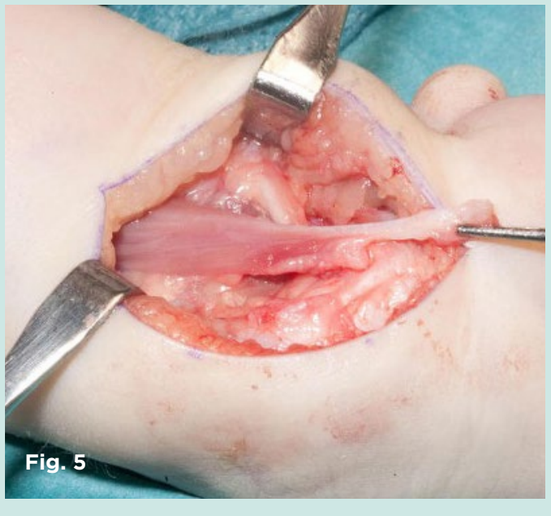


Fig. 5

A dorsal longitudinal approach provides adequate exposure for either procedure and any skin excess recontours over time as a result of comprehensive soft tissue release during the wrist alignment surgery. Both forms of correction are supported with longitudinal K-wire fixation for a period of six months to one year.

Thumb hypoplasia is generally addressed after wrist correction.

Oslo University Hospital, Oslo, Norway

Lene Bobakk and Mona Irene Winge

At the Oslo University Hospital, we assess RLD patients within 1-3 months and the more severe RLD cases within 3-5 weeks. Therapists from local hospitals will often contact our OTs directly to discuss early stretching.

At **first consultation** the patient meets a congenital orthopaedic surgeon and an OT for a complete clinical exam. Radiographs of both upper limbs are taken. We include the patient in our CULA North Oslo registry, classify according to Oberg-Manske-Tonkin (OMT) Classification, the Congenital Upper Limb Difference (CoULD) Classification, and Bayne and Blauth Classification, and refer the child to a geneticist.

The **early management** of RLD patients depends on the Bayne type. The patient/parents are informed of the diagnosis, and we decide on indications for early stretching and splinting. This can also be necessary in the milder Bayne types. We mention the indications for surgery without going into detail and explain that our main aims are optimal function. The follow-up at home is done by the parents and local therapists, and at the Oslo University Hospital by the OTs and congenital surgeon.

The OTs educate the parents in manual stretching (to be done 2-3 times per day) and placement of splints. The parents receive written information and can contact the OTs directly.

Two circular thermoplastic splints (day and night splints) are made with a dorsal opening for the wrist and will include the fingers in patients with camptodactyly. The milder RLD cases will usually only need a night splint. The splints should be removed 4 times per day with a 30-minute break. The OTs measure passive (PROM) and active range of motion (AROM), observe the child at play and give advice on how to best stimulate the child during growth. A follow-up OT appointment is 6-8 weeks after starting conservative treatment with further appointments arranged depending on individual needs. We recommend a continued use of a night splint until the end of growth.

From one year of age, we continue the follow-up in our **MDT clinics** (congenital surgeon, OT, prosthetist). Three to six patients with the same condition participate in these clinics together. The children get to know each other through play and the parents talk about shared experiences and give each other support. We observe general and upper limb functional skills of the children during varied activities, signs of elbow movement and study prehension patterns. Some children undergo a Thumb Grasp and Pinch assessment test (T-GAP test) to help us better understand the preferred prehension grasp.[6,7] Based on our observations, we discuss the indications for surgery, the level of planned surgery (hand – wrist) and timing (earliest 1-1 ½ years). We explain in detail the reasoning behind our surgical assessments of thumb hypoplasia. We do not recommend a pollicisation in a child with an ulnar prehension grasp nor a thumb reconstruction if the chosen radial scissor grasp is between the 2nd and 3rd fingers with an excluded thumb.

Our standard **surgical procedure** of RLD wrists used to be a soft-tissue distraction in an external fixator and radialisation. As the recurrence rate of radial deformity was high, and as our focus continued to be on obtaining a straighter wrist, we decided to change our procedure to the microvascular transfer of the second metatarsophalangeal joint described by Simo Vilkki.[8] The post-operative wrist function in our Vilkki cases was good but not, unfortunately,in the fingers (increased stiffness during the procedure). After a new review of the literature, we decided on yet another change and perform today a soft-tissue release combined with a bilobed flap as described by Vuillermin et al. [4,9-11] The Bayne IV types with a stiff elbow undergo the same procedure to reduce the radial tightness, optimise PROM, without changing the position of the wrist.

Our **main priorities** are optimal PROM and AROM, good muscle strength and limiting the number of surgical procedures.

A prospective follow-up of RLD patients is done at set time points with Patient Reported Outcome Measurements (PROMs). A pre- and post-operative T-GAP test is performed in the patients who undergo a thumb reconstruction, pollicisation or Huber muscle transfer.

Texas Scottish Rite Hospital, Dallas, Texas, USA

Ashley Pittman and Scott Oishi

Early Intervention and Conservative Management: At Scottish Rite for Children in Dallas, Texas our early management of RLD includes passive stretching with an emphasis on elbow flexion and extension, wrist extension and ulnar deviation of the wrist. Passive stretching starts as early as possible, preferably within the first 4 weeks. In addition to passive stretching, there is also an early emphasis on serial splinting in a position of maximum radial deviation at night/nap time.

Therapy during the early childhood years also plays a key role in identifying grasp patterns and providing input to the surgical team regarding functional hand use and the potential benefits of surgical intervention.

Surgical Considerations- Is a straight wrist a better wrist? Our surgical team takes many factors into consideration when making the decision as to whether to proceed with **surgical intervention** including the potential for growth arrest of the ulna, recurrence of deformity and the impact on function. Should the decision be made that a child may benefit from surgical intervention, our institution has a strong preference for use of a soft-tissue release and bi-lobed flap. This allows the child to have some active ulnar deviation from the resting position which helps them get their hand out in space while maintaining the ability for radial deviation which many of these children use to aid in grasp. The outline of incisions and post-operative result are shown in Figures 6A-C. Vuillermin et al has described the surgical technique as well as ulna growth following the procedure.[10,11]

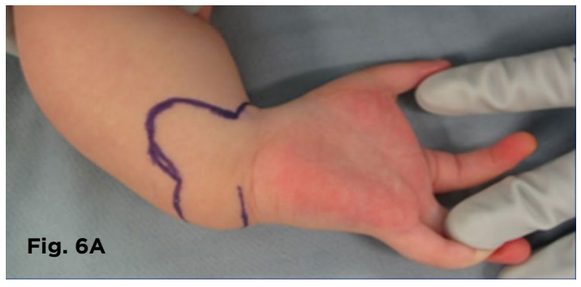


Fig. 6A

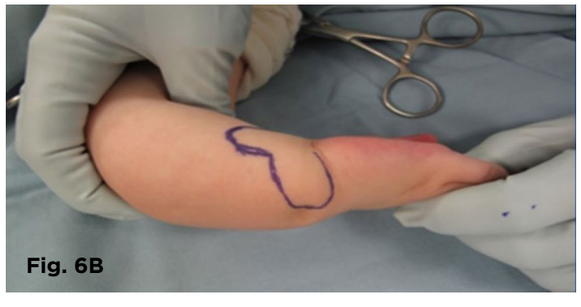


Fig. 6B

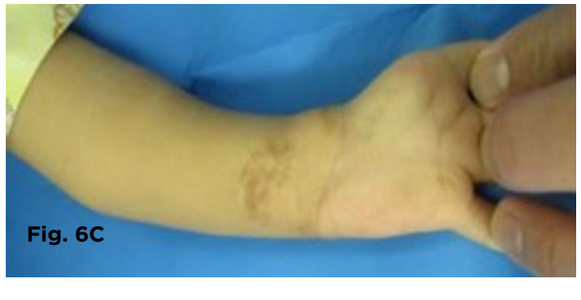


Fig. 6C

Children`s Hospital Colorado, Colorado, USA
Peggy Faussett and Timothy Irwin

Children with RLD are referred to our pediatric hand and upper extremity clinic pre-natally or shortly after birth. They are seen in a MDT clinic that includes both a paediatric hand surgeon and paediatric hand therapist. This allows the team to complete a holistic assessment including physical exam, radiographs (when appropriate), upper extremity AROM and PROM, functional assessment, and developmental skills. The family is educated on the diagnosis and the various opportunities for intervention. We use shared decision making, and the plan of care is determined for the child and family including but not limited to non-operative management (stretching, orthoses, serial casting, developmental play, functional use) and operative management.[12]

Addressing PROM of the elbow and wrist is important in **early intervention** of children with RLD of all types. While home-based stretching is commonly recommended, it often presents challenges. Children may resist or cry during stretching, leading caregivers to fear causing their child harm, which can reduce therapy adherence. Orthoses offer an alternative for prolonged stretching, typically prescribed for nighttime or extended wear. However, compliance can be inconsistent due to difficulties with donning/doffing, caregiver burden, and child resistance once they learn to remove the device.[13] These barriers may limit the effectiveness of orthotic programs.

In our hospital we use **serial casting** as a tool to gain PROM. It provides distinct advantages by delivering continuous, prolonged low-load stress at end range—the most effective method for soft tissue elongation.[14-17] Casting eliminates the need for caregiver application, reducing stress and improving adherence. Following casting, orthoses can maintain gains in PROM. However, casting is not without limitations, including restrictions on bathing and water play, as well as potential challenges with dressing.

Serial casting starts with determining end range passive elbow/wrist ROM and backing off by 5 degrees (Figure 7A). The limb is wrapped distal to proximal with 2–3 layers of a cotton roll gauze (Figure 7B). A 2-inch plaster strip is applied as a rigid stay and overwrapped with 2–3 layers of 1-inch soft cast (Figures 7C-D). A folded tab is placed at the end of the roll to allow for easy removal. The cast is covered with colored stretch wrap for comfort and hygiene (Figure 7E). Parents receive instructions on care, wear schedule, and precautions. Casts are worn for 5–7 days, after which they are removed for skin inspection and ROM reassessment. Casting continues if gains in PROM are observed, and no skin or pain concerns are noted. Typical casting cycles lasted 4–6 weeks.

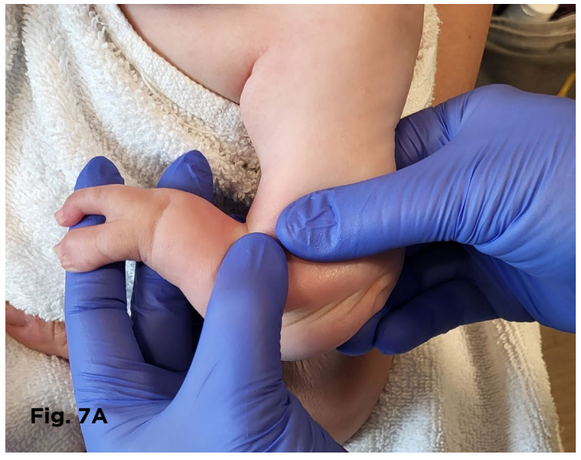


Fig. 7A


Fig. 7B


Fig. 7C

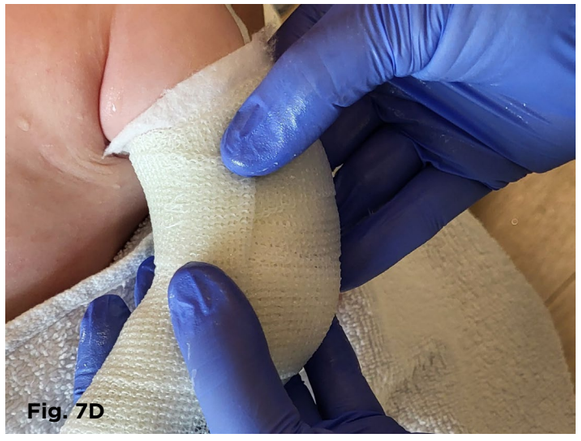


Fig. 7D

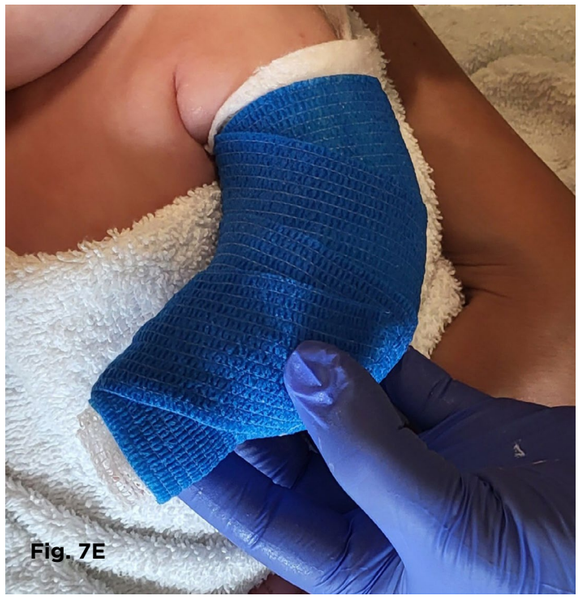


Fig. 7E

Discontinuation occurs due to plateaued ROM gains, skin irritation, family preference, or prioritisation of other interventions (e.g., lower extremity casting or surgery).

Following casting, the child is placed in orthoses to maintain the PROM gained through casting. They are usually worn at night to allow the child to use their upper extremities in play and self-care activities during the day. The child is then followed in our MDT clinic every 3-6 months to monitor growth and functional use of their upper extremities. The plan of care is changed as needed to address the patient and family goals.

Case Example

Our patient presented with bilateral RLD (SALL4 gene mutation), characterised as Bayne types IV (left) and II (right) with an absent thumb. The patient was delivered via home birth at 41 weeks gestation following a pregnancy with no prenatal care.

A significant factor in the coordination of her care is the family's geographic isolation, as they reside six hours from the hospital with limited medical resources in their immediate vicinity. Upon initial physical examination, the left upper extremity demonstrated a resting position of 150° elbow flexion and a significant radial deviation of the wrist at 60°, which was passively correctable to approximately 20° (Figures 8A-B).

Utilising a shared decision-making model, the family elected to initiate care through a combination of stretching and the use of orthoses (Figures 9A-B).

At the start of treatment, the patient's passive elbow extension was measured at 110°. When the patient reached three months of age, the family chose to transition to serial casting (Figure 9C), at which point ROM was 80°. Following a one-week casting interval, passive elbow ROM progressed significantly to 45° (Figure 9D).

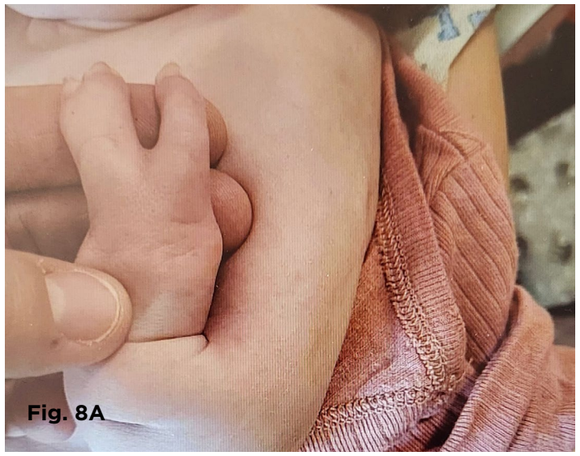


Fig. 8A

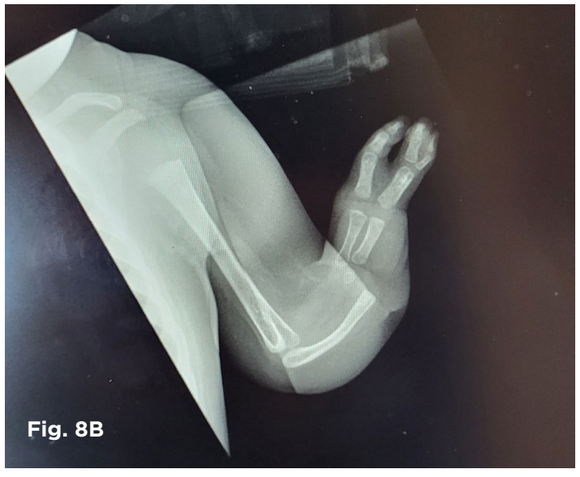


Fig. 8B

At this juncture, the family opted to return to a maintenance program consisting of nighttime orthoses (Figure 9E), stretching, and a structured home program including bimanual functional use and development during the day. Due to the substantial ROM gains achieved through casting, the patient was able to transition to bi-monthly appointments for orthotic adjustments; this shift was particularly beneficial for the family given the long travel distance to the clinic. Currently, the patient is followed every three months for ROM check-ins. If clinical regression is noted, a one-week casting period is implemented to provide a prolonged low-load stretch before returning to nighttime orthoses to maintain functional gains.

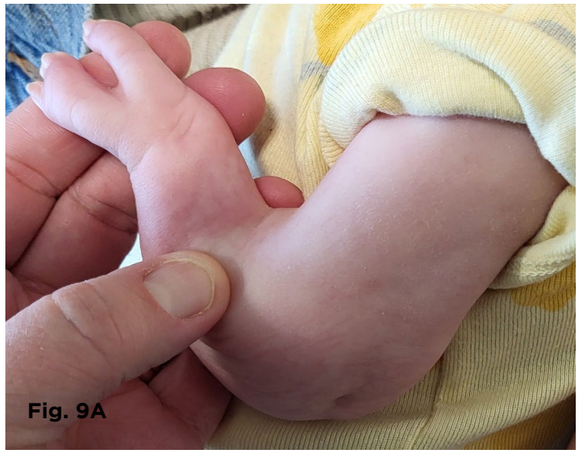


Fig. 9A


Fig. 9B

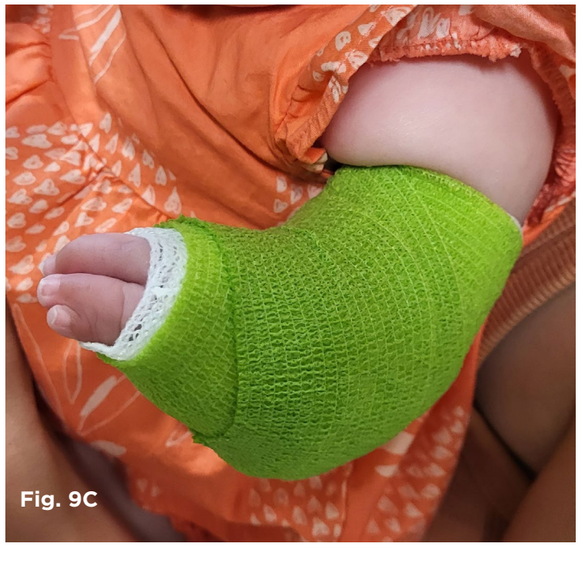


Fig. 9C

“Despite varied surgical approaches and no global consensus, a shared commitment to early, holistic, and multidisciplinary care remains central to effectively managing RLD.”

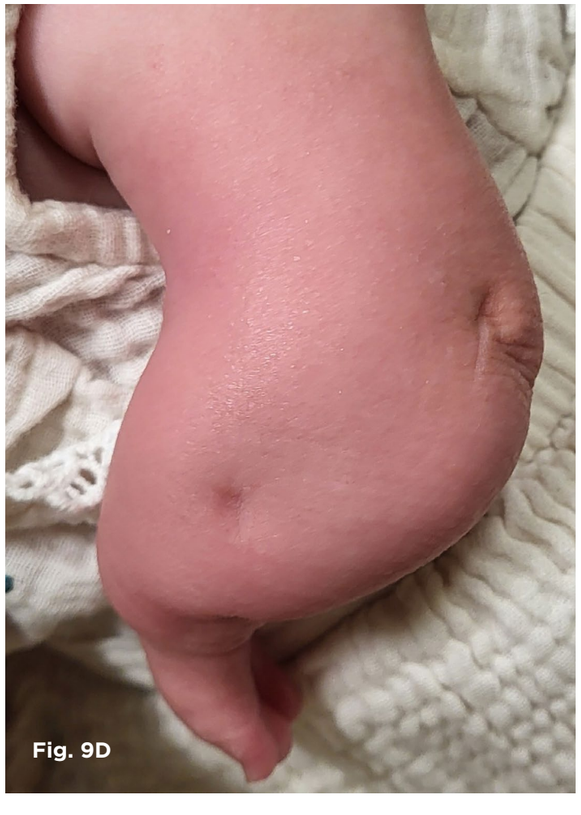


Fig. 9D


Fig. 9E

CONCLUSION

Our four reports illustrate the challenges in treating RLD. Several similarities exist between the four centres. We all focus on a holistic approach, early management, gradually increased mobility, optimal upper limb function and the need for a multidisciplinary follow-up.

The conservative treatment varies between stretching and splinting and/or serial casting. We have different surgical approaches consistent with a lack of international surgical consensus. A prospective follow-up with PROMs is recommended.

TAKE-HOME MESSAGE

- Early management of RLD
- Main aim is optimal upper limb function
- Multidisciplinary follow-up

REFERENCE

1. Wall LB, Kim DJ, Cogsil T, Goldfarb CA. Treatment of Radial Longitudinal Deficiency: An International Survey. J Hand Surg Am. Mar 2021;46(3):241.e1–241.e11. doi:10.1016/j.jhsa.2020.07.018
2. Goldfarb CA, Wall L, Manske PR. Radial longitudinal deficiency: the incidence of associated medical and musculoskeletal conditions. J Hand Surg Am. Sep 2006;31(7):1176–82. doi:10.1016/j.jhsa.2006.05.012
3. Bayne LG, Klug MS. Long-term review of the surgical treatment of radial deficiencies. J Hand Surg Am. Mar 1987;12(2):169–79. doi:10.1016/s0363-5023(87)80267-8
4. Ekblom AG, Dahlin LB, Rosberg HE, Wiig M, Werner M, Arner M. Hand function in children with radial longitudinal deficiency. BMC Musculoskelet Disord. Mar 28 2013;14:116. doi:10.1186/1471-2474-14-116
5. Kessler I. Centralisation of the radial club hand by gradual distraction. J Hand Surg Br. Feb 1989;14(1):37–42. doi:10.1016/0266-7681(89)90011-9
6. Pino PA, Sarcon AK, Wan R, Tomhave W, Van Heest AE, Moran SL. The Effects of Radial Longitudinal Deficiency on Long-Term Use of the Thumb in Pediatric Patients Following Index Pollicization. J Hand Surg Am. Jun 2025;50(6):751.e1–751.e9. doi:10.1016/j.jhsa.2024.02.010
7. Sletten IN, Jokihaara J, Stavenes AB, Winge MI. Satisfactory thumb metacarpophalangeal joint stability after ligament reconstruction with flexor digitorum superficialis in children with radial longitudinal deficiency. J Hand Surg Eur Vol. Dec 2023;48(11):1151–1158. doi:10.1177/17531934231187813
8. Vilkki SK, Paavilainen P. Vascularized second metatarsophalangeal joint transfer for radial deficiency - an update. J Hand Surg Eur Vol. Nov 2018;43(9):907–918. doi:10.1177/1753193418793597
9. Ezaki M. Challenging the dogma: a straight wrist should be the goal in radial dysplasia. J Hand Surg Eur Vol. Jan 2021;46(1):14–20. doi:10.1177/1753193420961008
10. Vuillermin C, Wall L, Mills J, et al. Soft tissue release and bilobed flap for severe radial longitudinal deficiency. J Hand Surg Am. May 2015;40(5):894–9. doi:10.1016/j.jhsa.2015.01.004
11. Vuillermin C, Butler L, Ezaki M, Oishi S. Ulna Growth Patterns After Soft Tissue Release With Bilobed Flap in Radial Longitudinal Deficiency. J Pediatr Orthop. Apr 2018;38(4):244–248. doi:10.1097/bpo.0000000000000807
12. Hoffmann T, Bakhit M, Michaleff Z. Shared decision making and physical therapy: What, when, how, and why? Braz J Phys Ther. Jan–Feb 2022;26(1):100382. doi:10.1016/j.bjpt.2021.100382
13. Thomas R, Dale M, Wicks S, Toose C, Jacques M, Pacey V. Parent perspective of an intensive splinting intervention following palmar burn injury in young children. Burns. Feb 2024;50(1):146–156. doi:10.1016/j.burns.2023.06.013
14. Brand PW, Hollister A. Clinical Mechanics of the Hand. 3rd ed. Mosby; 1999.
15. Flowers KR, LaStayo PC. Effect of total end range time on improving passive range of motion. 1994. J Hand Ther. Jan–Mar 2012;25(1):48–54; quiz 55. doi:10.1016/j.jht.2011.12.003
16. Glasgow C, Tooth LR, Fleming J. Mobilizing the stiff hand: combining theory and evidence to improve clinical outcomes. J Hand Ther. Oct–Dec 2010;23(4):392–400; quiz 401. doi:10.1016/j.jht.2010.05.005
17. McKee P, Hannah S, Priganc VW. Orthotic considerations for dense connective tissue and articular cartilage--the need for optimal movement and stress. J Hand Ther. Apr–Jun 2012;25(2):233–42; quiz 243. doi:10.1016/j.jht.2011.12.002

ASHLEY PITTMAN, OTR, CHT
Ashley.Pittman@tsrh.org
Scottish Rite for Children
2222 Welborn Street, Dallas, Texas 75219, USA

BRAN SIVAKUMAR, MD
branavan.sivakumar@gosh.nhs.uk
Plastic Surgery Department
Great Ormond Street Hospital
Great Ormond Street
London WC1N 3BH, United Kingdom

CATHERINE MILLER, OT
Catherine.Miller@gosh.nhs.uk
Plastic Surgery Department
Great Ormond Street Hospital for Children
London WC1N 3JH, United Kingdom

CHRISTINA LIPEDE, FRCS Plast, British and European Hand Diplomas
christina.lipede2@nhs.net
Consultant Congenital Hand, Upper Limb and Plastic Surgeon
Hand and Upper Service
Birmingham Women's and Children's NHS Foundation Trust
Steelhouse Lane
Birmingham B4 6NH, United Kingdom

LENE BOBAKK, OT
lenbob@ous-hf.no
Clinical service Unit
Divison of Orthopaedic surgery
Oslo universitetssykehus HF
Postboks 4950 Nydalen
0424 Oslo, Norway

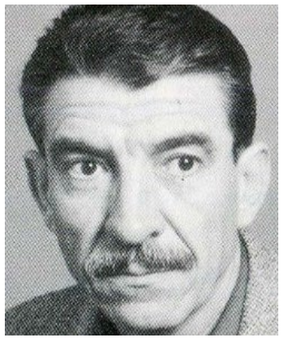
MONA IRENE WINGE, MD
mwinge@ous-hf.no
Division of Orthopaedic surgery
Oslo University Hospital
Postboks 4950 Nydalen
0424 Oslo, Norway

PEGGY FAUSSETT, MOTR/L, CHT
Mary.faussett@childrenscolorado.org
Division of Plastic & Reconstructive Surgery
University of Colorado, Children's Hospital Colorado
13123 East 16th Avenue, Box 467 | Aurora, CO 80045, USA

TIMOTHY J. IRWIN, MD
timothy.irwin@childrenscolorado.org
Division of Plastic & Reconstructive Surgery
University of Colorado, Children's Hospital Colorado
13123 East 16th Avenue, Box 467 | Aurora, CO 80045, USA

SCOTT OISHI, MD, FACS
Scott.Oishi@tsrh.org
Director, Hand Services
Charles E. Seay, Jr. Hand Center
Scottish Rite for Children
2222 Welborn Street
Dallas, Texas 75219, USA

José Cantero Martinez 1931-2021



José Cantero Martinez was born in Madrid, Spain on 19 February 1931. After completing his medical training in Valencia, Spain in 1957, he specialised in Orthopaedic Surgery and Plastic Surgery at the Provincial Hospital of Valencia.

He then moved to Switzerland working in various hospitals, and meeting Claude Verdan in Lausanne where his interest in Hand Surgery started. He became Clinical Chief of the Emergency Service at the Clinique Chirurgical et Permanence de Longeraie in Lausanne. His professional activities were closely associated with those of Drs. Narakas, Simonetta, Cross and Egloff

After 12 years in Switzerland he took up Swiss nationality, (while keeping his Spanish nationality), which allowed him to obtain his Licentiate Medical Qualification in Switzerland in 1973. For his doctorate in 1981, an in-depth study of the muscular anomalies of the hand and forearm, including 58 of his own cases, he received the 'Cesar Roux' Prize for the best thesis of the year, and Italy awarded him the 'Hand d'Argento' Prize.

In 1972 Martinez became Member of the Spanish Society for Surgery of the Hand (SECMA), and later on Member of the Swiss, French and Italian Societies. In January 1990 he relocated to Begur, Gerona, Spain.

> *"... his doctorate in 1981, an in-depth study of the muscular anomalies of the hand and forearm..."*

Pepe Cantero, as he was also fondly known, published more than 40 papers, presented at numerous Hand Meetings and Congresses, and participated in multiple training courses, especially in Spain and Italy.

In 2010 at the 11th Triennial International Congress of the IFSSH in Seoul, Korea, José Cantero Martinez was honoured 'Pioneer of Hand Surgery'.

James W. Strickland 1936 - 2022

James W. Strickland was born on 4 January 1936 in Indianapolis, Indiana, USA. After graduating from Broad Ripple High School in 1954, and Indiana University (IU) School of Medicine in 1962, he proceeded with an Orthopaedic Surgery Residency from 1963 to 1968 and then a Fellowship in Hand Surgery in 1969 at the Passavant Memorial Hospital, Northwestern University (NWU) School of Medicine, Chicago, Illinois, USA. His Residency was interrupted for 2 years (1966-1968) by a draft serving as captain and chief orthopaedic surgeon at the Ellsworth Airforce Base, South Dakota.

In 1971 he founded the Indiana Hand Centre in Indianapolis. Jim was Clinical Professor of the Department of Orthopaedic Surgery at the IU School of Medicine, and numerous appointments at hospitals in Indianapolis, as well as in Chicago and Baltimore.

Strickland was member and honorary member of many organisations including President of the American Academy of Orthopaedic Surgeons (1995-1996) and the American Society for Surgery of the Hand (1990-1991). He held multiple lectureships and visiting professorships. Jim published over 230 peer-reviewed articles, 9 books and 40 teaching videos. He trained 140 hand fellows from the USA and internationally. He received numerous awards for his contribution to hand surgery including the 'Instructor of the Year' from NWU and the 'Distinguished Medical Alumni Award' from the IU School of Medicine. Jim developed a number of instruments and techniques for hand surgery, and is also known for his flexor tendon repair management.

James Strickland stopped operating when he turned 80 and lectured until 85. He died on 13 April 2022 in Indianapolis.

> *"His dedication to teaching and innovation helped define modern hand surgery."*

At the 11th Triennial Congress of the IFSSH in Seoul, Korea in 2010, James W. Strickland was honoured with the distinction 'Pioneer of Hand Surgery'.

Hand Surgery Resource®

www.handsurgeryresource.net

"An Educational Asset of IFSSH"

VOLUME 10, NUMBER 2

HAND SURGERY RESOURCE AND IFSSH CONTINUE TO SERVE THE WORLD!

Hand Surgery Resource continues to provide invaluable educational resources to hand surgery students and professionals around the world. The nonprofit Hand Surgery Resource was started in 2016 to present the fundamental principles of injuries of the hand and upper extremity, diseases of the hand, hand therapy, and hand anatomy. Hand Surgery Resource is now an educational asset of the International Federation of Societies for Surgery of the Hand (IFSSH) where it provides free and open access educational materials worldwide.

Hand Surgery Resource also contains Hand Surgery Source 8.0, a free educational app, and now, the Anatomy at Risk 1.0 app. The Hand Source site and app is available in English, Spanish, and French.
View our nonprofit educational web site at www.handsurgeryresource.net or download our apps at the Apple Store or Google Play below.

Hand Surgery Source
Apple Store | Google Play

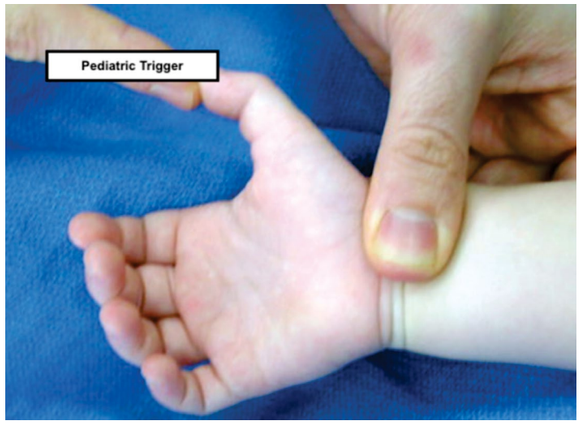
Anatomy at Risk
Apple Store | Google Play

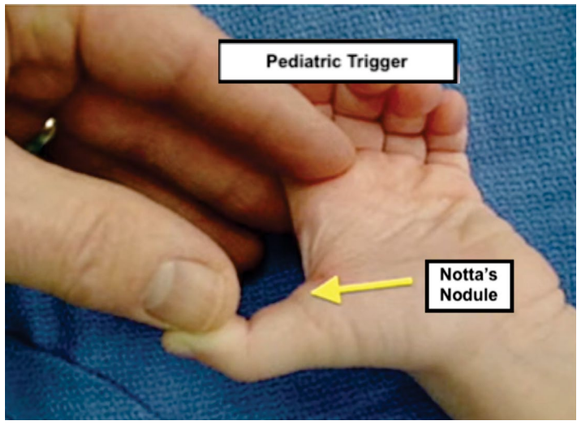
NEW DIAGNOSTIC GUIDE: PEDIATRIC TRIGGER THUMB

Check out the newly updated Pediatric Trigger Finger Diagnostic Guide on the Hand Surgery Resource website and app!

This new version has revised and extended content, new sections on exam and work-up options, and numerous new references.

Visit the Hand Surgery Resource website, or access it on the Hand Surgery Resource app, available in the Apple Store or on Google Play.





VIEW TRIGGER THUMB DIAGNOSTIC GUIDE

SOCIETY AND FEDERATION REPORTS

Society and Federation Reports

LATIN-AMERICAN FEDERATION OF SOCIETIES FOR SURGERY OF THE HAND (FLACM)

South America is a continent of starkest contrasts in many respects, and where the different seasons of the year coexist with the center of the world—where there are no seasons at all. It is a continent which has made countless contributions to the world since the dawn of its history. Here, the true center of our planet was measured for the first time along with the length of the equator. We have made enormous artistic contributions to the world eg. Colombian literature with Gabriel García Márquez, and the representative music from Argentina with the wonderful tango, and Brazil with its samba. On our lands, joy spills over at every event, from carnivals to literary magical realism, among many other things.

Hand surgery, one of the world's newest medical specialties, a field born from plastic surgery and orthopedics, has continued to bring healing to the global hand surgery community despite the various daily challenges our countries face. One of the first significant South American contributions to this specialty occurred in 1964 when, in the city of Guayaquil, Ecuador, a team led by Dr. Roberto Gilbert performed the world's first hand transplant.

In 1966, the world's leading hand surgeons gathered in Chicago, USA, and founded the IFSSH. Thanks to the contributions from all these countries, the IFSSH's growth began steadily.

By 2004, South America made a significant contribution when Dr. Arlindo Pardini became the first South American hand surgeon to hold the Presidency of the Federation. Since then, the scientific contributions generated from this region have been invaluable to hand surgery, and this has been recognized by the IFSSH. Currently nearly all South American countries are represented in the IFSSH: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Peru, Uruguay, and Venezuela. These IFSSH member societies are currently joining forces to support Paraguay with their IFSSH membership submission in the hope that they too can participate in the upcoming IFSSH meetings as a member society.

Since the beginning of the current millennium and under Dr. Pardini's IFSSH Presidency, South America has intensified its global contributions to hand surgery, taking on an increasingly active role at the international level. This enabled the Argentine Association of Hand Surgery to organise the 2016 IFSSH-IFSHT Triennial Congress in Buenos Aires, which was highly successful, bringing together the world's leading experts alongside hand surgeons and trainees from around the globe.

Global recognition of South America's scientific and professional excellence was reaffirmed in 2022, when Ecuador was chosen to host the 1st IFSSH Mid-Term Course in Hand Surgery. This garnered such widespread support that it brought together representatives from every region of the world, many of whom undertook flights of up to 24 hours to gather at the "Middle of the World".

On 15 April 2025, the FLACM Virtual Session was conducted, hosted by the Chilean Society of Hand Surgery, and led by Drs. Pamela Vegara and Sergio Daroda. The session featured presentations of three original techniques by Drs. Manuel Méndez, René Jorquera and Carlos Guerra. (https://youtube.com/live/R7e7MuVGWNo?feature=share).

From 8–10 May 2025, in San José, Costa Rica, the 1st Combined Congress with the Costa Rican Association of Hand Surgery was held with great success. The event was attended by their President, Dr. Cristhian Castro, and FLACM President Dr. Sergio Daroda, along with prestigious guests Drs. Fernando Menvielle, Miguel Capomassi, Agustín Donndorff and others from Argentina, Antonio Costa from Brazil, Luis Náquira from Colombia, and Pamela Vergara from Chile.

On 5 August 2025, the Virtual session was conducted by the Brazilian Society of Hand Surgery and led by Drs Antonio Costa and Fernando Menvielle with the presence of Drs. Gustavo Mantovani, Leonardo Lanzarín, Gustavo Bersani and Frederico Faleiro. (https://youtube.com/live/MCk02_LUDKY?feature=share).

The 20th Congress of the Latin American Federation of Hand Surgery (FLACM), held jointly with the Argentinian Association of Hand Surgery, took place in Buenos Aires from 15-17 October 2025. It was a highly successful event, drawing over 700 participants from across Latin America. During a moving closing ceremony, Dr. Sergio Daroda, President of FLACM, officially transferred leadership to Dr. Fabio Suarez of Colombia, who will be directing the Federation for the next two years.

Some of South America's hand surgeons have been recognised as 'IFSSH Pioneers of Hand Surgery'; among them, the Zancolli family stands out. Dr. Eduardo R. Zancolli received the honour in 2025, and his father, Dr. Eduardo A. Zancolli, who received this award in 1995. Being father and son, they are currently the only two generation hand surgeons in the world who have received this recognition.

The IFSSH in South America.

Celebrating the 50th anniversary of the IFSSH in Buenos Aires – Dr Eduardo R. Zancolli (IFSSH 2016 Congress Chair), Dr Eduardo A. Zancolli (Honorary IFSSH 2016 Congress Chair), Prof Michael Tonkin (IFSSH President, 2013-2016), and Dr Marc Garcia-Elias (IFSSH Secretary-General, 2013-2016).

As South Americans, we hope to share our delight with the whole world as we come together for the 2031 IFSSH-IFSHT Triennial Congress - "Hands'N'Rio" - which will take place in one of the world's most vibrant and joyful cities, Rio de Janeiro.

Rio De Janeiro · Brazil
HANDS'N'RIO
2031 IFSSH/IFSHT Triennial Congress

FIDEL CAYON
IFSSH Member-at-Large (South America), 2025-2028

SOUTH AFRICAN SOCIETY FOR SURGERY OF THE HAND (SASSH)

Whilst we are a small society at the southern tip of Africa, our meetings remain of a high calibre. We have two main meetings annually, a "refresher/instructional" didactic type themed meeting in February and a national congress in August.

February 2025 explored arthritis and was expertly arranged by Cynthia Sathekga. Our most recent Refresher in February 2026 was hosted in Cape Town; a better venue would be hard to find. Ian Koller organised masterfully themed sessions around the wrist and all its intricacies. Sumed Talwalkar joined us from Wrightington, UK. as one of our guest speakers.

Our biennial hand flap course, as a pre-course day, was hosted by Henk Giele from Oxford. For those who have not had the opportunity to learn from Henk, come to Cape Town for the next course; it's a rare treat. In its 4th edition now, it continues to be a thoroughly entertaining cadaver surgery day.

Jennifer Blekinsop at a previous mission.

The South African Society for Hand Therapy form an integral part of our Hand Surgery Society. Some of their members are actively involved in joining mission groups in Uganda and Benin, treating keloids and burn scars. To Evanthea Pavli, Roxanne Wentzel, Jennifer Blenkinsop and Gill Coetzee, we wish them all the success during their current trips. Group missions are some of the most fulfilling career milestones. As hand surgeons and therapists, we are in a unique position to assist those less fortunate.

A group of us attended the World Congenital Hand Congress in Coimbatore, India, at Ganga Hospital, which included Steve Carter, Neal Kruger, Destiny Links and Megan O'Connor. Megan was awarded a Johnson and Johnson fellowship to stay on at Ganga Hospital for a further 3 months after the Congress to gain valuable insights from the bustling and academically strong hand unit.

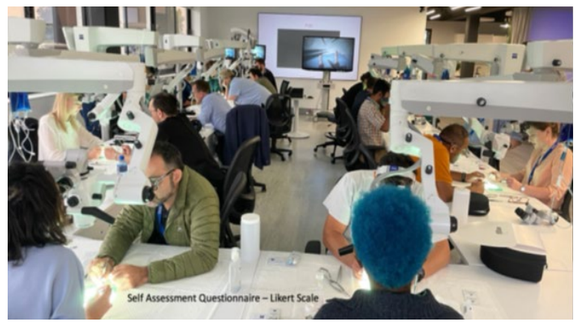
Steve Carter was recently appointed an adjunct professor at the University of Cape Town. Steve has been head of the Red Cross Children's Hospital Congenital Hand Unit in Cape Town for the last two decades.

Left to right: Neal Kruger, Chetan Patel, Megan O'Connor, Destiny Links and Prof Steve Carter.

Pieter Jordaan organised the IWAS Wrist Arthroscopy Course much to the delight of local surgeons. Jan-Ragnar Haugstvedt was the international faculty member leading the teaching sessions. Pieter's efforts to secure the funding needed for the continuation of this annual event did not go unnoticed.

Left to right: Ajmal Ikram, Martin Wells, Pieter Jordaan, Adriaan Smit, and Jan-Ragnar Haugstvedt.

Our Society's annual basic microsurgery course in June each year is technically and practically a valuable experience for all surgeons wishing to improve their surgical skills. The Zeiss facility in Johannesburg is world class. The close supervision with double header teaching microscopes is undoubtedly a superior way of imparting skills. Surgeons from the rest of Africa and the Middle East are invited to join this course. Further information can be found on our website. (https://sassh.co.za).



CHETAN PATEL,
President SASSH

BRITISH SOCIETY FOR SURGERY OF THE HAND

70th Anniversary - Family, Service, Influence, and Legacy

In 2026, The British Society for Surgery of the Hand (BSSH) celebrates its 70th anniversary.

Since 1956, the aims of the BSSH have remained clear: to promote and develop hand surgery; to foster and coordinate education, study, and research; and to disseminate knowledge among medical and allied health professionals. From just 19 members, we have grown into a vibrant society with over 1000 members, including 469 Fellows, 331 Associate Members, and an expanding international membership.

This year, under the leadership of our President, Mr Wee Lam, we will come together and explore what the BSSH represents: **Family, Service, Influence, and Legacy**. As we transition to a once-a-year meeting, there is plenty of in-person activities to keep our members engaged, including two Instructional Courses in February and June, the HKSSH meeting in Hong Kong (where BSSH was the Guest Society), the FESSH Congress in Basel, the World Tetrahand meeting at Stoke Mandeville, two guest society invites to the German and Portuguese Hand Societies and, finally, our Scientific Meeting in Edinburgh. These opportunities allow our members and our international colleagues to connect, contribute, and feel part of this amazing journey.

BSSH International Membership
BSSH International Membership aims to connect surgeons from all corners of the world. We are committed to the global accessibility of hand surgery and have recently made our application process easier. Membership benefits include online subscription to the Journal of Hand Surgery (European Volume), discounted rates for scientific meetings and opportunities to be involved in multi-centre research studies, overseas projects and committees.

Scan QR code or click here to JOIN!

BSSH International Fellowship
The annual BSSH International Fellowship aims to facilitate cross cultural exchange, learning and professional networking opportunities.

The Fellowship provides the opportunity for four hand surgeons from across the world to visit UK hand surgery centres before attending our scientific meeting.
Find out more: https://www.bssh.ac.uk/professionals/international_visiting_fellowship.aspx

Global collaboration
Last November, we were privileged to have our colleagues from the Hong Kong Society for Surgery of the Hand (HKSSH) join us at the BSSH BAHT Scientific Meeting in Birmingham for an inspirational educational programme. This important collaboration created a rich environment for learning and growth with unique insights, experiences and innovative ideas which will inevitably contribute to significant advancement of hand surgery worldwide.

2025 BSSH President, Mr Calros Heras-Palou, incoming BSSH President, Mr Wee Lam, and The Hong Kong delegation at the BSSH BAHT Scientific Meeting in Birmingham, UK.

In return, nearly 20 hand surgeons travelled to Hong Kong to represent The BSSH at the HKSSH 'Reconstruction without boundaries' Annual Congress in March 2026.

In October, we are looking forward to collaborating with our German colleagues at the DGH-Congress in Bremen. This is set to be a fantastic learning opportunity with topics such as amputation injuries, tenolysis and arthrolysis, salvage procedures and AI and software supported medical treatment.
Hand surgeons from BSSH will also be travelling to Cascais in September as the Guest Society at the Portuguese Society of Hand Surgery Meeting where we will conduct round table discussions on nerve and congenital hand topics.

In Malawi, following a year of partnership, planning and organisation, a bespoke practical Hand Fracture Fixation Course was delivered to all Orthopaedic and Plastic Surgery Trainees in the country. This included hand fracture management, dry-bone workshops, emphasising the importance of safe initial management in the district hospitals with splinting, elevation and adequate wound debridement - as well as the often vital role of non-operative management.

The HKSSH President, Esther Chow, presented the BSSH with a specially handwritten scroll to Wee Lam, BSSH President. The words meant: 'What the heart desires, the hand accomplishes'.

SOCIETY AND FEDERATION REPORTS

This unique collaboration between the local AOA trainers, BSSH, BAHT, AOUK&I and Acumed delivered an essential educational package in an area of great need and support, further enhancing the BSSH LION project's mission to Help Heal the Hands of Malawi (find out more here: https://www.bssh.ac.uk/about/lion_hand_unit.aspx). Restoring hand function, especially in this population where the majority are subsistence farmers, often means saving livelihoods, and therefore, lives.

Course Co-Chair, Noha Nyamulani, teaching two residents during the IM wiring practical, Malawi.

Participants and faculty at the BSSH AOA Hand Fracture Fixation Course at LION, Malawi.

World Tetrahand Congress
22-23 September 2026, Aylesbury, UK
This prestigious triennial scientific meeting will bring together leading clinicians, researchers, and healthcare professionals in the field of Tetraplegia, providing a unique platform for high-level knowledge exchange and innovation. Sessions include tendon transfers (Carina Reinholdt), nerve transfers (Kim Casañas), motor mapping (Ines Bersch), spasticity (Caroline Leclercq) and electrical stimulation (Jan Fridén). Registration now open at https://tetrahand26.com

BSSH Scientific Meeting 2026
4-6 November 2026, Edinburgh, UK
The BSSH Scientific Meeting 2026 is our first three-day event dedicated to hand surgery. Held in conjunction with the American Association for Hand Surgery, there will be a packed schedule of presentations, workshops, and networking opportunities. We are also pleased to have many other visitors, including delegates from the China, Japan and India.

This unique opportunity will deepen our interdisciplinary global collaboration and help us learn from one another.

The meeting will consist of innovative talks and debates covering topics such as fractures, training, humanitarian work, nerve injuries, paediatric hand, sports injuries, brachial plexus, Dupytren's and many more.

We will be joined by many overseas friends including Dr Charles Goldfarb, Dr Warren Hammert, Dr Harvey Chim and Dr Sanj Kakar, from USA, Dr Daniel Herren from Switzerland, Dr Wen Dong Xu and Professor Shanlin Chen from China and Dr Takehiko Takagi from Japan and many others.

The first day will be followed by a drinks reception at Edinburgh Castle with a viewing of the Crown Jewels. This will give the perfect chance to network and to get to know fellow colleagues. The second day concludes with the Society Dinner at the Natural Museum of Scotland.

So, please join us for the BSSH Autumn Scientific Meeting 2026 and discover the vibrant city of Edinburgh, Scotland!
Abstract submission now open! Find out more: https://www.bssh.ac.uk/about/events/4760/bssh_scientific_meeting_2026

TURKISH SOCIETY FOR SURGERY OF THE HAND AND UPPER EXTREMITY

The Turkish Society for Surgery of the Hand and Upper Extremity was established in 1977. Hand Surgery was officially accepted as a subspecialty by our Ministry of Health in 2009.

The "Hand Surgery Specialist" education fellowship programme was established since 2012. Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, and General Surgeons are allowed to enter the fellowship examination, and those who pass the exam begin a two-year education programme. After completing the requirements, the surgeon obtains the title of "Hand Surgeon" with a diploma and license number granted by the Ministry of Health.

The Turkish Society for Surgery of the Hand and Upper Extremity has experienced a very active year.

Prof. Dr. Sait Ada received the **'FESSH Giants Award'** at the FESSH Congress held in Helsinki. Prof. Dr. Türker Özkan and Prof. Dr. Hüseyin Bayram were honoured as **'IFSSH Pioneer of Hand Surgery'** at the IFSSH and IFSHT Congress in Washington, DC.

The following are some of our **2025 and 2026 highlights**.

Upper Extremity Winter Symposium
- 9-12 January 2025, Erzurum, Türkiye
- This symposium was held in collaboration with the Shoulder and Elbow Surgery Society and the Reconstructive Microsurgery Society.

19th Prof. Dr. Rıdvan Ege Basic Hand Surgery Course
- 21-22 February 2025, Ankara, Türkiye
- The course was held with the participation of nearly 200 attendees from across the country.
- Hatay Regional Meeting

SOCIETY AND FEDERATION REPORTS

15 March 2025 Hatay, Türkiye

- Hosted by Mustafa Kemal University Research and Training Hospital. This meeting focused on “Distal Radius Fractures” and was the first scientific meeting on this topic held in the region after the 6 February 2023 earthquakes.

Travelling Hand Surgery Course

- 10-14 March 2025, İstanbul, Türkiye
- Participants had the opportunity to join selected surgeries with experienced instructors at leading hand surgery centers in Istanbul.

Cadaver Hand Wrist Arthroscopy, Thumb CMC Joint Arthroscopy and Endoscopic Carpal Tunnel Surgery Course

- 11-12 April 2025, Ankara, Türkiye
- The course included practical and theoretical training on cadavers. Under the patronage of our Society, it stands as the only course specifically dedicated to wrist arthroscopy.

19th National Hand and Upper Extremity Surgery Congress

- 16-19 May 2025, Bodrum, Türkiye
- The 19th National Hand and Upper Extremity Surgery Congress was held in Bodrum. During the Congress, we aimed to prepare a scientific program that allowed the sharing of new scientific and technological developments and the discussion of current diagnostic and treatment approaches with contributions from distinguished speakers both national and international. As the main activity of our Society, the Congress also featured numerous social and academic events.

FESSH Academy Webinar

- 6 November 2025, Online
- The subject was “Congenital Hand Anomalies – Preaxial Problems.” This session of the FESSH Academy Webinar was hosted by our Society, with leading national experts sharing their experience and insights on the topic.

Cadaver Hand and Wrist Arthroscopy Course

- 10-11 January 2026, Antalya, Türkiye
- The course included practical and theoretical training on cadavers.

20th Prof. Dr. Rıdvan Ege Advanced Hand Surgery Course

- 6-7 February 2026, İstanbul, Türkiye
- The scientific program of this annual course attracted nationwide attention, with experienced faculty members serving as instructors.

JAPANESE SOCIETY FOR SURGERY OF THE HAND

Introduction

The Japanese Society for Surgery of the Hand (JSSH) has been highly active in the fields of science, education, and organisational development, and has played a leading role in upper limb surgical education in Japan, earning strong international recognition.

A variety of meetings, conferences, and educational programmes are conducted throughout the year, serving not only to strengthen professional networks among members but also to support the ongoing advancement of their expertise and the exchange of knowledge, experience, and skills.

The knowledge, experience, and skills we have gained through these activities should not be limited to Japan but should also be utilised to improve hand care for people around the world. In addition to publishing in international journals and participating in international meetings, there is a growing need for more active engagement, including visiting local sites, understanding the real-world situation, communicating closely with local surgeons, and directly contributing to patient care.

In this report, we describe mission trips in which Japanese hand surgeons travel to developing countries to support hand surgery in local communities.

Live surgeries in the Philippines

In 2024, we participated in a postgraduate course entitled “Munting Handog” (Figure 1), held in Quezon City, a suburb of Manila. The course was organised by Dr. Abigail Garcia, a Filipino fellow who trained with us, who kindly invited us with the aim of sharing our knowledge, experience, and surgical techniques with many young physicians in the Philippines aspiring to specialise in hand surgery.

The programme began with the Philippine national anthem, followed by a series of lectures, and concluded with live surgery (Figure 2). On the day before the course, we visited several paediatric hospitals in the area (Figure 3), where we conducted ward rounds and had the opportunity to share insights with local physicians—many of which are difficult to convey through conventional academic meetings or publications.

Fig. 1: Flyer on 2024 Postgraduate Course Munting Handog at Quezon City, the Philippines.

We also had valuable discussions with Dr. Nats Orillaza, with whom we have had a longstanding professional relationship in this field. This exchange proved to be highly meaningful, not only for the Filipino hand surgeons but also for us.

Fig. 2: Live surgery with local hand surgeons at Quezon City, the Philippines.

Fig. 3: Preop round at National Children's Hospital, Quezon City, the Philippines.

Mission Trips to Honduras (participation in the "Touching Hands" programme organised by ASSH)
Meanwhile, the American Society for Surgery of the Hand (ASSH) conducts outreach missions through its "Touching Hands" programme to support hand surgery in developing countries. I (T.T.) participated in missions in Honduras three times (December 2019, May 2023, and November 2025) under Dr. Fraser Leversedge, as the first international participant. During these missions, I performed paediatric hand surgeries and worked with multidisciplinary teams, which was a highly valuable experience.

We believe these missions should be based on mutual respect, valuing local culture and building sustainable relationships. While challenges and ethical considerations exist, these programmes offer significant benefits.

Moving forward, we hope to expand these efforts, particularly in Asia, to promote collaboration and improve care for children with hand conditions worldwide. To this end, we are expanding our current outreach activities, which are presently centred on the Philippines and Vietnam.

Mission Trips to Vietnam
At the invitation of Dr. Phi Duong Nguyen, a fellow from the National Center for Child Health and Development (NCCHD), Tokyo, JAPAN, we have been visiting Ho Chi Minh City to provide surgical care and education in pediatric hand surgery. We conduct regular visits (approximately every six months) to ensure appropriate follow-up, as many patients require staged procedures and long-term management.

During each visit, we participate in conferences, deliver lectures, and examine selected patients, followed by surgeries planned in collaboration with local surgeons. The procedures cover a wide range of congenital and traumatic conditions, with a particular focus on thumb preservation surgery for severe thumb hypoplasia. These surgeries often require adaptation to limited resources, highlighting the importance of flexibility and the need for improved surgical equipment.

In addition to clinical activities, we have delivered invited lectures at national pediatric orthopedic conferences in Vietnam, facilitating academic exchange with local and international surgeons.

Moving forward, we aim to further strengthen collaboration through continued participation in both pediatric orthopedic and hand surgery communities.

Live Surgeries at Ganga Hospital (WCS 2026)
Although this is not a mission trip, we would like to briefly mention it as a valuable opportunity to present our surgical work to a wide range of international experts. On 24 February 2026, live surgeries were conducted at Ganga Hospital in India prior to the World Symposium on Congenital Malformations of the Hand and Upper Limb (WCS 2026), thanks to the kind arrangements by Dr. Raja Sabapathy and Dr. Monusha Mohan (Figure 4).

Fig. 4: Explanation of surgical case prior to the live surgery, at Ganga Hospital, India.

During the procedure, we received real-time questions from participants via live broadcast, and under considerable pressure, we performed thumb-preserving surgery for severe thumb hypoplasia (Takagi et al., Tech Hand Surg, 2020) (Figure 5).

This procedure has recently gained attention not only in Southeast Asia but also in Europe and North America, and we have received numerous inquiries from both surgeons and parents across borders. It was truly a rare and valuable opportunity for us.

Fig. 5: Surgical assistants and scrub nurses assisting in the live surgery at Ganga Hospital, India.

Summary

We have performed surgeries not only in Japan but also in various countries around the world. Through these experiences, we previously proposed “Ten Steps for a Successful Hand Surgery Mission Trip” (Takagi et al., JHS-AP, 2024). Although such international activities may appear glamorous, the most essential quality is humility. Respecting local practices and culture, and striving to do our best within limited resources, are the keys to building trust. We must never forget the importance of sincere effort and respect for local communities.

By publishing various surgical techniques, including thumb-preserving procedures for severe thumb hypoplasia, we began to receive inquiries from surgeons around the world and were invited to provide instruction. Without taking these step-by-step efforts, our current international contributions would not have been possible.

From 2026 onwards, the JSSH aims to further strengthen its dynamic development and enhance its role as an essential platform for education and integration within the Japanese hand surgery community.

To achieve this, maintaining a high scientific standard for its events, increasing participation, and promoting active international collaboration will be key elements of its development strategy, while also contributing to the latest advances in hand surgery worldwide.

TAKEHIKO TAKAGI
Head
Division of Orthopaedic Surgery, Department of Surgical Specialties, NCCHD, Tokyo, JAPAN

KEIZO FUKUMOTO
Director
Saitama Hand & Microsurgery Institute
Saitama Jikei Hospital, Saitama, JAPAN

NORIMASA IWASAKI
National Delegate of JSSH

SATOSHI ICHIHARA
Associate Professor
Department of Orthopaedic Surgery, Juntendo University Urayasu Hospital, Chiba, Japan
Email: s.ichihara1010@gmail.com
IFSSH Executive Committee Member at Large (Asia-Pacific Region) 2025

TAIWAN SOCIETY FOR SURGERY OF THE HAND

This year has been marked by significant international engagement and continuous educational growth for the Taiwan Society for Surgery of the Hand (TSSH). Following the highly successful participation of the American Association for Hand Surgery (AAHS) as the guest society at our TSSH Annual Meeting, we proudly reciprocated this honour. In January of this year, a TSSH delegation traveled to California, USA, to attend the AAHS Annual Meeting as a guest society, continuing our mission to deepen global partnerships.

We are eagerly anticipating our upcoming annual meeting in mid-May, which promises to be an exceptional gathering. We are thrilled to feature invited lectures by esteemed scholars from Japan (JSSH), Korea (KSSH), Hong Kong (HKSSH), and Singapore (SSHS), ensuring a spectacular and unparalleled exchange of knowledge.

Domestically, TSSH remains dedicated to advancing surgical expertise through a robust series of educational activities. This year's schedule includes numerous Continuing Medical Education (CME) programs designed to enhance clinical practice and professional development, alongside our deeply respected Tzu-Chi silent mentor cadaver courses.

On the global stage, our scholars and representatives continue to actively participate in international conferences to elevate the standards of hand surgery worldwide. Furthermore, within the Asian region, we are consistently sustaining our reciprocal exchange programs. Our traveling fellows and ambassadors continuously engage with partner societies to foster mutual learning and significantly strengthen our collaborative relationships.

Looking to the future, we are proud to welcome the continuous addition of new members joining our ranks. With fresh talent coming on board, TSSH is steadily expanding and growing stronger, reflecting our increasing influence and unwavering commitment to the advancement of hand surgery.
ery in local communities.

YUN-JUI LU
Secretary General Taiwan Society for Surgery of the Hand (TSSH)

2025 TSSH Annual Meeting 3rd – 4th May, 2025, Linkou CGMH, Taiwan

2025 TSSH Annual Meeting 3rd – 4th May, 2025, Linkou CGMH, Taiwan

VENEZUELAN SOCIETY OF SURGERY OF THE HAND AND UPPER LIMB RECONSTRUCTION

Since the founding of the Dr. Vicente Salías Sanoja Military Hospital on 19 April 1963 in Caracas, hand and upper limb surgery was part of the Orthopedic Surgery and Traumatology Service until 22 February 2022 when the separate Hand and Upper Limb Reconstructive Surgery Service was founded by Dr. José Vicari Méndez, along with Drs. Ymaru Rodríguez, Elmer Carnero, Caroline Guarate, Heidy Angarita, and Manuel Montana.

The Military University Council approved the creation of the specialisation program in hand and upper limb surgery on 6 December 2022. On 13 December 2023, the College of Physicians of the Metropolitan District of Caracas approved and authorised the start of the first group of the program on 1 January 2024, with the participation of Orthopedics and Traumatology surgical specialists Drs. María Ramírez and Francisco Fernández. On 17 October 2024, the National Council of Universities of Venezuela gave the authorisation to run the specialisation program in Hand and Reconstruction Surgery of the Upper Limb attached to the Bolivarian Military University of Venezuela.

The resolution was published on 1 January in the Official Gazette of the Bolivarian Republic of Venezuela No. 42,996 of 30 October 2024. Dr. Ayelen Ramírez entered as a member of the second group and on 1 January 2026 the third group started with Drs. María Nuñez and Lariangelis Vivas.

This program includes outpatient consultations (Monday to Friday), 8 hours of weekly classes and seminars (Monday, Wednesday, and Friday), a weekly elective surgical schedule (Tuesday and Thursday), plus emergency surgeries with an average of 12 patients per week, for an estimated annual total of 624 cases.

From left to right: Drs. Ymaru Rodríguez (Coordinator), (R2) Ayelen Ramírez, (R3) Francisco Fernández, (R1) Lariangelis Vivas, José Vicari (Director), (R1) María Nuñez, (R3) María Ramírez.

From left to right: Drs. (R3) María Ramírez, José Vicari (Director), (R3) Francisco Fernández.

Dr. Rafael Brunicardi Moreno is currently diligently organising in the XLIV Venezuelan Congress of Hand and Upper Limb Reconstructive Surgery to be held in the Carlos Kempler Auditorium of the La Trinidad Teaching Medical Center in Caracas, Venezuela, on 17-19 June 2026. The participation of international and national guests is anticipated, with the aim of updating knowledge and strengthening the membership of our Society.

DR. JOSÉ VICARI MÉNDEZ
President, SVCMRMS.

SOCIETY AND FEDERATION REPORTS

ITALIAN SOCIETY FOR SURGERY OF THE HAND (SICM)

From the assignment to host the 2nd IFSSH Midterm Course in Venice in April 2027, through the intense scientific discussions in Milan, and towards the next national meeting in Verona, the Italian Society for Surgery of the Hand has experienced a remarkably active year.

The assignment of the **2nd IFSSH Midterm Course** is undoubtedly one of the most significant achievements of this period. Venice will welcome the international hand surgery community from 4 to 8 April 2027 in the unique setting of the Palazzo del Casinò del Lido di Venezia. Under the motto "Your Journey Towards Excellence in Hand Surgery".

The course is being conceived as a modern and flexible educational experience, with plenary sessions devoted to the foundations of contemporary hand surgery, together with elective sessions through which participants will be able to build a learning pathway tailored to their individual training needs. SICM is fully engaged in preparing what it hopes will be an outstanding scientific and cultural event.

Fig. 2: Delegates of the Singapore Society for Hand Surgery (SSHS) and from the European Federation for Surgery of the hand (FESSH) with the Congress Co-Chair Pierluigi Tos.

Alongside this international commitment, SICM has continued to invest in advanced education for its members. In 2025, the Society introduced a new **Advanced Surgical Techniques Course**, centered on intensive practical training with anatomical specimens, addressing advanced techniques across the main fields of hand surgery (https://www.sicm.it/it/corso-di-tecniche-chirurgiche-avanzate.html).

The initiative achieved immediate success and drew interest not only from Italian colleagues but also from international participants, reflecting the growing reputation of SICM's educational activities.

Fig. 1: The Chairmen of 63rd SICM National Congress 2025: from right to left, Alberto Lazzerini, Pierluigi Tos and Giorgio Pajardi.

Fig. 3: Sandra Pfanner wears the presidential medallion as President of SICM for the 2025–2027 term, alongside Manuela Morin, President of AIRM – the Italian Association for Hand Rehabilitation.

The **63rd SICM National Congress**, held in Milan from 2 to 5 October 2025, confirmed the vitality of the Society. Under the chairmanship of Alberto Lazzerini, Giorgio Pajardi and Pierluigi Tos (Fig.1), the event gathered more than 700 participants. The theme, "Complications and Failures in Hand Surgery – how to prevent them, treat them and learn from them", gave rise to thoughtful and clinically relevant discussion throughout the meeting. The participation of the Singapore Society for Hand Surgery as Guest Society and the presence of colleagues from FESSH contributed to the strength and breadth of the scientific exchange, further confirming the strong and longstanding relationship between SICM and FESSH.

During the same Congress, Sandra Pfanner officially began her term as President of SICM for 2025–2027 (Fig. 3). Her appointment marks the beginning of a new chapter for the Society, guided by experience, educational commitment, and a collaborative spirit.

The next major appointment for the Society will be the 64th SICM National Congress, chaired by Massimo Corain, which will take place in Verona from 15 to 17 October 2026. This Congress already promises to be one of particular interest, thanks to its focus on replantation microsurgery, sports injuries, and pediatric hand surgery, and to the participation of the Hong Kong Hand Surgery Society and the Emirates Hand Surgery Society as Guest Societies. Verona will offer an ideal setting for discussion, innovation, and practical exchange, and SICM warmly invites international colleagues to join us there for what promises to be a particularly stimulating meeting (https://www.mediacongress.it/congressi-in-corso/chirurgia-della-mano-e-microchirurgia.html).

With Verona on the horizon and Venice following soon after, SICM looks forward to welcoming friends and colleagues from around the world to Italy for two meetings that will celebrate science, training, and the shared spirit of the global hand surgery community.

ANDREA ATZEI
IFSSH Delegate and Chairman of the 2nd IFSSH Midterm Course Venice 2027

Fig. 4: Save the date for the 64th SICM National Congress 2025 in Verona.

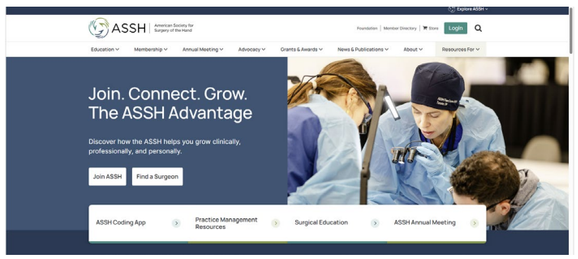
AMERICAN SOCIETY FOR SURGERY OF THE HAND (ASSH)

The ASSH is looking forward to another exciting year, with upcoming events like the 81st Annual Meeting of the ASSH in Boston, MA, USA, from 17-19 September 2026, highlighting Strength Through Unity. We invite you to join us in Boston to share knowledge, build connections, and help advance our field with the latest innovations and insights. Learn more about the ASSH, including our latest news, upcoming events, and programs, below.

Join us at the 81st Annual Meeting of the ASSH in Boston, MA, USA, from 17-19 September 2026 as we celebrate the theme Strength Through Unity.

New Website

The new ASSH.org launched in December 2025 with a fresh, modern design. After a year and a half of research and development led by ASSH Past President Tamara D. Rozental the new website includes improved search functionality, a revamped menu featuring everything ASSH has to offer, and an enhanced My Account experience. We encourage you to explore the new website and discover the features and resources available to support your practice.



The new ASSH.org homepage.

Strategic Goals

The ASSH has recently implemented our 2026-2028 Strategic Plan. This plan aims to advance the science and practice of hand and upper extremity surgery through three goals: Education and Advancement, Advocacy and Empowerment, and Community and Belonging. Guided by our organisational goals of compassion, connection, excellence, integrity, and leadership, the ASSH aims to deliver exceptional education, research, and opportunities for continuous professional development, to champion the voice and autonomy of our members through effective advocacy, practice support, and leadership on key issues, and to foster collaboration and shared purpose to create clear pathways for Society engagement and leadership. Read more about how the ASSH is advancing hand and upper extremity care.

ASSH Council and Staff participating in strategic planning during the December 2025 Council Meeting in Chicago, IL, USA.

Educational Opportunities

View the upcoming calendar of educational opportunities from the ASSH:

ASSH Self-Assessment Examination
Testing Period:
MOC/CME: 1 April - 31 July 2026
CME ONLY: 1 April - 31 December 2026

2026 AFSH Non-CME Webinar: Research Pearls and Pitfalls: Avoiding Common Mistakes
Online Webinar: 3 June 2026 | 6:00 PM - 7:30 PM Central

2026 AFSH-AAHS-IGOT Non-CME Webinar: Distal Humerus Fractures - An International Expert and Case Based Review
Online Webinar: 15 July 2026 | 7:00 PM - 8:00 PM Central

81st Annual Meeting of the ASSH
Boston, MA, USA: 17-19 September 2026

ASSH Past President, Tamara D. Rozental, MD, and current ASSH President, A. Bobby Chhabra, MD, at the 80th Annual Meeting of the ASSH in Vancouver, BC, Canada.

International Programs

The International Traveling Fellows Program (ITFP) promotes collaboration between the ASSH and IFSSH-recognised Societies by providing fellows with the opportunity to visit the United States, travel to ASSH members' facilities, and attend the ASSH Annual Meeting with complimentary registration. Organisations may send one fellow to participate in the ITFP, with the organisation covering the fellow's travel expenses. Fellows will travel in small groups, encouraging camaraderie and allowing host facilities to prepare special educational experiences. If your Hand Society would like to participate in this program, applications are open through 20 April 2026. Learn more about the ITFP.

As part of their travels, three fellows from the 2025 International Traveling Fellowship Program, Dr. Valeriu Buga from Germany, Dr. Usama Omar from Singapore, and Dr. Shadi Saleh from Israel, participated in the unique multidisciplinary Brachial Plexus Clinic at Montefiore Einstein in the Bronx, NY, USA.

SWISS SOCIETY FOR SURGERY OF THE HAND (SGH)

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

Unity is Strength (L'unione fa la forza!) was the motto of the 2025 annual congress, emphasizing unity and teamwork, taken from "The 3 Musketeers" by Alexandre Dumas.

The **58th Congress** of the Swiss Society for Surgery of the Hand and the 26th Congress of the Swiss Society for Hand Therapy took place on 27-28 November in Lugano, hosted by President Ivan Tami in his second term.

The Congress was enriched by the Spanish Hand Surgery Society, contributing cutting edge presentations and key notes on many topics of hand surgery.

Over 500 participants (262 hand surgeons, 240 hand therapists) attended the meeting and shared interdisciplinary knowledge with the industry and the Guest Society.

One of the highlights was the Pre-Congress about current trends on 1st CMC joint surgery, including but not limited to joint replacement. The highest rated sessions were the "usual suspects" about Kienböck´s disease, 1st CMC joint replacement and SL ligament reconstruction.

Ivan Tami , Past President of the Swiss Society for Hand Surgery and organizer of the annual meetings in Lugano 2024 and 2025.

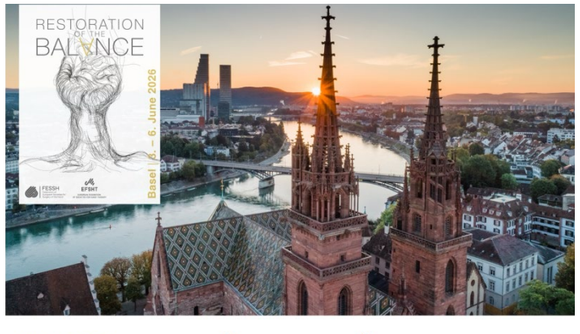
Swiss-Spanish expert group lecturing at pre-congress on the CMC 1 joint.

The **59th Annual Congress** of the Swiss Hand Surgeons and Hand Therapists will be included in the **FESSH/ FESHT Congress in Basel from 3 to 6 June 2026**.

The main topic of the Congress is **Restoration of the Balance**.

Balance is a curious phenomenon. We rarely notice it when it is present, yet immediately feel its absence. In life, balance isn´t achieved once and kept for ever - it requires continuous negotiation and pivoting. The human hand understands that fact better than most other parts of the body. Its perfect function depends on constant adaptation. It is therefore no coincidence that this topic will be in the centre of the annual FESSH/ FESHT Congress 2026 in Basel, Switzerland

The balance of the organising committee included the Hand therapists with the Hand surgeons.



The current Council of the Swiss Society for Surgery of the Hand with President Torsten Franz (4th from right) during a retreat for strategic development in March 2026 in front of Lake Zürich.

Addressing Upcoming Challenges and Supporting Young Hand Surgeons

During a two-day retreat in March 2026, the newly formed Council of the Swiss Society for Surgery of the Hand discussed the upcoming challenges and prospects for the professional society. These included political negotiations regarding appropriate reimbursement for our medical services, the collection of the Society's own performance data, quality assurance measures, and the centralisation of certain services. The continued promotion of young scientists was also a key focus of the retreat; the Swiss Society for Surgery of the Hand will continue to support outstanding young candidates with travel grants and research grants in the future. In this context, a two-day competition for young professionals, the "Golden Hand Award," was also held for the first time at the Annual Congress.

ESTHER VÖGELIN, MD;
FLORIAN FRÜH MD PhD;
TORSTEN FRANZ MD, President SGH

THAI SOCIETY FOR SURGERY OF THE HAND (TSSH)

Updates from the Land of Smiles: Embracing Innovation and Education in Thailand
Sawasdee! Greetings to our esteemed colleagues across the globe! The Thai Society for Surgery of the Hand (TSSH) is delighted to share our recent milestones, educational initiatives, and ongoing commitment to advancing hand and reconstructive microsurgery with the IFSSH community. As we move through 2026, our Society continues to grow, fostering a community of orthopaedic surgeons dedicated to elevating the standard of upper extremity care in Thailand.

Recent National Meetings and Academic Highlights
Our academic calendar kicked off with enthusiasm at the **41st TSSH Annual Meeting 2026**, held from 19-20 February 2026 in Bangkok. Cantered around the inspiring theme, **"Wisdom of the Past, Excellence of the Future"** the two-day event brought together delegates from across the nation for an academic exchange.

A major highlight of this year's meeting was the contribution of international guest speakers: **Dr. Michael Mark**, **Dr. Jeffrey Koo**, and **Dr. Esther Chow** from Hong Kong. Notable sessions included technique to beat various upper extremity deformities, including 3D printing technology for enhancing perfection.

Honorary lecture by Dr. Wichit Siritattamrong (left) and Presidential lecture by Dr. Pravit Kitidumrongsook (right) at the 41st Annual H and Meeting 2026.

Bridging the gap between historical wisdom and future innovation, we were privileged to host an Honorary Lecture by **Dr. Wichit Siritattamrong**, who shared profound clinical insights in his presentation "30 Years in Microsurgery: The challenges and lessons learned".

Adding to the depth of our homegrown expertise, the program featured a truly inspiring lecture by **Dr. Pravit Kitidamrongsook**. His presentation on "Volunteer hand surgeon - The priceless job." deeply resonated with attendees by highlighting his lifelong, unwavering dedication to patient care.

The executive committee TSSH with members in the 41st annual hand meeting 2026.

Cadaveric workshop flap dissection course at CNMI.

Advancing Education and Surgical Training
Much like the delicate and intricate nature of traditional Thai craftsmanship, reconstructive microsurgery requires meticulous precision and patience. We successfully hosted a **"Cadaveric Workshop Flap Dissection Course"** 22-23 January 2026 at the Chakri Naruebodindra Medical Institute (CNMI). This hands-on masterclass provided our trainees with invaluable experience in complex soft tissue coverage under the direct mentorship of our senior faculty.

International Outreach and Regional Collaboration
TSSH is proud to serve as a bridge for regional education. We actively welcome clinical fellows and observers from ASEAN countries. By sharing our expertise in reconstructive microsurgery, brachial plexus injuries, and congenital hand differences.

Excellence of the Future: Embracing 3D Printing Innovations
Embracing the future of complex patient care, Thai surgeons are increasingly utilising the **Lerdsin Medical 3D Printing and Innovation Centre** at the Institute of Orthopaedics at the Lerdsin Hospital. This facility offers comprehensive services, ranging from 3D model design and segmentation to multi-technology printing, actively supporting surgical planning, education, and medical innovation.

Looking Ahead: Hosting the 12th APWA Congress in 2027
TSSH is immensely proud to announce an upcoming milestone for our Society. Thailand has been selected to host the **12th Asia Pacific Wrist Association (APWA) Annual Congress** in November 2027. This prestigious landmark event will take place in Bangkok, beginning with a pre-congress cadaveric wrist arthroscopy workshop from **6-7 November**, followed by the main scientific congress from **8-9 November 2027**.

We warmly invite our international colleagues to visit Thailand. Come for the academic exchange, and stay for the world-renowned Thai hospitality, our vibrant culture, and our exquisite cuisine.

Warmest regards,

The Executive Committee the Thai Society for Surgery of the Hand (TSSH)

HERCOLINE-S:

A Tool for controlled strengthening of the hand and wrist muscles

Introduction

In hand and wrist rehabilitation, the ability to apply controlled and directional resistance is a valuable asset in strengthening protocols [1]. Resistance exercises using elastic bands are widely used in hand therapy as a simple, cost-effective, and accessible method for strengthening the hand and wrist muscles. However, several studies have questioned the effectiveness and precision of this type of resistance, particularly in the early stages of musculoskeletal rehabilitation for the shoulder or upper limb [2].

An electromyographic (EMG) study showed that muscle activation, while increasing with band stretch and resistance, remained below 40% of the maximum voluntary contraction (%MVC) in most exercises tested; most configurations remained below 30%, which may not be sufficient to stimulate significant neuromuscular adaptations during recovery [2]. Additionally, results show that lower resistance bands have a limited effect on force and muscle activation, while progression to higher loads results in rapid and intense activation—often unsuitable in early rehabilitation phases [3, 4].

From a biomechanical perspective, elastic bands have a nonlinear force/elongation curve, which varies significantly depending on the thickness of the material. This makes it difficult to quantify and replicate the applied load accurately, unlike with mechanical weights or pulley systems [3, 4]. The inherent elasticity of the material can lead to less controlled and less stable movements, particularly in exercises that require precision or involve stabilising muscles. This may result in compensations or suboptimal muscle activation [2].

In contrast, cable systems allow greater movement control and better targeting of specific muscles [2]. Elastic bands may also cause a "spring" or "rebound" effect at the end of a movement, which is not ideal in rehabilitation stages that require slow and constant eccentric control. Cable systems allow smoother and more uniform control throughout both concentric and eccentric phases [4]. Elastic resistance can also vary by manufacturer, material, and wear over time, reducing the standardisation of therapy protocols. In contrast, weights and cable systems offer greater consistency and reliability [3].

Another limitation identified in the literature concerns the subjective perception of effort by the patient: the estimation of the load is often influenced by pain, motivation, and motor awareness, which reduces the reliability of load control during exercises [5, 6]. This is particularly relevant in reactive isometric exercises, where elastic bands may mask the real applied load and the quality of muscle activation [5, 6]. Many authors recommend keeping activation below 20% MVC in the early phases of post-surgical or post-injury rehabilitation to promote selective recruitment without overload [7, 8]. Literature therefore suggests that elastic bands may not be the most suitable tool in early rehabilitation stages, favoring adjustable, directional loads such as those offered by calibrated pulley systems.

As an alternative mode of providing resistance, Sheila Santandrea and her patient, Aldo Zamagna from Italy developed Hercoline-S to provide a simple, adjustable, and functional tool for targeted muscle and joint work in the hand-wrist region. Hercoline-S enables directional, calibrated, and progressive resistance, representing a safe and effective alternative for selective strengthening in early rehabilitation.

Device Description

Hercoline-S consists of:

- A support base, adaptable to worktables with an adjustable locking system [1]
- A fixed vertical rod
- Two articulated joints enabling 360° orientation of two adjustable arms [2]
- Pulleys at the ends of the arms to guide the cable
- A cable with attachable load and interchangeable grips [3]: Figure 2: interchangeable grips
- Wrist handles
- Finger rings
- Flat grips for intrinsic muscles

Load options: 1000 gms, 500 gms, 250 gms, 100 gms combinations [4]

Hercoline-S features a base that can be fixed to any working surface, with a rigid vertical arm from which two articulated and adjustable arms extend in multiple planes. At the end of these arms are pulleys that guide a cable, which connects to a modular weight system on one side and to an interchangeable grip on the other. The patient grips the cable end, using either wrist handles or finger rings depending on the target muscles.

Fig. 1: Main components of the Hercoline-S rehabilitation tool: base support, adaptable to worktables with an adjustable locking system [1]; Two articulated joints enabling 360° orientation of two adjustable arms [2]; A cable with attachable load and interchangeable grips [3]; Load options [4]

The pulley system allows the resistance vector to be precisely oriented according to the desired biomechanical axis. The patient can perform concentric, eccentric, or isometric movements while maintaining a constant and controllable resistance throughout the range of motion. The available weight increments (from 100 gms to 1000 gms) allow for fine and repeatable adjustments, enabling a progressive therapeutic approach compliant with Holten's diagram.

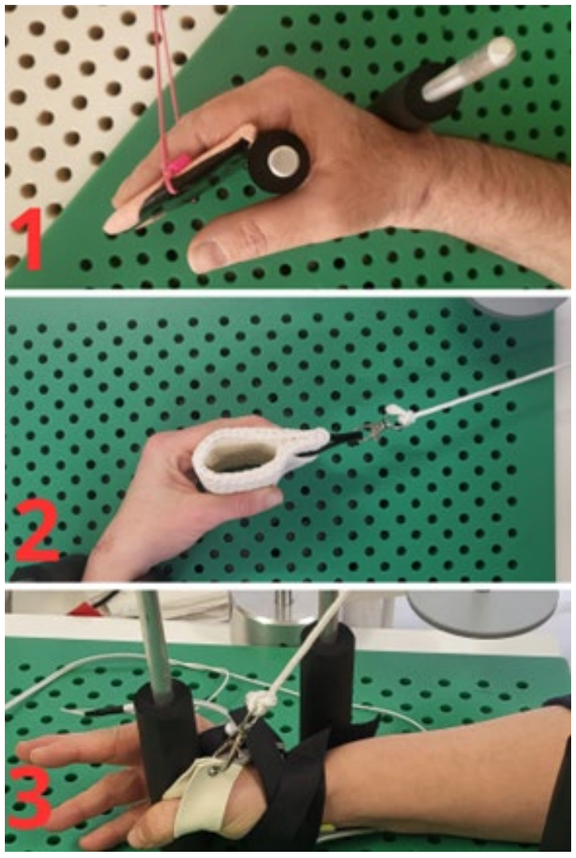


Fig. 2: Interchangeable grips: Flat grips for intrinsic muscles [1, 2]; finger rings [3]

Applications

Hercoline-S can be used for selective strengthening after injuries or surgery such as sprains, fractures, or tendinopathies. It also supports neuromuscular training in elderly patients or athletes, where precise control is essential. The 3D adjustable arms allow for functional diagonal movements, including the Dart Throwing Motion, relevant in wrist rehabilitation. Custom grips make it adaptable to a variety of clinical needs and patient-specific goals.

Example Use Case

In a clinical setting, Hercoline-S allows the therapist to set up highly targeted exercises, customising resistance direction and load precisely. A typical use case involves concentric strengthening of wrist extensors, which is often needed after immobilization or distal radius fractures.

The device is mounted at the edge of a table. The patient, seated with the forearm in neutral rotation resting on the surface, pulls against a load set via the pulley positioned perpendicular to the radiocarpal joint axis. The ergonomic handle is grasped by the patient, and a calibrated load (e.g., 250–500 g) is applied. The patient performs slow, controlled wrist extension against the resistance.

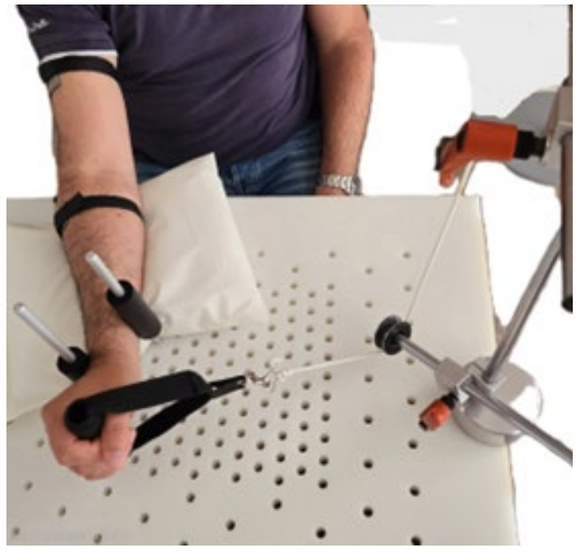


Fig. 3: Example use case: strengthening of radial wrist extensors along an oblique axis following the third metacarpal (DTM), combined with electrotherapy.

The ability to monitor the applied load and number of repetitions, along with rest and speed parameters, allows for tailored intensity management and therapeutic progression, such as applying Holten's diagram principles (e.g., 40–50% of estimated 1RM for 20–30 reps to build local muscle endurance) [8]. When dealing with muscle deficits, Hercoline-S can be combined with electrostimulation for electro-active resistance training.

Clinical feasibility and applicability

Hercoline-S is easy to use and transport, fits securely onto any work surface, and requires no external power supply. It features interchangeable grips and offers progressive, measurable resistance, making it a practical and versatile tool for clinical rehabilitation.

Strengths

Hercoline-S is not yet commercially distributed on a large scale; however, it can currently be obtained upon request. From a feasibility perspective, the device can be easily installed on standard treatment tables using a screw-clamp support adaptable to different surface thicknesses, allowing stable and semi-permanent positioning in shared therapy areas. This enables rapid patient setup during routine sessions. Clinical application is based on simple and intuitive biomechanical principles: defining the direction of training, orienting the cable perpendicular to the hand, and aligning the pulleys to ensure smooth, unobstructed movement of the load. Although the setup may appear complex when described, it is quick and straightforward in daily practice, making the device suitable for routine hand therapy use.

Conclusions

In daily rehabilitation, especially for the hand-wrist complex—clinicians often face limitations with available tools when precise, controlled, and progressive work is needed. Elastic bands, while convenient and widespread, do not provide directional control of resistance nor fine load adjustment in a quantifiable, reproducible way. From this clinical gap and based on real limitations encountered with orthopedic and post-surgical patients, Hercoline-S was developed: a simple tool that can attach to any surface, deliver adjustable and orientable resistance, and support concentric, eccentric, or isometric exercises with calibrated load. Hercoline-S was not designed for mass production, it was created to meet a specific clinical need: to train strength and movement quality in the hand and wrist, particularly in the acute phase of recovery, where more precision is needed.

References

1. Mulroy SJ, Gronley JK, Weiss W, Newsam CJ, Perry J. Electromyographic activity of shoulder muscles during unresisted and resisted arm exercises. Phys Ther. 1997;77(6):601–610.
2. Mullaney MJ, Perkinson C, Kremenic IJ, Lepley AS, Schick EA. EMG of shoulder muscles during reactive isometric elastic resistance exercises. Int J Sports Phys Ther. 2017;12(3):417–424.
3. Patterson RM, Jansen CW, Hogan HA, Grabiner MD. Material properties of Thera-Band tubing. Phys Ther. 2001;81(8):1437–1445.
4. Simoneau GG, Bereda SM, Sobush DC, Starsky AJ. Biomechanics of elastic resistance in therapeutic exercise programs. J Orthop Sports Phys Ther. 2001;31(1):16–24.
5. Ha S, Cynn H, Kwon O, Yi CH, Yoon TL. A reliability of electromyographic normalization methods for the infraspinatus muscle in healthy subjects. J Hum Kinet. 2013;36:69–76.
6. Simon AM, Ferris DP. Lower limb force production and bilateral force asymmetries are based on sense of effort. Exp Brain Res. 2008;187(1):129–138.
7. Hintermeister RA, Bey MJ, Lange GW, Steadman JR. Electromyographic activity and applied load during shoulder rehabilitation exercises using elastic resistance. Am J Sports Med. 1998;26(2):210–220.
8. Reinold MM, Wilk KE, Fleisig GS, Crenshaw K, Andrews JR. Electromyographic analysis of the rotator cuff and deltoid musculature during common shoulder external rotation exercises. J Orthop Sports Phys Ther. 2004;34(7):385–394.

9. Colado JC, Triplett NT. Effects of a short-term resistance program using elastic bands versus weight machines for sedentary middle-aged women. J Strength Cond Res. 2008;22(5):1441–1448.

SHEILA SANTANDREA
University of Rome. La Sapienza., Department of Human Neurosciences, Rome, Italy https://orcid.org/0009-0006-1259-1276sheila.santandrea@gmail.com

PAOLO BOCCOLARI
Azienda ospedaliero universitaria policlinico di Modena, via del Pozzo 71, Modena, Italy https://orcid.org/0000-0002-8992-3957boccolaripaolo@gmail.com

FILIPPO MASELLI
University of Rome. La Sapienza., Department of Human Neurosciences, Rome, Italy

IFSHT February 2026
International Federation of Societies for Hand Therapy
www.ifsht.org

IFSHT NEWSLETTER – REACH

Issue 2 of volume 5 of the IFSHT newsletter is available on the IFSHT website. This issue is a special issue on the triennial congress which took place in Washington DC in March 25.
https://ifsht.org/publications/

The publication aims to collate Research, Education, Achievement and Clinicians in hand and upper limb therapy around the world.
We call on hand and upper limb therapy clinicians and researchers to submit any contributions for consideration to:
informationofficer@ifsht.org

UPCOMING EVENTS

The next joint IFSSH and IFSHT Triennial Congress will be in Singapore in 2028. The website is live for more information.

Further details can be found at: https://www.sshs.sg/ifssh2028

IFSSH/IFSHT Triennial Congress 2028: Hand Therapy Topic Input Survey: Share your input! https://www.surveymonkey.com/r/V883FSB

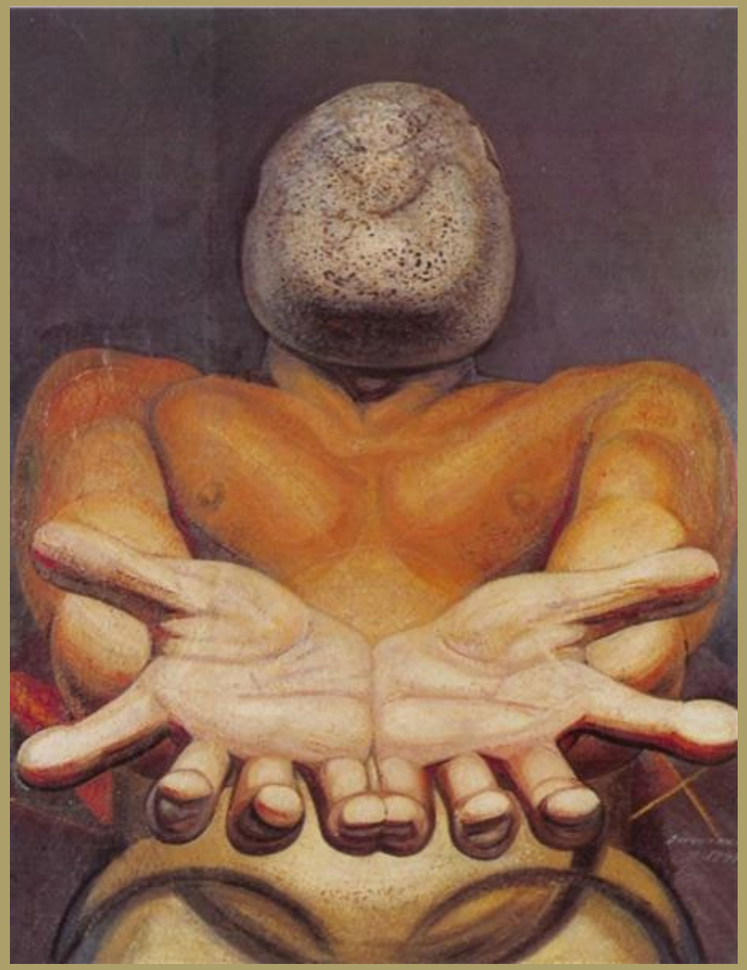
Call for Scientific Committee Members for the IFSSH-IFSHT Congress: If interested, please email your CV to ifsht2028@gmail.com.

NEVER MISS AN ISSUE!

Did you know you can subscribe to REACH so you will receive a link each time a new issue goes online?
Keep in touch with Hand Therapy around the world. IFSHT sends a newsletter three to four times each year along with important notifications on dates and deadlines. We are aiming to enhance the communication between members and member countries through these notifications. Our new newsletter is called R.E.A.C.H., and we look forward to feedback from our members.

Sign up following the link below:
https://ifsht.org/newsletter/

Art Exhibit #27



"Our Present Image"

José David Alfaro Siqueiros (Mexican)

Date: 1947 | Style: Social Realism, Muralism, Indigenism
Genre: symbolic painting | Media: pyroxylin
Location: Museum of Modern Art (MoMA), New York City, NY, USA.

Re-published Article

Acknowledgement: We wish to thank the Author, Editor and Publisher of the Indian Journal of Plastic Surgery for the permission to re-publish this article.

Robert D. Acland – The Microsurgery Pioneer – A Personal Reflection

S. Raja Sabapathy[1]

[1] Division of Plastic Surgery, Hand Surgery, Reconstructive Microsurgery and Burns, Ganga Hospital, Coimbatore, Tamil Nadu, India

Indian J Plast Surg 2025;58:406–414.

Address for correspondence S. Raja Sabapathy, MS (Gen), MCh (Plastic), DNB (Plastic), FRCS (Edin), FAMS, Hon FRCS (Glasgow), Hon FRCS (Eng), Hon FACS DSc, Division of Plastic Surgery, Hand Surgery, Reconstructive Microsurgery and Burns, Ganga Hospital, 313 Mettupalayam Road, Coimbatore 641043, Tamil Nadu, India (e-mail: rajahand@gmail.com).

> Swami Vivekananda, the revered Indian monk and philosopher said,
>
> "Take up one idea. Make that one idea your life – think of it, dream of it, and live on that idea. Let the brain, muscles, nerves, every part of your body, be full of that idea, and just leave every other idea alone. This is the way to success, that is how great spiritual giants are produced."

Bob Acland lived up to the quote. He took up the idea of producing needles, sutures, and instruments to make anastomosis of vessels of 0.5 to 1 mm diameter possible. He was consumed by the idea, left off everything till he succeeded. He could be called the spiritual giant of microsurgery. By organizing a microsurgery training laboratory he made every one succeed, thereby making a difference in the lives of people worldwide.

Later in life he developed a second career in clinical anatomy. The passion, dedication, and devotion continued in this career and resulted in Dr. Acland's seven-volume video tapes in clinical anatomy, which he called as his "Sistine Chappel." It is rare to find a comparison in the history of surgery of a person who has excelled in two different career paths.

Robert Acland (Bob to his friends) was born on June 20, 1941, in Exeter, England, in an aristocratic family to Richard Acland the 15th Baronet of Columb John and Lady Anne Alford. Though the family belonged to the landed gentry, Richard Acland had far left ideas and believed in the common holding of land. He became a Member of Parliament of the Labor Party and later founded the Common Wealth Party, which believed in common ownership of land. True to what he propagated; he donated thousands of acres of the family estate at Killerton to the National Trust. Now without the family estates, Richard Acland told his sons that they would have to "make it on their own by being better, not by heredity." Bob did become better by choosing a career in surgery (►**Fig. 1**).

Fig. 1 Robert D. Acland: 1941–2016, pioneer in microsurgery.

Bob graduated from London Hospital in 1964 and had a year of internship in Tanzania. There he developed interest in surgery. He did the plastic surgery training in Canniesburn Hospital at Glasgow, which was the happening place of those times. In 1975, he moved to Louisville at the invitation of Harold Kleinert to set up a microsurgical training laboratory. Good and interesting accounts of his professional career are found in the obituaries that appeared in the journals at that time of his passing away.[1–3] I would like to devote the rest of the article to lessons learnt from the personal relationship with him and would like to express them with anecdotes. He came twice to India, first time in 2006 to deliver the Marco Godina Lecture at the Indian Society for Reconstructive Microsurgery meeting (Title: Anatomy - New Horizons in an Old Science) and in 2011 to deliver the Sushruta lecture (Title: Successes and Failures – a Pioneer's perspective) at the annual congress of the Association of Plastic Surgeons of

DOI https://doi.org/10.1055/s-0045-1814458.
ISSN 0970-0358.

Thieme Medical and Scientific Publishers Pvt. Ltd., A-12, 2nd Floor, Sector 2, Noida-201301 UP, India

Fig. 2 Dr. Acland at Indian Society for Reconstructive Microsurgery Congress, 2006, to deliver the Godina Oration with S. Raja Sabapathy, President, and Samir Kumta, Secretary, ISRM, Indian Society for Reconstructive Microsurgery.

India, both meetings being in Coimbatore when I held the presidencies of the organizations (►**Fig. 2**).

My first encounter with Acland was through his microsurgery training tapes. While working in Stoke Mandeville, United Kingdom, in 1988, before going to the microsurgery course at Northwick Park, my consultant Mr. Bailey told me, "Raja, Bob has presented a set of tapes. They are lying in the office among the books. Perhaps you could see them." I saw them before going to the course. At the course, we were shown a demonstration of a microsurgery anastomosis which we watched in a television and were asked to go ahead. I was doing much better than many and decided that it was due to me having had the benefit of seeing the Acland tapes. I told this to Mr. Bailey and that Christmas while he gifted all registrars a bottle of Champagne, he presented me the "Red book" of Acland writing the words, "Learn to do it the right way." Little did I foresee that one day I will have the privilege to join Dr. Acland to edit the third edition.

I was fortunate to obtain the Kleinert Fellowship at Louisville and there I first met Dr. Acland in 1989. Lot of stories about him preceded the course. I met him as I entered the foyer leading to the laboratory. At the entrance there was the word "Preparation" engraved in rock (►**Fig. 3**). While I stood looking at it, Dr. Acland joined and said that he wanted all the trainees to get ingrained in their brain that Preparation is the only shortcut to success. To lay emphasis he said he had it engraved in rock. That is Dr. Acland. He had a unique way of putting his points across.

He was benevolent. When we started the microcourse, I used to run it with the Acland tapes. The first tape got worn out. Dr. Luis Scheker from Louisville was coming to Coimbatore for the Apsicon 2003. Scheker wanted to know if I needed anything from Louisville. I asked for the first Acland tape. When Scheker asked Acland for a copy, Acland said, "I thought the tapes had outlived their value, I am surprised that someone is using them so far away. I don't have a tape to spare but I will do something." In fact, he did. He converted the tapes from NTSC format and copied them on to a CD and sent it through Scheker. I was moved. He did not have to do that, but he did. Before sending he asked if we have any suggestions. He was egoless on that. The microsurgery tapes that were made in the early eighties are one of the longest surviving teaching tapes ever made in any specialty. Nearly half a century later the contents are still relevant. I think it was because so much thought and effort had gone into the making them a classic.

While working in Swindon in 1969 as a registrar, he was thrilled to see John Cobbett do a microvascular anastomosis. It struck Acland that things could be done with better instruments. Ever interested in making things, he set out to make better instruments, sutures, and needles for microsurgery. He got in touch with Harry Buncke almost two decades his senior by age who at that time was the pioneer in microsurgery in San Francisco. Both identified that there was a problem with the large size of the needle which left holes in the vessels of 1 mm in diameter. The progress

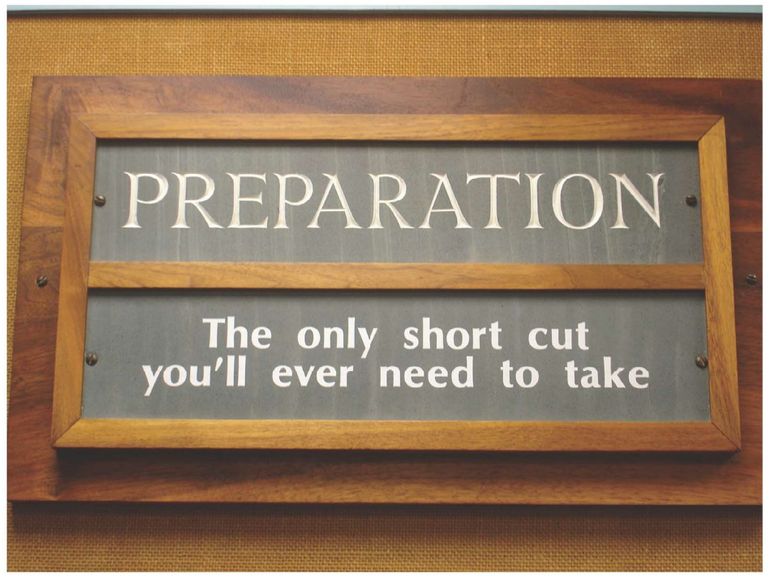


Fig. 3 The sign found in the microsurgery laboratory at Louisville for all trainees to imbibe.

seemed to stop there, but Acland was undeterred. Recollecting the situation in his Sushruta lecture Acland had this message for the young, "My colleagues told me that what I was trying to do was impossible. Don't be put off when someone tells you that what you are trying to do is impossible. The word impossible has a simple meaning. It actually means that I can't be bothered to find out the obstacles to success." While delivering the Godina oration he showcased the fresh tissue cadaver laboratory at Louisville and then said that it is "a place to learn, a place to teach, a place to try new procedures and a place to do research." Could it happen here? To anyone who says it couldn't, I suggest you take a small piece of paper and make a list of the obstacles to success." For Acland no obstacle was intimidating.

Acland wanted to make needles of 70 microns (0.07 mm) size. The smallest needle that existed at that time was more than twice that size. After searching to find a tool manufacturer who would help him he narrowed on a company founded by Werner Spingler and Eugene Tritt in Switzerland. After a long correspondence Acland drove to Switzerland and landed at their doorstep, the founders exclaimed that they were expecting a senior British Professor and surprised to find a young man. Acland also exclaimed that he was expecting to land in a sophisticated Swiss factory, but instead a small set up. Soon Acland realised that Springler and Tritt were the people who could "make the tools and had the tools to make the tools." The figures Acland used in his talk, explain the sophistication required to make it possible and swage the thread to the needle (►**Fig. 4**). The needle itself was made by taking the thinnest available stainless steel wire which was 100 microns. Acland used the technique of electropolishing to make the size to 80 microns. That was then passed through diamond burrs. In this he was helped by Ardelle Glaze. Acland said that we need to salute the contributions of those pioneers who put enormous effort to make this possible. He had these words of Thomas Brown for them,

> "Who knows whether the best of men be known
> or whether there be not
> many more remarkable men forgotten
> than any that stand remembered
> in the known account of time."

Acland was also simultaneously working on designing instruments to do the fine work and controlling tremor. Sitting down, assuming a position of comfort, resting the ulnar border of the hand reduced coarse tremor, but fine tremor still persisted. Buncke and Acland (►**Fig. 5**) thought some remote-controlled equipment would be needed. For one year Acland experimented a foot-controlled technique to minimize tremor (►**Fig. 6**). Speaking of it he said, "It is good to have a lot of ideas but it helps to recognize quickly if it is a bad idea so that you can move on." Finally, unintentionally he ended up finding the hand position—the hand and wrist well supported the little, ring, and middle stacked up one over another and the thumb, index, and middle touching one another manipulating the instrument. Acland said that this step was the defining moment of microsurgical progress (►**Fig. 7**). He added that "the answer to the problem when you find it will be very simple." He also

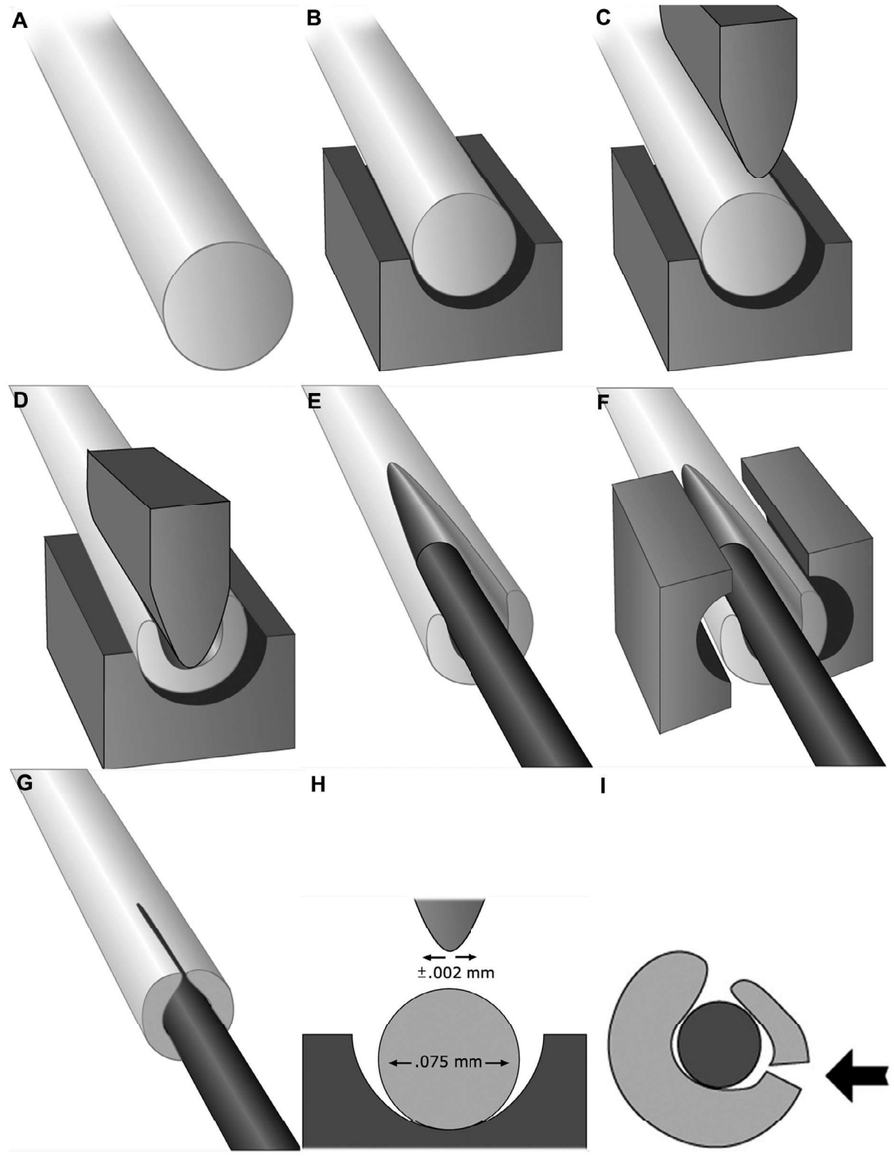


Fig. 4 The breakthrough moment: (**A**) The needle, (**B**) placed in a bloc, (**C**, **D**) with an instrument to create a wedge, (**E**) for the placement of the suture and (**F**) another fine equipment to compress and (**G**) complete the process. (**H**) It required an accuracy of 0.002 mm to get a perfect suture. (**I**) Even minor deviation caused a breakage.

designed the clamp to hold 1 mm vessel without damaging the vessel wall.

Acland's relationship to India became stronger when he handed over the copyright of his "Red book"—Practice Manual for Microvascular Surgery which is considered by many as the bible for microsurgery trainees. Acland was concerned when the original publishers were not enthusiastic to reprint. During a casual conversation about this in the hospital

Fig. 5 Acland with Harry Buncke (standing).

canteen at Louisville, between Acland and Dr. Sunil Thirkanand, a staff surgeon at Louisville Hand Surgery, Sunil suggested that it could be published from India at an affordable price. Acland agreed and when Sunil wrote to me about the feasibility, I jumped at the opportunity. I was the secretary of the Indian Society for Surgery of the Hand (ISSH) at that time and thought that we would do it through ISSH. What started off as a casual conversation over a cup of coffee between Acland and Sunil turned out to be one of the biggest gifts to the Indian society for the surgery of the hand. Over 5,000 copies have been distributed and the proceeds have helped us to set up the Robert Acland International Travelling fellowship for young trainees.

Little did I realize how exacting it would be to work with Acland. Sunil did say that Dr. Acland would be demanding, but soon I started enjoying it. We reprinted starting from

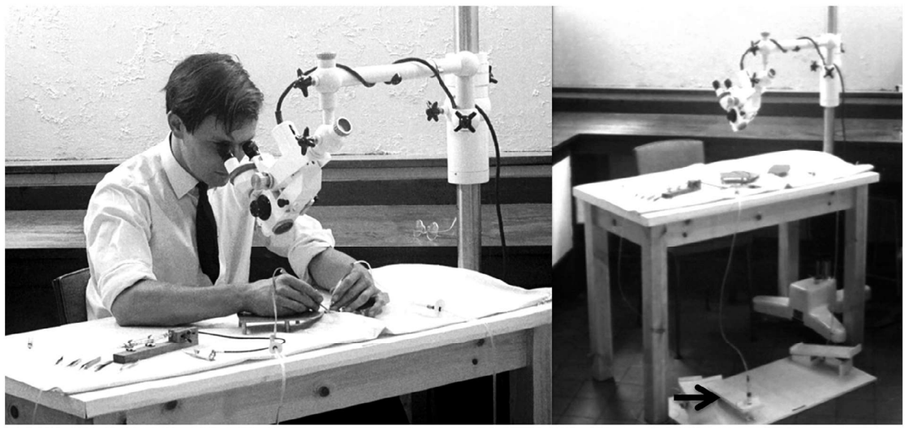


Fig. 6 Acland experimented with a foot-controlled device to reduce coarse tremor for a year.

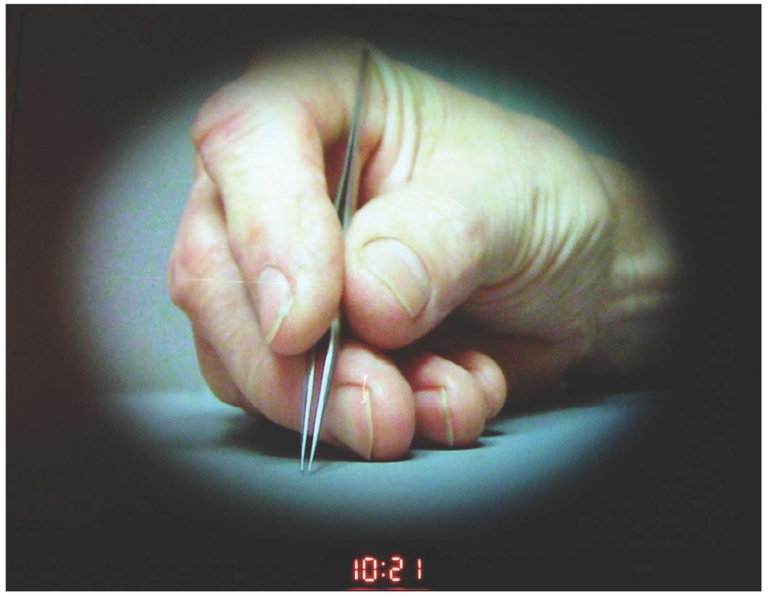


Fig. 7 The defining moment in microsurgery as per Acland. Finding the hand and finger position to eliminate unwanted tremor. This led to designing of instruments.

Fig. 8 Editing the third edition of the book and experiencing obsession for perfection.

scratch since Dr. Acland wanted exact duplication of the material. Later, we decided that a chapter titled "Into Clinical Practice" could be added to make it clinically inclusive. Acland suggested that we meet when I next came to the United States. He drove down to Cleveland where I had gone for a meeting and agreed to stay at my cousin Dr. Maheshwar's house (►**Fig. 8**). We had a very long day from 8 in the morning to late night. For Acland every word mattered. We retired to bed late and when I met him the next morning, I casually asked him if he had a good night. To my surprise he answered, "No, partly because of you. When we were finishing last night, I asked you about a picture and you responded that it could be better. That bothered me and I worked on that picture. It took 3 hours. Have a look at this. How do you feel?" I was shocked. I never imagined that a casual remark would give him a sleepless night. That was Acland, the person obsessed toward perfection. Long hours did not matter to him. It had to be right. He really liked the final output (►**Fig. 9**). For the video atlas on clinical anatomy every minute of video took 12 hours to produce—5 hours for script writing, 5 hours for capturing videos, and 2 hours of postproduction editing. No wonder it took him almost 9 years to complete the project which he called his "Sistine Chapel."

Acland set high standards for himself all the time even under difficult circumstances. He aimed to get that level of perfection even when working under constraints. I realized it when I received a letter from Bob Acland in October 2014. Bob decided to gift his "Precious Possessions" to his close associates. In that letter Bob had said that he wanted to gift the original hand written script of the 1983 instructional video of rat femoral artery anastomosis to me. That was the first instructional video he ever made. For making that video, on one side he had written the audio part of it and on the other side the actions that had to coincide. The script almost went to 75 pages. It had even the minor things like "smile," "show it," etc. (►**Fig. 10**). He wrote and corrected the spoken words and then created the video with care to make the actions coincide exactly with the words. Along with the letter there was a note stating "I cannot send it to you across the seas, you need to take it by hand as a hand baggage and not even as a check-in baggage." He was so concerned that it should not be lost. So on my next visit for a meeting at San Francisco I went across America and collected it and it was my carryon baggage on my return trip to India. I consider it as one of the most valuable gifts I ever received.

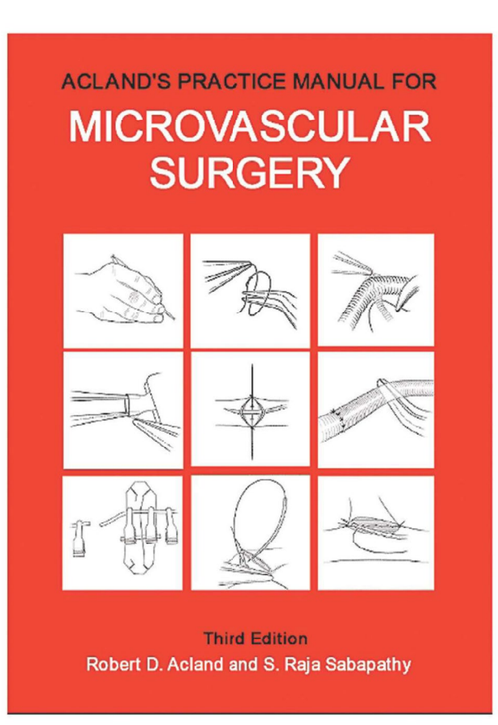


Fig. 9 The Red Book.

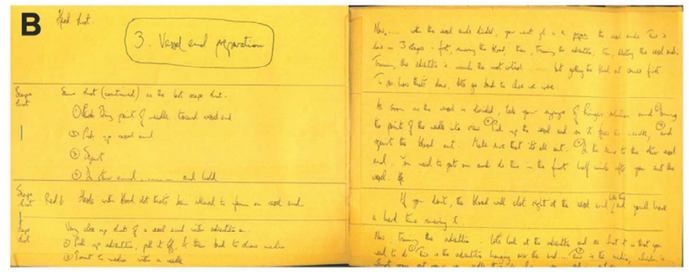


Fig. 10 (**A**) Offer letter of one of his precious possessions. (**B**) A model part of the script with the script on one side and corresponding video movement on the other side. A 10-minute video had ~70 foolscap pages of written matter.

Pioneers have a way of putting things and sharing their experience of the life's lessons that they have learnt. After his first visit in 2006, he wrote the following in our Visitors Book: "I am so happy to be here in your new United Nations of Microsurgical Progress and education. This feels the same in terms of energy and excitement as Louisville in 70s or Ljubljana in the 80s. My best wishes for your long continued success." Later that night when I asked him what makes an institution fail and how careful one has to be? He was silent for a while. He then said, "After thinking on the rise and fall of institutions during my lifetime I would consider these as the chief causes.

1. Celebrating success
2. You will be training the world but fail to train people who will be with you.
3. Forgetting the core values which brought you up to this level in the first place.

He continued, "Raja please be careful, that once you succeed, people will keep asking for your story. You tell the story but let that not become your preoccupation. You must have your feet on the ground and continue to work in the same pace. Be careful that you continue to have star performers in the team, who share the same passion for work and education. Lastly, you must not forget the core. People may say that times have changed and justify change in values. You may choose different methods or use technology to achieve the core, but the core values should not change." It was like hitting a hammer on my head. During the Sushruta oration at the APSICON 2011, he highly appreciated the technical refinements suggested by Dong Chul Lee (South Korea) to evert the vessel walls during anastomosis and wondered why he had not thought about it himself. Reflecting that he had this to say "….coming back to the theme of success and failure, when I reached a certain level of success, I failed to be self-critical, I failed to keep looking for ways to do even better. That is the potential risk that we all face when we achieve success." These are timeless values spoken in simple words.

People remember Bob Acland as per the experience they had with him. Gus McGrouther, who joined Canniesburn had this to say of Acland. "The sheer force of his personality resulted in a multitude of apocryphal stories, often making it hard to disentangle truth from fiction." But everyone will attest to the fact that he was full of passion and enthusiasm to create something better. Scott Levin, Past President of the World Society for Reconstructive Microsurgery, had this to say. "Bob Acland was fiercely dedicated to the profession and "attention to details" were his watchwords. Bob was a modern Renaissance man. He was as comfortable restoring a 60-year-old pickup truck that served as his "daily driver," as he was building special platforms that he used to display his masterful anatomic dissections that he photographed himself. *Bob "did not suffer fools" and his passion for perfection in everything he did, often caused him to be misinterpreted and feared*. My passion for anatomy and microsurgery was born in Louisville and has been fuelled for 37 years by the legacy of Bob Acland. Principles and memories are forever, and it is true that we stand on the shoulders of giants."

The other side of Bob is also very interesting. He was crafty with his hands and enjoyed construction to carpentry to

Fig. 11 Acland was energetic and enthusiastic in construction, carpentry, and machine making. (**A–C**) The terrace house and the walkway he built himself with his wife Bette.

automobile engineering. He spent the last days of his life constructing a one-room house above the "Mosquito Creek' in Indiana and created water, heating, and lighting systems by himself and also built a suspension bridge for access (►**Fig. 11**).

Acland loved India and after his visit in 2006 said that he had one regret. That he had not brought his wife Bette with him. Bette accompanied Bob when he came in 2011. He wanted to make the same tour of Kerala that he experienced. As luck would have it we organized the same car and driver and hosted them in the same hotels. Some hotels even made the same staff attend on him. When I wrote to his wife Bette Levy that I am writing a note on Bob for the icon of the issue of the *Indian Journal of Plastic Surgery* she sent this message (►**Fig. 12**). "As the wife of Robert Acland, I shared 25 years filled with love, playful humor, laughter, and a joy of gardening, movies, travel, good food, and good friends. We shared a sense of the absurd and were known for our annual New Year's Day costume party. While all love relationships are different, our love was palpable and frequently commented upon by those who knew us. We delighted in our Southern Indiana creek house, lovingly built by hand by Robert, and where we spent many contented and peaceful days and nights."

I had the opportunity of studying the lives of pioneers in making the book, "Crafting the Legacy," where we compiled the life stories of pioneers in hand surgery in the Asia Pacific region.[4] Common to them all is a deep desire to help their patients, All had laser sharp focus on the job, infectious enthusiasm, relentless reflection on all that they did, and left behind an enduring legacy.[5,6] I would say that Acland comes up high on my list of heroes. Behind every pioneer is a story that will stir the hearts of others. These need to be told to enthuse the younger generation, so that they would do the same of their patients and in turn, we will all have a better world to live in.

Fig. 12 Bob with his wife Bette.

Conflict of Interest
None declared.

References

1 Fricker J. Robert Acland: pioneer of microsurgery who forged a second career in anatomical teaching. BMJ 2016;352:i1761
2 Tobin G, Robert D. Acland, F.R.C.S., 1941 to 2016. Plast Reconstr Surg 2016;138(06):1376–1379
3 McGrouther DA. Robert Acland (1941-2016) innovator, microsurgeon, anatomist and teacher. J Plast Reconstr Aesthet Surg 2018;71(02):126–131
4 Chia D, Sebastin SJ, Sabapathy SR, eds. Crafting a Legacy: The Incredible Lives of Asian-Pacific Hand Surgery Pioneers. 2023. doi:10.1142/13504
5 Sabapathy SR. Celebrating the pioneers in hand surgery. J Hand Surg Eur Vol 2022;47(06):558–559
6 Sabapathy SR. Relentless reflection. Indian J Plast Surg 2025;58 (03):155–156

Brazilian Society for Surgery of the Hand (SBCM)

Colombia Society for Surgery of the Hand (ASOCIMANO)

Malaysia Society for Surgery of the Hand (MSSH)

MSSH EVENTS:

1. MSSH SIG MEETING @ SETIA SPICE CONVENTION CENTRE, PENANG – 25–27 JUNE 2026

2. MSSH-MSHT ASM 2026 @ KUALA LUMPUR – 20–22 AUG 2026

British Society for Surgery of the Hand (BSSH)
World Tetrahand Congress

Canadian Society for Surgery of the Hand (CSSH)

CSSH Annual Meeting

June 9, 2026

Delta Hotels Grand Okanagan Resort

Kelowna

South African Society for Surgery of the Hand (SASSH)

American Society for Surgery of the Hand (ASSH)

WE ARE HAPPY TO ANNOUNCE THAT THE

6TH EUROPEAN SYMPOSIUM ON PEDIATRIC HAND SURGERY AND REHABILITATION

WILL BE HELD IN OSLO, NORWAY
ON THURSDAY 26TH AND FRIDAY 27TH AUGUST 2027

VISIT OUR WEBSITE WWW.PEDIATRICHAND2027.COM

SIGN UP FOR OUR NEWSLETTER AND RECEIVE UPDATES
ON THE OSLO 2027 SYMPOSIUM
ABSTRACT DEADLINE IS 31ST JANUARY 2027

ON BEHALF OF THE OSLO 2027 COMMITTEE - MONA IRENE WINGE
OSLO UNIVERSITY HOSPITAL | NORWAY

FESSH Federation of European Societies for Surgery of the Hand
EFSHT EUROPEAN FEDERATION OF SOCIETIES FOR HAND THERAPY

XXXI. FESSH CONGRESS

3 June 2026
Educational Afternoon

3–6 June 2026
FESSH-EFSHT 2026

FESSH Congress Presidents: Esther Vögelin and Philipp Honigmann
EFSHT Congress Presidents: Patricia Kammermann and Marianne von Haller

FESSH CONGRESS
02 – 05 June 2027
Prague, Czech Republic
Ales Fibir, Radek Kebrle
fessh2027.com

FESSH CONGRESS
28 June – 01 July 2028
Strasbourg, France
Sybille Facca, Philippe Livernaux
fessh2028.com

FESSH-EFSHT CONGRESS
30 May – 2 June 2029
Porto, Portugal


17TH IFSSH-IFSHT
SINGAPORE 2028
TOWARDS SUSTAINABLE HAND SURGERY AND THERAPY
Join our mailing list
23-27 October 2028
Suntec Singapore Convention & Exhibition Centre
www.ifssh-ifsht2028.org
@ifssh_ifsht2028