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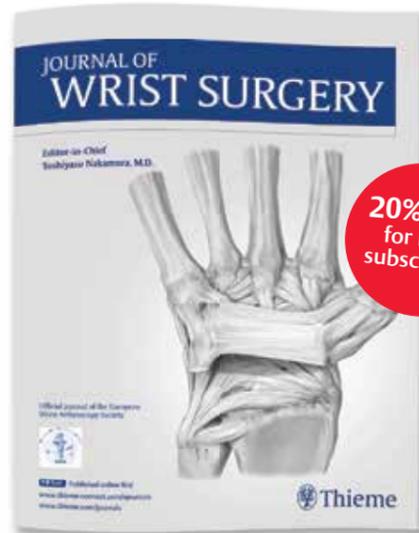
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To a peaceful and rewarding 2017

The Executive Committee of the IFSSH thanks all societies for their contributions in 2016.

We wish all hand surgeons throughout the world all the very best for 2017.

Zsolt Szabo, MD, President

Marc Garcia-Elias, MD, President Elect

Michael Tonkin, MD, Immediate Past President

Daniel Nagle, MD, Secretary General

Goo Hyun Baek, MD, Secretary General Elect

David Warwick, MD, Historian

Raja Sabapathy, MD, Member at Large

Belinda Smith, Administrative Secretary

Some thoughts to ponder

Below are some statements on anatomy for reflection. You may want to comment on them.

1. Any imagined operation always works when drawn on paper! There is more to theoretically design, or attempt to reconstruct, normal anatomy.
2. "Function is the ability to do". Function does not necessarily depend on normal textbook anatomy.
3. Restoring anatomy is not really possible. It is arrogant and wishful thinking to assume that we can mimic normal anatomy by surgical reconstruction. Do we really think that we can, for example reconstruct the perfect, sophisticated and intriguing digital balance mechanism?
4. Every congenital anomaly is different. No condition, even if we group them together e.g. 'radial club hand' is different in terms of development, anatomy and function.
5. On microscopic level, tissue response differs from patient to patient. Especially in congenital differences, scar tissue response after surgery is often unpredictable e.g. syndactyly release.

"Making" a thumb is a case in point. The elements which constitute a thumb and which we would aim for in pollicisation are:

1. expandable first web
2. opposable digit
3. stable pillar
4. acceptable length
5. cosmetic/appearance resembling a thumb

These elements can be achieved, BUT we often complicate matters by trying to reconstruct/simulate so called normal anatomy doing intricate soft tissue gymnastics, and in the process cause macro- and especially micro-tissue damage which inevitably ends in scar tissue, and suboptimal function



Just some thoughts!
Ulrich

Prof Ulrich Mennen
Editor, IFSSH Ezine
Past-President, IFSSH

Cadaveric Human Specimens for your Medical Research, Training or Educational Needs

When it comes to medical research, development and surgical training, experts agree that the use of human tissue is far safer and superior to textbooks, computer simulations or artificial substitutes. In the field of hand surgery, many advancements, including the world's first pediatric bilateral hand transplant, can be attributed to hours of research, training and practice using cadaver tissue.

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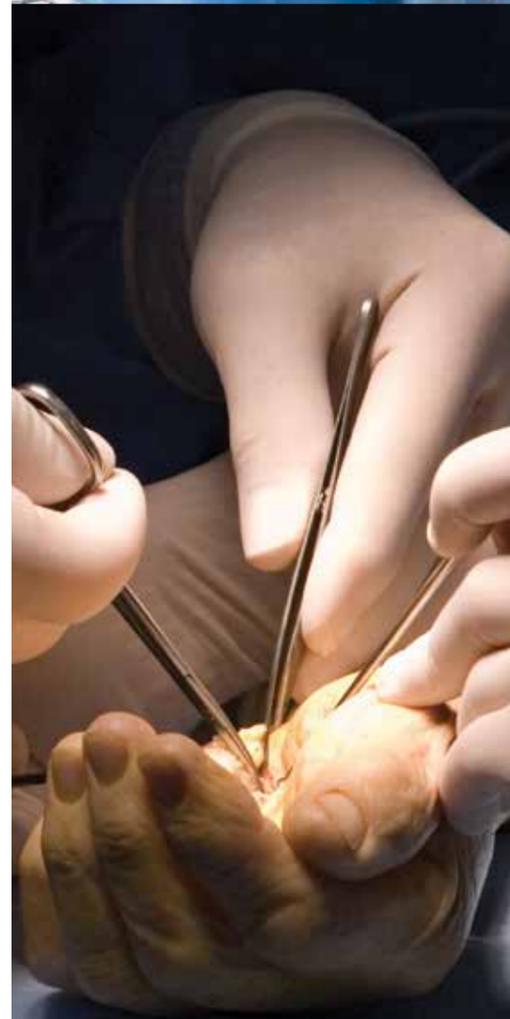
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IFSSH Congress, Buenos Aires, 2016

Presidential Address: 25 October 2016

Marc Garcia-Elias is a gracious man. From the IFSSH history he has just presented, he excluded mention of the role of Secretaries-General and the Secretariat. Many who have filled the Secretary-General position have climbed down the ladder to the position of President, which I currently hold. Nevertheless, the Secretary-General and the Administrative Assistant, Belinda Smith for the last 10 years, form the engine room of the IFSSH.

On our 50th birthday, I too would like to reflect on history and its importance to the present and the future.



Figure 1

I have chosen two men, both of whom have been honoured as Giants of our Federation, to link our past with today. They represent all giants. Their contributions are neither greater or less than those of others. However, both were outstanding men with many similarities and fascinating stories.

Casseri (inducted as a giant of hand surgery at this meeting) was of the 16th and early 17th centuries (Fig. 1). He began his medical career at Padua University under the guidance of Girolamo Fabrici D'Acquapendente, lecturer of anatomy and surgery. I am grateful to Antonio Landi for the following details of his life. Although cadaveric dissections were legal in Italy from the 15th century, availability of cadavers was limited. Casseri created a network of procuring bodies with the connivance of clergymen and gravediggers. Students assisting in this questionable practice were officially appointed to the task and were called 'Massari dell' Anatomica' – the farmers of anatomy.

The dissections of Casseri preceded the first lesson of anatomy given by Nicolas Tulp to the Surgeons' Guild of Amsterdam in 1632, immortalised by the painting of Rembrandt. He gained respect and regard from students and their faculties. His teacher, Fabrici, was less highly considered by some foreign students and faculties as he had concluded that German students would never be able to pronounce Italian terminology well because of their anatomical differences. Similar racial prejudices are in place in our troubled world today. Has history taught us nothing?

Casseri published three anatomical texts. Drawings of some of his dissections include muscles of the neck and back; the musculo-cutaneous nerve; the first recognition of the separate origins of ECRL and ECRB, allowing our use today of one or the other as a tendon transfer; the lumbrical muscles of the hand; and a drawing common to many great anatomists, indicating a fascination with the fascia of the hand.

I referred yesterday to the quotation of Casseri that Augusto Bonolo, the first President of the Italian Hand Surgery Society, founded in 1962, chose to accompany the Society logo:

Rimatur manus apter manum...mens erue mentem

The skilful hand of the surgeon dissects the hand... the mind supports its comprehension

Emanuel Kaplan was inducted as a 20th century IFSSH giant of hand surgery in 1986 (Fig. 2). He too was a formidable anatomist and surgeon. Born in the Ukraine, he attended undergraduate studies at the University of Montpellier and trained in medicine in Paris and at the Medical Faculty of Kharkov Imperial University, the first higher medical educational institution in the Ukraine.



Figure 2

Following graduation in 1916 he was required to serve in the Imperial Russian Army. During the Russian revolution of 1917 he was captured by the Bolshevik Red Army and forced to work as a physician. Recaptured by the White Army, he was to be executed as a traitor, but was spared as his medical services were too valuable. These were not pretty wars. None are. Picasso's Guernica is perhaps the supreme artistic emotive depiction of the horrors of war. However, the hand and upper limb injuries which followed such conflicts necessitated the establishment of specialised hand and upper limb treatment centres, initially in the United States during the 2nd World War, under the direction of Sterling Bunnell. Emanuel Kaplan played no small role.

Following the Russian Civil War, he had worked as a physician and interpreter (he spoke five languages fluently) for the American Relief Administration. Its programme director was Herbert Hoover, who was to become the 31st President of the United States. Hoover was so impressed with Kaplan that he encouraged the young man to emigrate to the USA in 1924.

Emanuel Kaplan trained at the Hospital for Joint Diseases in New York, where he remained in various capacities for his entire career. This building was established in 1924, the year of Kaplan's immigration. The times were such that I doubt that he consorted with gravediggers. However, he was a superb comparative anatomist, conducting dissections on animal specimens at the Museum of Natural History and the Bronx Zoo in New York; and on human specimens

at Columbia University. He translated Duchenne's 'Physiology of Motion' (1867) from French, and Weitbrecht's 'Syndesmology' (1742) from Latin, and wrote two outstanding anatomical texts 'Functional and Surgical Anatomy of the Hand' and 'Surgical Approaches to the Neck, Cervical Spine and Upper Extremity', which remain beautifully instructive.

Some of the drawings from Functional and Surgical Anatomy of the Hand include: the fascia of the digit, taken from Weitbrecht's text; Kaplan's Cardinal line

from which surface markings of anatomical structures can be identified; anomalous anatomy such as an accessory abductor digiti minimi and the Riche-Cannieu junction; and, of course, the fascia of the hand.

Kaplan taught that 'There is no surgery without anatomy. It is anatomy that is all'.

Ladies and gentleman, colleagues and students, a solid understanding of history has long been the best guide to understanding the present and anticipating the future. These two men were not only surgeons and anatomists, they were our teachers.

My immediate teachers were, amongst others, Frank Burke from Derby in the UK, and Graham Lister and Harold Kleinert from Louisville in the United States (Fig.3). All are familiar figures in the hand surgery



Figure 3

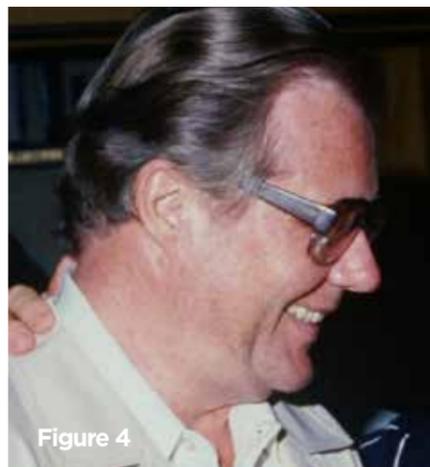


Figure 4

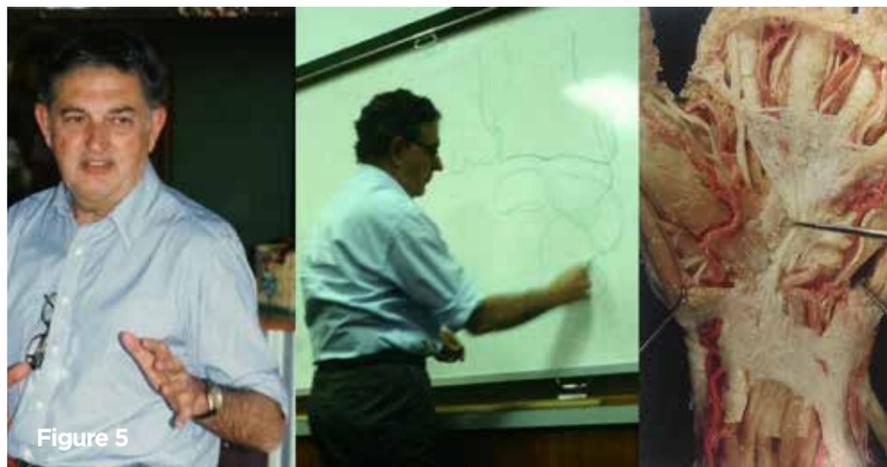


Figure 5



Figure 7

world. However, we do not need to be giants or pioneers to teach. My passion for hand surgery and anatomy was inspired by Bill Lennon, an Australian Orthopaedic Surgeon unknown to most of you. I am forever grateful to him. Others who have influenced me are Dieter Buck-Gramcko from Hamburg in Germany (Fig.4), who along with Graham Lister, ignited an interest in congenital hand surgery; Paul Brand, whose explanations of the mechanical properties of muscles have allowed us to match tendon transfers to the function which has been lost. Those of ECRL and ECRB, for instance, differ significantly and have differing indications for use as tendon transfers- I return you to the dissections of Casserius. Eduardo Zancolli Senior is the Patron of this Congress which celebrates our

50th birthday. Simply put, he is one of my surgical heroes. He too, has produced superb dissections of the fascia of the hand (Fig.5).

“ I have learnt that first I must learn and then teach ”

May I indulge myself by relating a short story? As a young man, Frank Burke invited me to stay at his house during the week of the annual Derby Hand Course in the UK. The other guests were Eduardo Zancolli

and Dieter Buck-Gramcko. What a marvellous opportunity to learn from these men, impressing them with my knowledge, over breakfast and during garden walks. In reality, I listened, spellbound. Literally, at the feet of Gods. Coincidentally, the World Cup of football was underway at the same time and England had been knocked out of the tournament by a highly questionable Maradona goal. It was the hand of God, explained Maradona after the match. I still do not know how Eduardo Zancolli managed to perform this miracle.

We are as our teachers taught us. We have a responsibility to teach those who follow us.

The IFSSH has a specific role. We have 55 member societies.



Figure 6

Our teaching takes many forms: congresses, instructional courses, workshops, assistance to attend educational meetings, provision of resources and equipment.

The IFSSH Ezine, under the direction of Ulrich Mennen, offers hand surgery education, society news and the distribution of IFSSH scientific reports, at no cost to its readers. Recent instructional courses that we have supported include those in India, Hungary and Cambodia (Fig. 6). We are pleased to assist the educational activities of our hand therapy colleagues.

On a personal note again, may I relate one or two imperfect observations of my own involvement in overseas work. I have asked myself these questions: What is my purpose? Who benefits? Do I achieve my intent? I have learnt to be wary of personal opinions which are based on one's own culture or one's perceptions of other cultures. An unavailability of optimal post-operative care may preclude sophisticated reconstruction of

complex problems. An appreciation of specific social needs may demand intervention, such as for a bilateral radio-ulnar synostosis in severe pronation, which interferes with effective use of the hands for those eating with chopsticks from a bowl (Fig. 7).

In short, I have learnt that first I must learn and then teach. The concept contained in the words of this oft repeated adage remains insightful: "give a man a fish and you feed him for a day; teach a man to fish and you feed him for life".

In a world in which many despair at continuing conflicts, we have in common our passion for hand surgery. We have a responsibility to put aside differences, selfishness and self-aggrandisement; to assist those who are less fortunate; to reach out with our heads, hearts and hands to teach others and improve ourselves.

Ladies and gentleman it is a grand time to celebrate our 50th anniversary in Buenos Aires.



Michael Tonkin
President : IFSSH
Deputy Editor: IFSSHazine

IFSSH: A sailing ship propelled by the power of generosity

Presented by Dr. Marc Garcia-Elias, Secretary-General of the International Federation of Societies for Surgery of the Hand (IFSSH) as part of the celebration of the 50th Anniversary of the foundation of the IFSSH

Buenos Aires 25 October 2016

If our Federation was a ship, it wouldn't be a huge cargo propelled by powerful engines, but a light sailboat driven by the unconditional, tenacious generosity of those who believed on it. Would the cargo option be wrong? No, but, after 50 years of sailing, the second option appears to be the right one. What follows attempts to explain why.

The International Federation of Societies for Surgery of the Hand was founded in Chicago 50 years ago. The Charter was signed on January 20th, 1966, during the 21st annual meeting of the American Society for Surgery of the Hand, under the presidency of Dr. Arthur J. Barsky.

It was a cold Thursday morning, not too windy, and no precipitations expected when the IFSSH founding fathers met to sign the first IFSSH

bylaws. Chicago had grown a lot in the previous years, but its skyline was not yet as impressive as it is now. In fact, the tallest building that year was the Richard J. Daley Center and had only 32 floors.

The IFSSH was born the same week, and not too far from where Dick Klein, a businessman from Iowa, founded the Chicago Bulls. Also from 1966 are Truman Capote's acclaimed novel "In Cold Blood", Simon and Garfunkel's recording of "Sounds of Silence" Elisabeth and Taylor's masterful performance in "Who's afraid of Virginia Woolf?"



Figure 1

Two years before, on January 1964, Bob Dylan had released his third studio album "The Times They Are a-Changin". When the founding fathers met, some of those predictions had started to take effect. The times were changing in many unexpected ways. Cultural diversity, for instance, no longer was regarded as a problem, but as an opportunity. No more boundaries, no more prejudices, most demonstrators shouted fearlessly in rallies against Vietnam war or racial discrimination. The times had

changed and the new open-mindedness was perfect for the IFSSH to grow; and that was exactly what happened: the IFSSH grew rapidly from 8 members in 1966 to 56 members now.

The first to be congratulated for the birth of our federation are the 8 prominent hand surgeons that signed the first bylaws of our federation on behalf of their national societies. Let's remind their names: Dr. Augusto Bonola signed for the Italian Hand Society; Dr. Takefumi. Morotomi for the Japanese Hand Society; Dr. Arthur J. Barsky for the American Society for Surgery of the Hand; Dr Hugh Graham Stack, for the British Club for Surgery of the Hand; Dr. Nils Carstam for the Scandinavian Hand Club; Dr. Dieter Buck-Gramcko for the German Speaking Hand Club; Dr. Alipio Pernet for the Brazilian Society for Surgery of the Hand, and Dr. Raoul Tubiana for the French Society for Surgery of the Hand. (Figure 1) Yes, they were the true godfathers of our Federation, the ones who took the risk of deciding what was next.

Rotterdam 1980: First International congress of the IFSSH

The Federation was founded in 1966, but it was not until 1980 that the membership decided to organize a congress every three years (Table 1) It's not clear why it took so long to decide that, but certainly, the first meeting was very

1 st	Rotterdam The Netherlands	16-20 June 1980
2 nd	Boston Massachusetts, USA	16-21 October 1983
3 rd	Tokyo Japan	3-8 November 1986
4 th	Tel Aviv Israel	9-14 April 1989
5 th	Paris France	25-28 May 1992
6 th	Helsinki Finland	3-7 July 1995
7 th	Vancouver Canada	24-28 May 1998
8 th	Istanbul Turkey	9-15 June 2001
9 th	Budapest Hungary	13-17 June 2004
10 th	Sydney Australia	11-15 March 2007
11 th	Seoul Korea	31 Oct - 4 Nov 2010
12 th	New Delhi India	4 - 8 March 2013
13 th	Buenos Aires Argentina	24-28 October 2016

Table 1 Congresses

successful, .. and also the second in Boston , , ,and the third in Tokyo, ... and in Tel Aviv, in Paris, Helsinki, Vancouver, Istanbul, Budapest, Sydney, Seoul, New Delhi, and now Buenos Aires....they all would be successful. Thirteen congresses, 13 worth-the-trip experiences, with its pluses and minuses, but all would be enjoyable and highly educational.

The First IFSSH Congress convened on June 16, 1980, in the facilities offered by the Erasmus University of Rotterdam. It was organized by Professor Jacques van der Meulen from the Netherland Society for

Surgery of the Hand.¹ At that time, the president of the IFSSH was Bernard O'Brien and the Secretary-General, Alfred Swanson. If we take into consideration that all communications had to be done by surface mail, we must admit that what they achieved was really outstanding. Indeed, gathering under one single roof, all past-presidents of the IFSSH, was almost a miracle. (Figure 2) Of course those past-presidents were not regular people with plenty of time to spare. They all had big names with busy agendas. How come they all decided to attend that meeting? The only explanation



Figure 2

Tubiana Moberg Swanson O'Brien Stack Pulvertaft Buck-Gramcko Tajima



Figure 3

to that question can be found in their unconditional love for our specialty. They believed on it. Their commitment was waterproofed, without deadlines.

From that meeting there is also another interesting photograph. (Figure 3) It was probably taken during a break. Interestingly enough, 29 out the 150 attendees that appear in that picture would eventually be awarded as "pioneers" of hand surgery, that is, hand surgeons who contributed substantially to the development of our specialty all over the world. Certainly, the breeding ground generated in that meeting was outstanding. No wonder our Federation grew up so healthy after that.

Anecdotally, it was in that meeting that the logo of the IFSSH was presented. It had been designed by Dutch artist Kees DeVries from Erasmus University

Presidents of the IFSSH:

Admittedly, a ship is not a good ship without a good captain. We must acknowledge that the IFSSH has had the best. (Table 2) Seventeen presidents, seventeen fascinating biographies. At a glance, they all look different; at a glance, you would say they are all different. But they are not. They have something in common: they

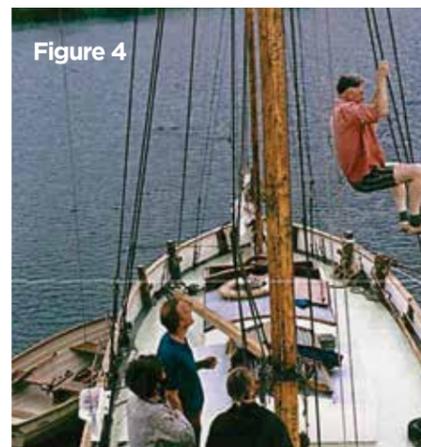
are all generous people. When asked for help, they all said "Yes". They could have said "No way, I am too busy now". And it would be true, but their generosity prevailed over common sense. Erik Moberg is a good example of that. Let's see his case.

Erik Moberg	Sweden	1968-1969
Robert Guy Pulvertaft	United Kingdom	1969-1971
Raoul Tubiana	France	1971-1973
Dieter Buck-Gramcko	Germany	1973-1975
Tatsuya Tajima	Japan	1975-1977
Hugh Graham Stack	United Kingdom	1977-1979
Bernard McC. O'Brien	Australia	1979-1983
Alfred B. Swanson	USA	1983-1989
Douglas W. Lamb	United Kingdom	1989-1992
Robert M. McFarlane	Canada	1992-1995
Giorgio A. Brunelli	Italy	1995-1998
Yasuo Yamauchi	Japan	1998-2001
Guy Foucher	France	2001-2004
Arlindo G. Pardini Jr.	Brazil	2004-2007
James R. Urbaniak	USA	2007-2010
Ulrich Mennen	South Africa	2010-2013
Michael Tonkin	Australia	2013-2016

Table 2 Past- Presidents

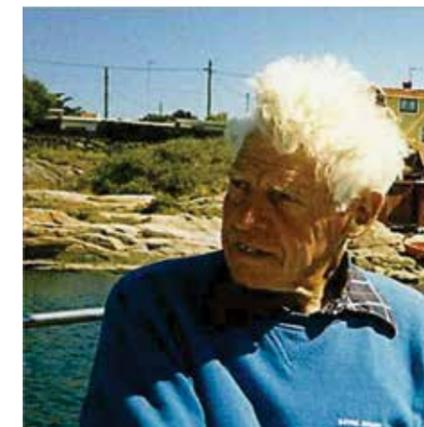
Erik Moberg, first president of the IFSSH

When he was asked to serve as the first President of our federation, he had many reasons to say no. He was very busy!. He was in the process of setting the standards for hand sensory testing. He needed time! He needed help, He didn't need a federation to look after,... And yet, he said yes! And that yes would have an impact on his other beloved leisure activities: his collection of butterflies, his archeology books, his weekly tennis session, his beautiful sunsets from his small summer house, north from Gothenburg; and what's even worse: that yes would have also an impact on how many hours would he be able to be on board the Gefion, that old fishing boat that he had reconditioned to sail the shores of the North Sea, with his friends, this including many hand surgeons visiting him. (Figure 4).



Indeed, he adored sailing. He was truly a viking in the 20th century. He didn't care much about money or expensive cars. Sailing was

his life. The pictures taken by his close friend Carl Gorand Hagert (Figures 5-6) show him at age 85



still enjoying himself on the cold waters of North Gothenburg. How could Erik Moberg trade a beautiful sunset in the Baltic sea for a three-day-long IFSSH meeting?

Generosity

What reasons had all past-Presidents to waive part of their free time to be with us? The only answer to that question is: generosity. If these gentlemen had decided not to be involved, nobody would have questioned them. They were busy enough. If Graham Stack would have had turned down the

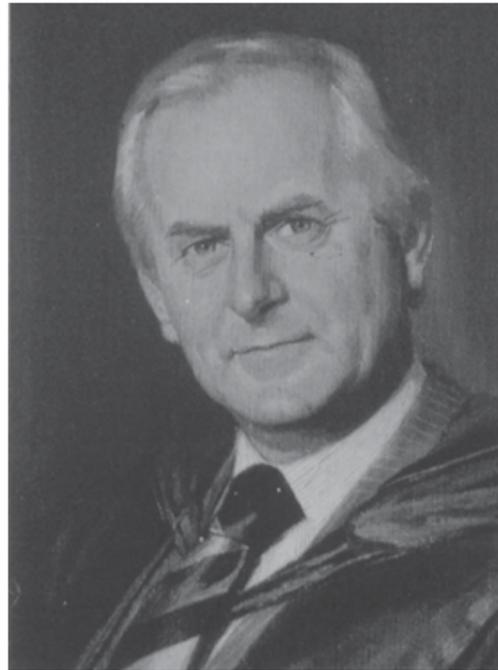
IFSSH offer, he could have spent more time wood-carving, one of his passions. If Alfred Swanson had said no to IFSSH, he could have dedicated more time fighting deforestation, one of his major commitments. If he had stay home, Douglas Lamb could have watched more cricket games, and Guy Foucher could have enjoyed the winds of the Canary Islands more often than he did. But they all have been generous people. Great people who believed on helping other people. Generous hand surgeons who said "yes" to what this federation stands for. We have been fortunate to have them on board. And that's what we are celebrating these days

Winston Churchill once said: We make a living with what we get, but we make a life by what we give. Our presidents gave us a lot. Long life to them and long life to our federation!



Marc Garcia-Elias
Secretary-General, IFSSH
Email: secretary@ifssh.info

BERNARD McCARTHY O'BRIEN (1924-1993)



Bernard O'Brien was born in Melbourne, Australia on Christmas day, 1924, the second of five boys.

Bernard was educated at Xavier College, Kew, where he was football captain and a member of the athletics team as well as taking part in many other school activities.

At Melbourne University Bernard continued his multifaceted career combining a science degree with the medical qualifications and graduated Bachelor of Science, 1948, Bachelor of Medicine and Bachelor of Surgery, 1950. He was captain of the university athletic team and champion in pole vault and javelin.

Post-graduate education commenced at St Vincent's Hospital where he remained in various positions for the rest of his working life, apart from those periods spent overseas in surgical training. Having taken the Master of Surgery degree from the University of Melbourne in 1955 he proceeded to England as the Nuffield Dominion Clinical Assistant

in Plastic Surgery at the University of Oxford and took the Fellowship of the Royal College of Surgeons of England in that same year. A particular interest in Hand Surgery became apparent and was reinforced following a period spent with John Barron at Salisbury. In 1959 a position as Chief Resident at the Roosevelt Hospital, New York with Dr Littler confirmed this devotion to Hand Surgery which stayed with Bernard all his life.

Upon returning to Melbourne in 1960, Bernard commenced general plastic surgery practice in private practice and with an appointment to St. Vincent's Hospital. He immediately commenced research at first into tendon healing and then into the development of microsurgical techniques. The research endeavours by him at that time were quite unusual in Australia, where research had been mainly within academic institutions. To enable the laboratory work to continue it was necessary to develop the Microsurgery Foundation and it was with this endeavour that Bernard displayed his organizational and administrative genius. The Microsurgery Foundation has drawn together a group of hard-working and philanthropic community leaders who have been able to provide funding for the building of the superb microsurgery laboratories and to help with the on-going budget.

More than 120 research fellows from 30 different nations have worked in the Microsurgery Centre. Many of these surgeons have returned to their home countries to become instrumental in the development of reconstructive microsurgery.

Bernard was a founding member of the Australian Hand Surgery Society in 1972, and became an overseas member of the British Society for surgery of the Hand in 1973. In 1976 he was made a corresponding member of the American Society for Surgery for the Hand and in that same year Chairman of the Committee on Microsurgery of the International Federation of Societies for Surgery of the Hand. In 1979 he was president of the Australian Hand Surgery Society and through his endeavours Melbourne was selected for the International Congress of Hand Surgery. In 1981 he was Chairman of the Sixth Symposium of the International Society of Reconstructive Microsurgery which was also held in Melbourne.

Bernard O'Brien was honoured by many of the senior Surgical Societies in the world and spent a great deal of time as visiting Professor or guest lecturer, displaying the results of the emerging speciality of microsurgery. No country was too remote for Bernard to visit and no surgical society or hospital too small to be recognised by him or to interest him. He was completely devoted to the development of reconstructive surgery with particular emphasis on the place of microsurgery.

His contributions to the community were recognized in 1982 when he was made companion of the most distinguished Order of St Michael and George and in 1991 companion of the Order of Australia which is the highest award given by the State to an Australian citizen. Of the many honours bestowed upon him Bernard was particularly pleased to be named Victorian of the year in 1992 and to be given the Advance Australia award for outstanding achievement in the field of medicine in 1993. The Royal Australasian College of Surgeons bestowed the Sir Hugh Devine Medal in 1993; this is the highest award that the College bestows during a Fellow's lifetime. Bernard had served 12 years on the College Council.

He was also president of the Federation of Surgical Colleges, the Pan-Pacific Surgical Association, the International Society of Reconstructive Microsurgery as well as the International Federation of Societies for Surgery of the Hand (IFSSH).

Bernard O'Brien deserves without any doubt the title bestowed on him: "Pioneer of Hand Surgery" which was awarded during the 6th International Congress of the IFSSH in 1995 in Helsinki, Finland.

(Adapted from the Obituary by Allan MacLeod which appeared in the JHS Vol 19B No 3 p403)

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ALIPO PERNET

(1913-1992)



Alipio Pernet was born in Manaus, Brazil, on 3 June 1913. He graduated at the Medical School of Salvador, Bahia in 1936 as a general surgeon. In 1942 he joined the Brazilian Air Force medical staff and worked in the Air Force Hospital in Rio de Janeiro. In 1944, he did his training in the

Plastic Surgery Service of Santa Casa de Misericórdia de São Paulo, Service of Dr. J. Rebelo Neto. From 1945 - 1949, he served as a volunteer assistant of the Plastic Surgery Service of the Santa Casa de Misericórdia of São Paulo. In 1949 he returned to the Air Force Hospital. For his performance, he was awarded an internship in the Plastic Surgery Service at the "Brooke Army Hospital", with a scholarship offered by the United States Air Force, during the Korean War. At the end of his internship, the following comments were made by Colonel Bernard N. Soderberg, MC Chief Plastic Surgery: "Pernet is superior, hardworking, persistent and extremely interested in his work, able in all branches of the surgical division. He is alert and obviously well trained."

He conducted study trips to Plastic Surgery and Reconstruction services in the United States, visiting the following surgeons: J.B. Brown, Barnes Hospital, St. Louis; Neal Owens Clinic, New Orleans; James T. Mills, Dallas and William Frackleton, Milwaukee, as well as the Hand Surgery Services of Michel Mason, Sumner Koch and Harvey Allen, at Northwestern University, Chicago. Back in Brazil, he created the Hand Surgery Service at the Hospital do Servidor Público de São Paulo. This Hand Surgery Service is one of the Training Centres of Brazilian Society of Hand Surgery.

In 1959 he visited to the Plastic Surgery Service of Dr. J. Gama in the Military Hospital in Madrid, Spain. In the same year he visited Dr. Boyes in Los Angeles and the Stirling Bunnell Clinic, under the guidance of Dr. J. Howard Jr. in San Francisco.

In 1962 he visited the Service of Plastic Surgery and Reconstruction under the guidance of Dr. William Littler, Roosevelt Hospital, New York, N.Y., U.S.A. He was president of the Brazilian Society of Plastic Surgery in the triennium 1956-59 and in the biennium of 1961-1962. He was President of the IInd and III Brazilian Congress of Plastic Surgery.

He was President of the Latin American Society of Plastic Surgery and President of the IXth Latin American Congress of Plastic Surgery. He was president of the Brazilian Society of Hand Surgery for two terms (in 1966-67 and 1972-73) and president of the Brazilian Congress of Hand Surgery. Pernet served on the International Council of Governors of the International College of Surgeons and Editor of the Journal of the International College of Surgeons.

He has published several scientific papers. He died in São Paulo in April 1992. Dr. Pernet was one of the eight founding fathers of the IFSSH, representing the Brazilian Society for Surgery of the Hand. For his pioneering work in Hand Surgery, particularly in Brazil and in South America, the IFSSH has honoured Alipio Pernet with the title "Pioneer of Hand Surgery" at the 6th International Congress in Helsinki, Finland in 1995.

Carlos Henrique Fernandes

Proximal Interphalangeal Joint Dorsal Dislocation Injuries



John Avery, OTR/L, CHT

The proximal interphalangeal joint (PIPJ) is a stable hinge joint of the hand.² There is a myriad of activities performed throughout the day that would apply significant force to the articular and ligamentous structures of the PIPJ.² PIPJ dislocations can occur dorsally, volarly, as well as laterally.⁷ Dorsal dislocations are by far the most common and associated injuries may include damage to the collateral ligaments, avulsion fractures and intra articular fractures. These associated injuries can lead to chronic joint contracture, degenerative arthrosis, pain and edema, which may impair functional use of the hand.^{4,6-8} With close monitoring of the PIPJ to ensure its concentric reduction and stability are not compromised, early initiation of motion can be done safely; one of the essential components of successful intervention.⁸

Injuries to the PIPJ due to hyperextension may result in rupture of the volar plate, most

typically at its distal end where it inserts onto the proximal volar base of the middle phalanx.⁶ Depending upon the severity of the injury, the trauma may involve the volar plate avulsing a fracture fragment from the base of the middle phalanx, damage to the collateral ligaments, and the middle phalanx dorsally dislocating onto the head of the proximal phalanx.⁴

PIPJ dorsal dislocation palmar lip shear fractures can occur with axial loading of the base of the middle phalanx against the head of the proximal phalanx with the PIPJ in flexion. Consequently, up to 80% of the articular surface of the base of the middle phalanx may fracture and shear off.⁴

The percentage, including anterior to posterior width, of the fractured articular surface in PIPJ palmar lip fractures is directly related to the dorsally directed stability of the PIPJ and has been classified by Kiefhaber, T. R., & Stern, P. J.⁵ as follows:

- **Stable:** Palmar lip fractures that include less than 30% of the articular surface including the anteroposterior width and the reduction of the PIPJ is able to be maintained in a position of extension.
- **Tenuous:** Palmar lip fractures that include 30% to 50% of the articular surface including the anteroposterior width and maintaining the reduction of the PIPJ requires less than 30 degrees of flexion.
- **Unstable:** Palmar lip fractures that include greater than 50% of the articular surface including the anteroposterior width, or that include 30% to 50% of the articular surface including the anteroposterior width and maintaining the reduction of the PIPJ requires greater than 30 degrees of flexion.

According to Gallagher, K. G., & Blackmore, S. M.³, goals for management of PIPJ injuries include:

- Edema reduction
- Wound closure and infection prevention
- Joint stability and fracture healing
- Restore joint range of motion
- Pain management
- Increase strength and function
- Independence with home program

Management of stable injuries:

- PIPJ dorsal dislocations and dislocation fractures that do not allow hyperextension and are stable throughout their entire range of motion (ROM), can be treated with buddy taping (Figures 1 & 2) to an adjacent finger at the proximal and middle phalanges for 2 to 4 weeks.^{3,4} If hyperextensibility of the PIPJ is noted, an extension block orthosis such as a figure-

of-eight (Figures 3 & 4), hand based or finger based orthosis (Figures 5 & 6) that limits the final 10 to 15 degrees of PIPJ extension while allowing unrestricted flexion for 2 to 4 weeks may be desirable to allow for healing of the volar plate and collateral ligaments while reducing the risk of a swan neck deformity.^{3,4} It is imperative with PIPJ dorsal dislocations and fractures that

the joint is closely monitored to ensure that the fracture fragment alignment is not lost, subluxation and dislocation of the PIPJ does not occur, and that if an orthosis is utilized, it is at the desired angle.⁴

- PIPJ dorsal dislocations and dislocation fractures of the palmar lip that involve less than 30% of the articular surface including the anteroposterior width of the base of the middle phalanx that remain stable throughout the full arc of motion up to the final 25 degrees of extension and have not received surgical intervention may be treated with early active motion utilizing a finger or hand based PIPJ extension block orthosis for 3 to 4 weeks that allows full active PIPJ flexion and blocks the final 30 degrees of extension or as directed by the physician.⁶ ROM exercises should continue after wear of the orthosis has ceased.⁶

Management of tenuous injuries

- PIPJ dorsal dislocations with palmar lip fractures that involve 30% to 40% of the articular surface of the base of the middle phalanx, although typically unstable in extension, may remain stable when placed in flexion due to the collateral ligaments that remain attached.⁷ If the PIPJ demonstrates stability with

less than 30 degrees of flexion, treatment may include use of a PIPJ extension block orthosis and early active motion within the limits of the orthosis, with gradual increase in the amount of extension over the following weeks.⁷ Application of a finger or hand based orthosis for up to 4 weeks which limits PIPJ extension and allows unrestricted flexion may be appropriate (Figures 5, 6).³ The amount of PIPJ extension to be limited by the orthosis is decided by the physician and based upon the amount of flexion necessary to maintain PIPJ stability.³

Management of unstable injuries

- If greater than 25 to 30 degrees of flexion is required to maintain a concentric reduction, or if instability of the PIPJ is demonstrated, surgical intervention is necessary. Surgical options may include percutaneous pinning with Kirshner wires across the fracture site, extension block pinning, volar plate arthroplasty

or hinged external fixation and dynamic traction.^{4,6} Depending upon the stability of the reduction and surgical intervention performed, early active motion can be initiated. Upon removal of the percutaneous pins or external fixator, a figure-of-eight (Figure 3) or dorsal blocking splint (Figure 5) may be necessary to prevent PIPJ hyperextension and provide stability while allowing motion within the protected range.³

- PIPJ dorsal dislocation fractures which involve greater than 40% to 50% of the volar articular surface of the base of the middle phalanx are prone to dislocation due to the severity of collateral ligament damage and loss of the articular support.⁶ Surgical options may include those previously mentioned, as well as open reduction and internal fixation with screws, bone grafting and plating to rebuild the palmar buttress of the base of middle phalanx



Figure 1 & 2: Buddy tape and Buddy tape with active flexion



Figure 3 & 4: Figure-of-eight with active extension and Figure-of-eight orthosis with active flexion



Figure 5 & 6: Finger-based PIPJ extension block and Finger-based PIPJ extension block with flexion



Figure 7 & 8: Hand-based extension block and Hand-based extension block with active flexion

and thereby provide support against dorsal dislocation.^{5,7} A hand-based orthosis may be utilized for up to 4 weeks with MPJs placed at 70 degrees of flexion, PIPJ position as prescribed by physician or stabilized surgically, and distal interphalangeal joint (DIPJ) in extension (Figures 7 & 8).³ Therapy for PIPJ active range of motion (AROM) will vary depending upon surgical intervention provided and PIPJ stability.³

- PIPJ dorsal dislocations that involve comminuted fractures encompassing more than 50% of articular surface may be surgically repaired with a hemi-hamate arthroplasty.¹ Through restoration of the cup-shaped volar articular surface of the base of the middle phalanx with a single piece of grafted bone and articular cartilage harvested from the dorsal distal half the hamate, the architectural stability of the PIPJ may be sufficient to tolerate active motion within 0 to 2 weeks utilizing a finger-based PIPJ orthotic blocking the last 20 to 30 degrees of extension while allowing full active flexion.^{1,3,5,8} During the 3rd to 4th post-operative weeks, the amount of PIPJ extension limited by the orthosis may be increased to blocking only full extension.³

Progressive strengthening with PIPJ dorsal dislocations and fractures is to be initiated at 8 weeks.³ However, with all therapeutic timelines, including initiation of ROM and weaning from splinting, initiation of functional use and progressive strengthening exercises will depend on the stability of the PIPJ and healing of the fracture.³

Acknowledgements

I would like to thank Rebecca Saunders for her editorial review and valuable feedback which helped to strengthen this article. I would also like to thank my wife, Chelsy Avery, for her support with the writing of this article and allowing me to photograph her hand for most of the included figures.

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10TH IFSHT TRIENNIAL CONGRESS: BUENOS AIRES, ARGENTINA

2016-2019 EXECUTIVE COMMITTEE

Six therapists have volunteered to lead IFSHT in the coming three years. Left to right below are Nicola Goldsmith (UK), President Elect; Maureen Hardy (USA), Secretary General; Sarah Ewald (Switzerland), Past-President; Anne Wajon (AU), President; Peggy Boineau (USA), Treasurer and Cecilia Li (Hong Kong),



Information Officer. The Information Officer replaces the previous position of Historian. Contact details for all EXCO members can be found at www.ifsht.org.

IFSHT CONGRESS PROGRAM

Congratulations to Beatriz Inés Piso (AR), local organizing committee chairperson, and her committee for a successful IFSHT Triennial Congress which saw 362 therapists registered. Ms. Piso worked closely with



From left: María Cristina G. de Conti, María Agustina Dávalos, Marcela Beatriz Juárez, Sandra Frigeri, Denise Conterjnic & Beatriz Inés Piso with Sarah Ewald

Information Officer. The scientific program co-chairs, Sarah Ewald (Switzerland) and Birgitta Rosén (Sweden), worked with a committee of 17 therapists from around the world to develop a hugely successful program in Buenos Aires. The program included 92 invited presentations, 48 free papers and 35 E-posters. Abstracts of the free papers have been published in the journal *Hand*, Vol. 11, Supplement 1, Sept. 2016. IFSHT attendees in Buenos Aires could choose between 21 topic based sessions, 5 free paper sessions and 10 workshops or

could attend any of the IFSSH sessions. Translation from English to Spanish was available in the main auditorium.

SILENT AUCTION

Sandra Frigeri (AR) and her team of 24 volunteers organized the bidding frenzy for 301 items donated by hand therapists from around the world. The money raised, USD 7,255, supports grants for speaker and therapist participation at the 2019 Triennial Congress in Berlin. Funds are awarded based upon financial need. If you missed successfully bidding on an item at the Silent Auction, you can donate to this worthwhile cause by choosing the 'donate' button on our website. Go to <http://www.ifsht.org/page/ifsht-silent-auctions>.



The bidding excitement drew a large crowd!

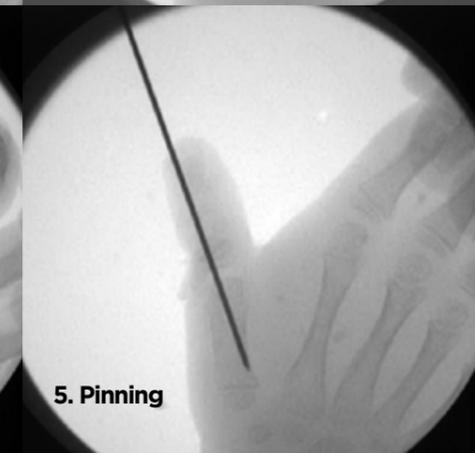
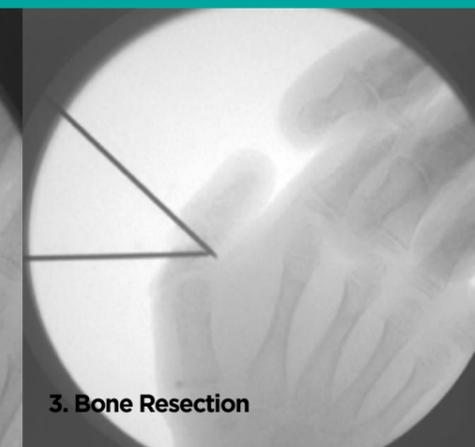
ing the 'donate' button on our website. Go to <http://www.ifsht.org/page/ifsht-silent-auctions>.

CRISTINA ALEGRI INNOVATION AWARD

Birgitta Rosén (Sweden) was awarded the inaugural Cristina Alegri Innovation Award in Buenos Aires. A blinded international evaluation committee recognized Ms. Rosén's innovative methods for early sensory reeducation. A summary of these methods were recently published in the IFSSH Ezine: http://www.ifssh.info/pdf/IFSSH_August_2016.pdf.



Anne Wajon, incoming IFSHT president, presents award to Birgitta Rosén



Tips for small bone osteotomy

Do you ever have difficulty in making precision osteotomy cuts for correction of angular deformity?

Here's a tip. In the example given, this five-year-old child has a 45° angle or deformity of the thumb. The thumb is on the right dominant hand and is long compared to the index finger PIP joint. A shortening osteotomy to improve positioning is surgically indicated.

Under general anesthesia, a digital block is performed. An upper arm tourniquet is utilized and a surgical prep is performed. Using a mid-lateral incision, the radial side of the thumb proximal phalanx is exposed. Subperiosteal dissection is carried out dorsal and volar surfaces of the proximal phalanx to protect extensor and flexor tendons. Two K-wires are placed in the coronal plane at a 45° angle as shown on the attached figure. The angle is verified on intraoperative C-arm and measured by goniometer.

Bone is resected completely using a fine rongeur or baby bone biter between the two K-wires to facilitate a precise closing wedge osteotomy. A bone bridge is left on the ulnar side of the phalanx as a hinge. Manipulation is used to close the wedge and straighten the thumb. Full bone apposition can be achieved. A K wire is placed longitudinally through the distal phalanx, proximal phalanx and into the metacarpal with the K-wire centered on the radial side to secure fixation. The skin is closed with resection of excessive skin. One month in a thumb spica cast followed by pin removal facilitates appropriate healing.

In a small area such as a pediatric phalangeal osteotomy, this technique avoids use of a saw or osteotomes, which is important for soft tissue protection of the flexor and extensor tendons in order to reliably improving patient outcomes. Hopefully this tip of using K wires to facilitate precise osteotomy cuts is helpful.



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Early History of Hand Surgery in The Netherlands

“Tous les arts sont frères”
“Chacun apporte une lumière aux autres”
Voltaire

When or why is a concept, movement or society born? It is never on a single day because a group of people suddenly feels creatively urged. Honestly, this would make a historian's task too simple. The answer, as we know, is far more complex and subject to individual interpretation.

Wars occur at the interface of chaos and order, where newly formed lives replace old destroyed ones. As a collateral effect, the needs of wartime wounded stimulate the development of new surgical techniques. The Netherlands remained neutral in World War I, only briefly served as a battlefield during World War II and suffered academic repression under the Nazi regime. These facts played an intricate role in its slower progress in hand surgery.

During and after World War I, working in Brunn, Vienna, Budapest and Berlin, the Dutch surgeon Jan F.S. Esser developed arterial flaps^{1,2} and epithelial inlay techniques, the bases for modern reconstructive surgery (Fig. 1a). His case report on “Reconstruction of a hand and four fingers by transplantation of the middle part of the foot and four toes” received worldwide attention.³

Before World War II, frequently referred to as “petite

chirurgie” or minor surgery, hand surgery was considered part of general surgery. Hand cases served as training material for the junior surgeon in the catacombs of a major hospital. Exceptionally, G. Criete became interested in the repair of tendons while training under Prof. Dr P.R. Michael at the “Zuidwal” Hospital in The Hague. Unfortunately, in 1946, he died in an accident before having the opportunity to defend his doctoral thesis on this topic.

Occasionally after the War, an intrepid surgeon with keen interest in intrinsic mysteries of the hand would attempt elevating treatment standards in his hospital by seeking further training under Prof. Marc Iselin in Paris. However, his efforts usually remained in vain, as for years many colleagues continued selecting finger amputation as the preferred treatment. Understandably, while wartime lapse in international communication hampered surgical advances in The Netherlands, years of post-war poverty favoured the development of important new specialties such as thoracic and peripheral vascular surgery at the expense of others such as orthopaedic surgery and urology.

In the late forties and early fifties, interest in hand surgery surged as small groups of Dutch surgeons who trained in plastic surgery in the United Kingdom returned to the Netherlands armed with new hand surgery techniques. Arriving first, C.F. Koch, J.C. Raadsveld and C.A. Honig founded the plastic surgery

specialty in Holland in 1950. Returning later, through their surgery, lectures and publications, J. Hage, A.J.C. Huffstadt, S. Woudstra and E. Frederiks pioneered the development of hand surgery (Figs. 1b-c). Huffstadt wrote his doctoral thesis on tendon grafting and Hage, on pollicisation. While organisation of hand surgery as a specialty in the Netherlands remained in an incubation stage until the mid-sixties, a number of surgeons made important individual contributions. Becoming aware of the social impact of hand lesions while training under Sir Archibald Mc Indoe, Raadsveld was the driving force in coordinating the care of hand patients in The Netherlands. Back in Rotterdam, he organised the first multidisciplinary hand team that included representatives of the surgical and rehabilitation departments, as well as socio-economic services (insurance companies and labour board).

In 1966, two events catalysed the formation of Dutch hand surgery organisations. First, on January 20, 1966, the foundation of the International Federation of Societies for Surgery of the Hand (IFSSH) in Chicago, encouraged a worldwide dissemination of knowledge, specialized training and organisation of regional societies. Second, on May 20 and 21, 1966, The Netherlands held its first formal hand surgery meeting, International Conference on Surgery of the Hand, at the Dijkzigt Hospital in Rotterdam. Jointly organised by the Dutch and Belgian Associations for Plastic Surgery, the meeting featured worldrenowned authorities who impressed the audience with the quality of their presentations (Fig. 2). Sharing his moving rehabilitation experiences with severe hand injuries in pilots of the Battle of Britain, Christopher (Kit) Wynn Parry represented the birth of hand rehabilitation.



FIGURE 1: Dutch surgeons who pioneered the development of hand surgery in the Netherlands include: A. Jan F.S. Esser; B. J.C. Raadsveld; C. J. Hage; and D. A.J.C. Huffstadt.

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FIGURE 2: INTERNATIONAL CONFERENCE ON SURGERY OF THE HAND

Organisation: Dutch and Belgian Associations for Plastic Surgery

Date: May 20 and 21, 1966

Place: Auditorium, Dijkzigt Hospital, Rotterdam (Holland)

Chairman: W.L. White (USA)

PROGRAM

FRIDAY, MAY 20

2.00 p.m.	Scientific Session	
	J.C. RAADSVELD (Holland)	- Introduction
	J.M.F. LANDSMEER (Holland)	- Functional anatomy of the hand
	J.D. MULDER (Holland)	- Contractures of the fingers caused by muscular imbalance
	M. BÄCKDAHL (Sweden)	- Rheumatoid arthritis and surgery of the hand

SATURDAY, MAY 21

9.30 a.m.	Scientific Session	
	J. POLUS (Belgium)	- The use of broken incisions in the treatment of Dupuytren's contractures
	R.P. HERMANS (Holland)	- Primary treatment of the burnt hand
	G. MATTON (Belgium)	- Reconstruction of the burnt hand
	S. HARRISON (England)	- Flexor tendon grafting
	G. STACK (England)	- Restoration of prehension in severely injured hands,
	S. WOUDESTRA (Holland)	- Reconstruction of the thumb
2.00 p.m.	Scientific Session	
	W.L. WHITE (USA)	- Practical considerations concerning dynamic function of the human hand
	A. PARKES (Scotland)	- Ischemic contractures of the hand
	C.B. WYNN-PARRY (England)	- Rehabilitation of the severely injured hand

After attending the 1967 meetings of the British Hand Club and Groupe d'Etude de la Main (GEM), Jacques van der Meulen became member of both prestigious societies. He presented his work on tendon healing at their London and Paris meetings in November 1968.⁴ Having the opportunity to meet and share information with many foreign colleagues, including a number of illustrious pioneers, stimulated the idea of developing a Dutch hand surgery organisation.

In the spring of 1968, following the Joint European Meeting of the American, British and French Societies in London, Oxford and Paris, Jacques van der Meulen initiated the foundation of The Dutch

Club for Surgery of the Hand with the support of Johan Landsmeer. Held on June 14, 1968, at the Dijkzigt Hospital in Rotterdam, the first meeting was attended by founding members, including A.W. Bom, E. Frederiks, J. Hage, H. Herschel, C.A. Honig, A.J.C. Huffstadt, J.D. Mulder, H.S.M. Raat, J.C. Raadsveld and S. Woudstra. The Club members represented various disciplines including anatomy, orthopaedic surgery, plastic surgery and rehabilitation.

The agenda of the first meeting addressed two proposals:

1. Schedule yearly informal meetings to discuss topics of mutual interest and determine the

viability of the Club. The set schedule included Rotterdam, March 3, 1969; Utrecht, September 9, 1969, and November 27, 1970; and Rotterdam, December 11, 1971.

2. Invite the American Society for Surgery of the Hand (ASSH) to include The Netherlands in its agenda for a Joint European Meeting with the Scandinavian Society for Surgery of the Hand in the spring of 1970.

Dr. Vinton Siler, ASSH President, whom van der Meulen met in 1968 at the joint European Meeting in Oxford, accepted the invitation. In order to coordinate the scientific program, van der Meulen visited Erik Moberg in Göteborg. He recalls, "We first met in his clinic, where much to my surprise an open stairway directly connected the operating room to the outpatient department below. Moberg said it was extremely efficient because he had never seen a microbe crawling upwards. Later Moberg took me to his small cottage on the edge of a seaside bay. The icy surface of the frozen water seemed to touch the foggy horizon. Moberg had to bend almost in half to enter his little cabin, but to me it was crystal clear... the tall man was in his element."

On May 3, 1970, following their meeting with the Scandinavian Society in Copenhagen, Malmö, Göteborg and Heinola, our colleagues from the ASSH arrived in Holland for a memorable joint meeting with the Dutch Club for Surgery of the Hand. The program included two days of scientific sessions separated by a free day of sightseeing.

On May 4, the group met in Leiden, home of the oldest university in the Netherlands and birthplace of the immortal Rembrandt. Held in Prof. Landsmeer's Department of Anatomy and Embryology at the University of Leiden, the outstanding session "The Anatomical Exploration of the Human Hand" included visits of the exhibits, presentations by department members and Landsmeer's anatomical demonstrations (Fig 3).

Incidentally, surrounded by "cream of the crop" physicians, the Great Anatomist received the well-deserved best care for his acute low back pain.

In his 1965 ASSH Founders Lecture, "The Anatomical Exploration and Functional Analysis of the Human Hand", Landsmeer clarified the pathomechanics of the boutonnière and swan neck deformities.

He explained the role of Weitbrecht's ligament in coordinating finger movements and its effect on the biarticular intercalated bone system following lesions of the extensor aponeurosis.⁵

He became the icon and anatomical guru for hand surgeons of those days. His Atlas of Anatomy of the Hand, published in 1976, further added to his fame.⁶

For his many contributions, Landsmeer received honorary memberships in the American, British, French and Dutch societies for surgery of the hand. In 1986, he received the honour of recognition as Pioneer in Hand Surgery at the Third International Congress of the IFSSH, held in Tokyo, Japan.⁷

On May 6, the meeting convened in Rotterdam, the "Phoenix City". It arose from the ashes of WW II bombardments to become Holland's second largest city and the world's largest seaport. Held in the new De Doelen Concert Hall and chaired by the illustrious Prof. Joseph H. Boyes, "The Symposium on Surgery of the Hand" featured an internationally acclaimed faculty that discussed new advancements in primary treatment of hand injuries and hand reconstructive procedures (Fig. 4).

FIGURE 3: THE ANATOMICAL EXPLORATION OF THE HUMAN HAND

DEPARTMENT OF ANATOMY AND EMBRYOLOGY UNIVERSITY OF LEIDEN

Monday, May 4, 1970

On the occasion of the meeting of The American Society for Surgery of the Hand and The Dutch Club for Surgery of the Hand

10.00 a.m.	J.M.F. LANDSMEER	- Welcome and general introduction
10.05 a.m.	ANNELISE LINSEN and ANTONIE M. LUYENDIJK	- Historical notes -ELSHOUT
10.15 a.m.	J.M.F. LANDSMEER	- General survey of the exhibits
11.00 a.m.	Coffee break and visit of the exhibits	
12.30 p.m.	Buffet Lunch Special topics	
14.00 p.m.	K. MECHELSE and B. MATRICALI, J.M.G. KAUER and (Surgical, electromyographical and anatomical aspects) ELISABETH A.M. MATRICALI	- The carpal tunnel syndrome -VAN LAMOEN
14.30 p.m.	J.M.G. KAUER	- The tendon bursae in the hand
14.50 p.m.	J.M.F. LANDSMEER	- Demonstrations
15.15 p.m.	Visit of the exhibits	

FIGURE 4: SYMPOSIUM ON SURGERY OF THE HAND

Organisation: Department of Plastic Surgery of the Surgical Clinic of the Rotterdam Medical School

On the occasion of the European Meeting of the American Society for Surgery of the Hand

Date: May 6, 1970 Place: De Doelen Concert Hall, Rotterdam Chairman: PROF. JOSEPH H. BOYES (USA)

9.00 a.m.	Registration	
9.30 a.m.	PROF. H. MULLER (Holland)	- Opening remarks
9.45 a.m.	Part I - Primary Treatment of Hand Injuries	
	PROF. ERIK MOBERG (Sweden)	- Basic principles
	DR. A.J.C. HUFFSTADT (Holland)	- Skin-repair
	DR. LEE MILFORD (USA)	- Bone-repair
	DR. SVANTE EDSHAGE (Sweden)	- Nerve-repair
	DR. J.C. VAN DER MEULEN (Holland)	- Tendon-repair
13.45 p.m.	Part II - Reconstructive Surgery of the Hand	
	DR. MARTIN A. ENTIN (Canada)	- Basic principles
	DR. J. HAGE (Holland)	
	DR. JAMES HUNTER (USA)	
	DR. J. RAMSELAAR (Holland)	- Tendon transfer in median and ulnar palsies
	DR. LEONARD GOLDNER (USA)	
	DR. RAYMOND CURTIS (USA)	- Surgery of the stiff finger joint (Film)
	DR. ALFRED SWANSON (USA)	- Surgery of rheumatoid arthritis
16.30 p.m.	MR. PIERRE JANSSEN (Holland)	- Perhaps about hands and maybe about art

FIGURE 5: THE NETHERLANDS SOCIETY FOR SURGERY OF THE HAND

First Meeting, Rotterdam, December 2, 1972

11.00 a.m.	Dr. E. Frederiks	- The treatment of degloved fingers
	Dr. J.J.A.M. Bloem	- Recurring digital fibroma in infancy
	Prof. Dr. A.J.C. Huffstadt	- Haemangiomas in the hand, conservative approach
	Dr. A.P. Pieron	- Correction of malrotation by metacarpal osteotomy
	Dr. E. Heybroek	- Problems around the reconstruction of a first metacarpal bone
12.30 p.m.	Lunch	
13.30 p.m.	Founders meeting of the Netherlands Society for Surgery of the Hand	
15.30 p.m.	Mr. G. Stack	- The palmar fascia
	Prof. Dr. J.M.F. Landsmeer	- Observations of the hand of some primates
	Prof. R. Tubiana	- Paralysis of the thumb

The outstanding success of the Dutch-American meeting provided an important stimulus for the development of hand surgery in The Netherlands. In 1972, The Dutch Club for Surgery of the Hand became a formal society and outlined the charter of the Netherlands Society for Surgery of the Hand. Members of the board included Johan Landsmeer, President; B. van Linge, First Secretary; A.J.C. Huffstadt, Treasurer; and J.C. van der Meulen, Assistant Secretary. On December 2, 1972, honoured by the presence of acting Godfathers Raoul Tubiana and Graham Stack, the Society held its first meeting in Rotterdam (Fig. 5).

The courses that covered a wide spectrum of hand surgery topics, became as important as the scheduled scientific reunions. To name only a few, the course sponsors included the Medical Centres of the Universities of Leiden, Maastricht, Utrecht and the Erasmus University in Rotterdam.

In Utrecht, on June 6, "D-Day" 1973, having satisfied the entrance requirement of national society status, the Netherlands Society for Surgery of the Hand applied for membership to the International Federation of Societies for Surgery. On August 24, 1975, the IFSSH welcomed the Dutch Society in its mondial fraternity of hand surgeons at its Council Meeting in Paris. Van der Meulen was appointed as Dutch delegate on December 12, 1975. The new status not only gave the Society

needed political power, but also made its members, although still small in number, aware of their academic responsibilities. In 1974, van der Meulen became the first lecturer in hand surgery at the Erasmus University of Rotterdam.⁸

In 1979, J. Bloem became full Professor in Surgery of the Hand at the University of Amsterdam. The hand surgery specialty reached its growing phase in The Netherlands.

At its 1977 Council Meeting, the IFSSH suggested the possibility of organising an International Congress to promote further the quality of hand surgery worldwide. Taking the leadership, Alfred B. Swanson, the new Secretary-General who could be very persuasive, felt that Rotterdam with its excellent University facilities would be an ideal site. He worked on the idea with van der Meulen. In 1978, the Federation Council approved the proposal of The Netherlands Society for Surgery of the Hand to act as hosts and assist organising the meeting. It took great faith, confidence and personal efforts on the part of those involved to overcome the enormous difficulties in coordinating the First International Congress.⁹

Before securing the organisation, the Secretary-General and van der Meulen held multiple conferences in the United States, Norway, Britain and France. Van der Meulen was able to obtain financial guarantees with

a Dutch organizing and travel agency. Bob Huffstadt accepted the position as chairman of the Scientific Committee, which was formed by members of the Netherlands Society. The Erasmus University of Rotterdam offered its facilities.

The First IFSSH International Congress convened on June 16, 1980, in Rotterdam, under the patronage and presence of His Royal Highness Prince Bernhard of The Netherlands (Figs. 6 to 8).

The outstanding scientific and social program was attended by 526 registrants and 140 accompanying persons representing 51 countries. The Federation released its new logo representing a hand on the face of the world globe and designed by Dutch artist Kees



Figure 6: Organizers of the First IFSSH International Congress in Rotterdam, The Netherlands, June 16-20, 1980, included (from left to right): Jacques van der Meulen, Host-Chairman; Alfred B. Swanson, United States, IFSSH Secretary-General; and Bernard McC. O'Brien, Australia, IFSSH President.



Figure 7: Conference leaders of the First IFSSH Congress included (from left to right): Raoul Tubiana, France; Erik Moberg, Sweden; Alfred B. Swanson, United States; Bernard McC. O'Brien, Australia; Graham Stack, England; R. Guy Pulvertaft, England; Dieter Buck-Gramcko, West Germany; and Tatsuya Tajima, Japan.

DeVries from Erasmus University (Fig. 9).

At the invitation of Graham Stack, Former IFSSH Secretary-General, and under the leadership of Evelyn Mackin, President of the American Society of Hand Therapists, more than 200 therapists attended the Rotterdam Congress, marking their first worldwide meeting. Evelyn's dream of a World Confederation of Hand Therapists would be born in Rotterdam in 1980.

At a time when hand therapy as a specialty virtually did not exist in the Netherlands, van der Meulen visited John Madden's hand unit in Tucson, Arizona. While there, he realised the important role of hand therapy in postoperative care. At the 1986 IFSSH International Congress in Tokyo, he met Gwendolyn



Figure 8: His Royal Highness Prince Bernhard of The Netherlands greeting Hans Landsmeer and Jacques van der Meulen at the opening reception for the First IFSSH International Congress, Rotterdam, June 16, 1980.



Figure 9: Group of hand surgeons and hand therapists who participated in the First IFSSH International Congress.

van Strien, a young Dutch therapist trained by Evelyn Mackin in the USA, and invited her to work in Rotterdam. Eventually, Gwendolyn played a prominent role in the evolution of hand therapy in the Netherlands and in the formation of The Dutch Society for Hand Therapy, which is now part of the World Confederation.

In retrospect, it is probably fair to say that the 1980 IFSSH International Congress marked the transition between two periods. The years following WWII, knew a steadily increasing number of dedicated individual surgeons who were constantly trying to improve the quality of hand surgery, usually by trial and error.



Figure 10: The new logo of the International Federation of Societies for Surgery of the Hand represents a hand on the world globe. Designed by Dutch artist Kees DeVries from Erasmus University, it was released at the occasion of the First International Congress.

The formation of national societies allowed dissemination and exchange of knowledge, which ultimately led to the organisation of the First World Congress under the aegis of the International Federation of Societies for Surgery of the Hand.

After the Congress, hand surgery continued to flourish with national societies firmly in charge and a new generation of ambitious young surgeons pursuing further perfection. The incorporation of microvascular surgery drastically expanded the spectrum of hand surgery techniques, leading to improved results and increasing respect for the specialty. Hand Surgery finally earned its place as an important surgical specialty.

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KOREAN SOCIETY FOR SURGERY OF THE HAND

The Korean Society for Surgery of the Hand (KSSH) was established in 1982. The KSSH has successfully held international hand society meetings, such as the 4th congress of the Asian Pacific Federation of Societies for Surgery of the Hand (APFSSH) in 2002 and the 11th congress of the International Federation of Societies for Surgery of the Hand (IFSSH) in 2010. In addition, the 9th congress of World Society of Reconstructive Microsurgery (WSRM) will be held in COEX, Seoul this year on June 14-17, and we cordially invite you to

join this meeting and to exchange your new opinions and great experiences in the microsurgery field. The homepage is "<http://www.wsrn2017.com/>". The topic of this congress is "Bridging the gap and beyond" and the chairman of the organizing committee is Myoung Chul Park.

The annual congress of the KSSH takes place in November, when the autumn leaves are beautiful. The recent congress was held as the first international meeting on November 11-12, 2016, chaired by Professor Goo Hyun Baek. Professor Zsolt Szabo, the new president of IFSSH, gave an invited lecture regarding "The role of evidence-based data in our everyday practice", and Professor Donald Lalonde of Dalhousie University gave a talk on "How wide awake surgery is improving results and decreasing complications". A total of 112 oral presentations and 18 posters were presented, and there were 493 participants at the last meeting.



The 2017 KSSH annual congress will take place on November 3-4 in Seoul. We will try to make this meeting more educational and comfortable for international participants. The new chairman of the KSSH in 2017 is Dr Sang Hyun Woo.

Korean hand surgeons sincerely wish that this New Year becomes a very special one with health, happiness, prosperity, and peace for all members of the IFSSH and their families.

MEXICAN ASSOCIATION OF HAND SURGERY (ASOCIACION MEXICANA DE CIRUGIA DE LA MANO A.C.)

Our Society was founded in 1981 by 6 members and has been growing slowly but with great effort. Our members are Plastic and Orthopedic surgeons with an interest in hand surgery in private practice and public institutions. We have monthly sessions where we discuss several topics and to which the residents of plastic and orthopedic specialties are also invited.



Our logo is features by the amputated hand of the Aztec goddess "Coyolxauhqui", goddess of the moon. The legend says that Coyolxauhqui was the daughter of Coatlicue, the supreme mother, along with hundreds of brothers, gods of the stars. She got angry when she learned that her mother Coatlicue was pregnant to an unknown father, so she went with her brothers to try to kill Coatlicue. Their mother however gave birth to Huitzilopochtli (who would later become the main god of the Aztecs), who was born already as a grown warrior. Huitzilopochtli defeated Coyolxauhqui and cut off her head and limbs, throwing them down a mountain.



Another activity is our outreach hand surgery campaigns to rural areas to deal with congenital and traumatic cases amongst indigent communities.

We have our International Congress every 2 years, so everybody is invited to this year's congress: 19-21 September in Mexico City. We will post the official poster and invitation very soon!

We wish everybody a wonderful year 2017!

Dr. Ricardo Pacheco-Lopez, President

ITALIAN SOCIETY FOR THE SURGERY OF THE HAND (SOCIETÀ ITALIANA DI CHIRURGIA DELLA MANO)

The Italian Society for the Surgery of the Hand includes 12 Honorary Members, 835 full registered members, and 40 young members. The majority of the Italian members are Orthopedic Surgeons while Plastic Surgeons are a substantial minority.

The Society Secretariat is based at:
ITALIAN SOCIETY FOR SURGERY OF THE HAND
c/o PLS - Via della Mattonaia, 17 - 50121 Firenze FI
Tel. 05524621 Fax. 0552462270
sicm@promoleader.com
Web Site: <http://www.sicm.it>

The Society Journal is the "Chirurgia della Mano" that is the official Journal since 1963 (C.G. Edizioni Medico Scientifiche s.r.l.;
cgems.it/Cgems-Prodotti-Elenco.asp?Categoria=21)

The council of SICM is in charge up to the end of 2017. It has to develop the program for residents and advanced courses for hand surgeons.

The President Roberto Adani, Chief of the Hand and Microsurgery Department in Modena, is also organizing the National Congress that will be held in Modena October 12-14, 2107.

The residency program consists of 3 main courses

- Anatomy and Surgery with cadaver dissection organized into three modules (one week each; anatomy, orthopaedic/hand surgery, plastic/hand surgery);

- Advanced Course in Microsurgery - organized in collaboration with the Societies of Microsurgery and Plastic Surgery - with 120 hours of practice - again three weeks during the year;
- 2-3 Hand and Microsurgery Fellowship of 1 year are available in recognized Hand Surgery Centers in Italy.

From 2017, the Society offers an "International Traveling Fellow application in collaboration with the ASSH" to visit prestigious centers in the USA and participate in the Annual Congress of ASSH.

For the more expert surgeons SICM, organizes two more dissection courses per year with an International Faculty that joins the Italian Faculty, (these two "advanced" courses are in English and are three days long). In 2016, we held these courses in Verona:

- A course on Elbow Surgery (Anatomy and Clinical experiences - Topics on Anatomical approaches, Arthroscopy, Arthroplasty and Prosthesis, Soft tissues and Nerves);
- A course on Hand Surgery (Surgical techniques in hand surgery: Ligaments, Tendons, Fractures and Arthroplasty) (fig 1,2).

Next year the subjects will be on Wrist (3rd Course of Arthroscopy and Arthroplasty of the Wrist) and on Nerves and Tendon Transfers. The programs are available on the www.sicm.it website.

Every year a National Congress is held in a Center of Hand Surgery and in 2017 will be in Modena and the topics are:

Traumatic IPJ Injuries; Non-union of Upper Limb, DRUJ Problems, Thumb Reconstruction, Update on Prosthesis of Upper Limb.

All information and entry criteria are available online: <http://www.sicm.it>.

Pierluigi Tos MD, PhD

International Delegate at the IFSSH of
The Italian Society for Surgery of the Hand (SICM)
pierluigi.tos@unito.it



Fig 1: Participants to the 2016 Dissection Course on Elbow "Anatomy and Clinical Experiences".



Fig 2: Participants at the most recent dissection course on Hand Surgery held in Verona in December 2016 "Surgical Techniques in Hand Surgery: Ligaments, Tendons, Fractures and Arthroplasty"

55° CONGRESSO NAZIONALE SICM

Modena 12 - 14 ottobre 2017

Presidenti Onorari
P. Bedeschi e A. Caroli

Presidente Congresso
R. Adani

Comitato Scientifico
R. Adani (Modena)
B. Battiston (Torino)
M. Corain (Verona)
G. Caruso (Firenze)
D. Espen (Bologna)
G. Lanni (Napoli)
R. Rotini (Bologna)
P.L. Tos (Milano)

Main Topics

- Le lesioni traumatiche delle IFP
- Le Pseudoartrosi asettiche dell'Arto Superiore
- Le Problematiche della Radio-Ulnare Distale
- La Ricostruzione del Pollice
- Update sulle protesi dell'arto superiore

Invited Guest Speakers

- H. Bueger (Austria)
- J. Chang (USA)
- F. del Pinal (Spagna)
- D. Lalonde (Canada)
- M. Rizzo (USA)
- L. Scheker (USA)
- J.B. Tang (Cina)
- Z-T Wang (Cina)

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Società Italiana di Chirurgia della Mano

Fig. 3 Flyer and preliminary announcement of the 55th Congress of the Italian Society for Surgery of the hand, Modena 12th-14th October 2017 - President Roberto Adani

POLISH SOCIETY FOR SURGERY OF THE HAND (POLSKIE TOWARZYSTWO CHIRURGII RĘKI)

The past year was the 50th anniversary of hand surgery in Poland. It was started together with the first meeting of Hand Surgery Section of the Polish Traumatology and Orthopedics Society. Initially, this section represented Polish hand surgeons originating from many specialties. The first President was Hieronim Strzyżewski from Poznan. Following this, the Polish Society for Surgery of the Hand was established in 1977 and continued educational activities together with the Hand Surgery Section.



Fig. 1 During the opening ceremony diplomas were presented. In the background a picture of three Polish Pioneers of Hand Surgery (Nagay, Haftek, Manikowski)

The anniversary was celebrated during the national meeting of Polish Traumatology and Orthopedics Society in Lublin in September. During the opening ceremony the story of hand surgery was presented and two persons, Prof. Jan Skowroński from Białystok and Prof. Władysław Manikowski from Poznan were honored with anniversary diplomas. They were not only extraordinary presidents of the Hand Surgery Section but persons with tremendous input in Polish Hand Surgery. In addition, celebratory scientific sessions were prepared covering the past, present and future, with topics including: congenital, microsurgery, tendon and nerve surgery, minimally invasive techniques.

Besides this memorable anniversary, every year many meetings and symposia are organized to develop knowledge in hand surgery among orthopedic, plastic and general surgeons.



Fig 2. Honorary diploma delivered by Leszek Romanowski (National Delegate to IFSSH) to Prof. Jan Skowroński

ROMANIAN SOCIETY FOR SURGERY OF THE HAND (RSSH)

The RSSH continues to grow, proving the growing interest of our young residents and specialists in hand surgery.

The organization of hand surgery and microsurgery courses and congresses have become a tradition for our society, and what is more important is the fact that mainly our young colleagues attended these events.

One of the most representative moments was the celebration of the 20th anniversary of RSSH in 2015. For this occasion we organized the 10th RSSH National Congress in Cluj Napoca. About 250 members attended the congress, and we had also a large international participation (Italy, Germany, Moldova, USA). During this occasion, some foreign colleagues, Pierluigi Tos and Stefano Geuna from Italy, and Grigore Verega from Republic of Moldova received the Honorary

Membership of our society.



In July 2015, RSSH organized a Hand Transplantation Course in Cluj Napoca, with Maria Siemionow (USA) and Riccardo Giunta (Germany) as Faculty. Another very important achievement is the invitation of our society to be the guest society of the American Association of Hand Surgeons (AAHS) in its Annual Meeting in Hawaii in January 2017. With this occasion, some Romanian hand surgeons are involved in the scientific program of the meeting. In this regard, RSSH deeply appreciates the initiative of Peter Murray, the AAHS President 2016/2017.

From 1-4 March 2017, an AO Trauma Course – "Management of Fractures of the Hand and Wrist", under the Chairmanship of Zsolt Szabo and Dragos Zamfirescu will be held in Bucharest.

The 11th RSSH Congress will be held from 27 - 29 April 2017 in Cluj Napoca. The AAHS will organize a Pre Congress Course under the Chairmanship of Julie Adams and Joshua Abzug, with the participation of 18 American and 4 Romanian hand surgeons.

From the beginning of 2016, "Hand" – the Official Journal of the AAHS – became also the Official Journal of RSSH.

Alexandru Georgescu

*Professor and Chairman, Clinic of Plastic Surgery and Reconstructive Microsurgery, Cluj Napoca, ROMANIA
President, Romanian Society for Surgery of the Hand*

PORTUGUESE SOCIETY FOR SURGERY OF THE HAND (SPOCMA)

The Portuguese Society for Surgery of the Hand (SPOCMA) was formed in March 1968 as a Scientific Society, involving Orthopedic and Plastic surgeons.

The Board of our Society was elected for a three year period, 2016-2018, and its members are: President: Maria Manuel Mouzinho; Vice-President: Fernando Cruz e David Rasteiro; Secretary: Pedro Negrão; Treasurer: Horácio Zenha.

The Portuguese Society for Surgery of the Hand, in addition to an annual scientific meeting, has proudly organized and hosted the FESSH Congress in Lisbon in 2003, has worked alongside the Spanish Society of Hand Surgery in organizing the Hand Surgery Portuguese-Spanish Congresses in 2008 and 2014, as well as the Hand Surgery Iberian-Latin American Meeting in 2008.

Our annual meeting in September 2016 was honored by the presence of three renowned international invited speakers: Dr. Francisco del Piñal, Professor Horácio Costa and Professor Marco Lanzetta.

In 2016, we proposed to hold the IFSSH congress in Lisbon in 2022, making our bid at the IFSSH congress in Buenos Aires, Argentina. We were delighted to be a part of this exciting and challenging endeavor.

In April 2017, SPOCMA will be the guest Society at the annual meeting of the Spanish Society for Surgery of Hand.



JAPANESE SOCIETY FOR SURGERY OF THE HAND

President's Greetings

It is my great pleasure to introduce our Society in the IFSSH Ezine. JSSH is one of the oldest hand surgery societies in the world and one of the eight founding member societies of the IFSSH. Our society has contributed internationally to the development of hand surgery and intends to do yet more from now on. The photo includes the members of the present board of directors.



Hiroshi Yajima M.D. & Ph.D., the 7th President of JSSH

Foundation and development of JSSH

In 1956, Dr. Harry Miller from Pennsylvania visited Japan. He brought the film, "Tendon Repair", edited by Dr. Mason, and a letter from Dr. Bunnell which encouraged the launching of the Hand Society in Japan. In 1957, the Japanese Society for Surgery of the Hand (JSSH) was founded, and the secretariat was opened at Kyushu University. The 1st Annual Meeting was held on July 7, in Kobe City (president, Prof. Amako). The participants numbered only fifty, and discussed hand contracture and tendon repair. The proceedings were published under the title 'Basics of Hand Surgery'.

With the effort of many senior hand pioneers, the JSSH has now grown to 3,571 regular members, approximately 14.3 % of whom are plastic surgeons. The annual meeting is regularly held every year.

The 59th Annual Meeting was held in Hiroshima (Congress President Prof. Mizuseki), in April 2016. The participants totaled approximately 1,656, and 566 papers including poster presentations were discussed.

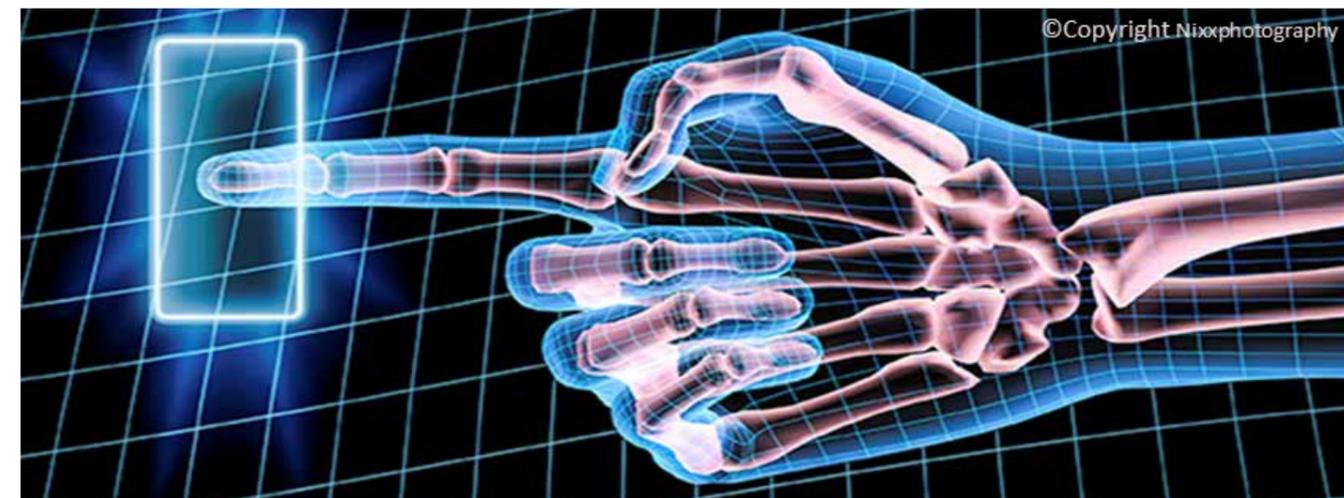
As the society grew, a strong system was needed to manage it. In 1999 the JSSH restructured the management by forming a board of directors consisting of 1 president, 2 vice presidents, 2 directors, 2 auditors, and 233 councilors. Prof Tamai was elected the first president of this new structure. Currently the congress president, elected every year, is engaged in the management of the annual meeting. In 2007, the Qualified Hand Surgeon system was started, and 840 surgeons were registered as QHScertified.

Organizing international meetings is also an important task for the JSSH. The 3rd International Federation of Societies for Surgery of the Hand (IFSSH) Congress in 1986 was the first big international meeting hosted by the JSSH (president, Prof. Tajima). This international activity of the JSSH has been followed up with the 2nd International Symposium on the Wrist in 1991 (president, Prof. Miura), the 5th International Symposium on Congenital Differences of the Upper Limb in 2000 (president, Prof. Ogino), and the 4th Asian Pacific Federation of Societies for Surgery of the Hand (APFSSH) in 2005 (president, Prof. Ikuta). Dr. Yamauchi was elected as the President of the IFSSH in 1998. Dr. Tamai was elected as the President of the APFSSH in 2000. Dr. Beppu was elected as the President of the APFSSH in 2012. Many senior Japanese hand surgeons were elected as "Pioneers of Hand Surgery" by the IFSSH.

We congratulate the hand societies on their evolution and hope for an even closer relationship between the IFSSH and the JSSH.

60th Annual Meeting of the JSSH
Date and time April 27-28, 2017
Place Nagoya
President Professor. Hitoshi Hirata, Nagoya University
URL <http://www.jssh2017.jp/index.html>

Secretariat for Japanese Society for Surgery of the Hand
address c/o Congress Corporation, Kohsai-kaikan Building, 5-1 Kojimachi, Chiyoda-ku, Tokyo 102-8481, Japan
TEL +81-3-5216-5569
FAX +81-3-5216-5552
E-mail office@jssh.or.jp
URL <http://www.jssh.or.jp/>



Hand Surgery Evidence Updates

Hand Surgery Evidence Updates are free monthly e-mail updates that feature new systematic reviews and guidelines found by comprehensive, systematic searches of PubMed and NHS Evidence.

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2017 AHSS ASM



Australian Hand Surgery Society Annual Scientific Meeting

Interactive Cadaver Dissection Workshop

Wednesday 01 March | Skills Laboratory, RACS 1000 - 1200 hrs

Harvest of Free Medial Femoral Trochlear / Condyle Graft for Scaphoid Defect - **James Higgins**
Harvest of Rib Costochondral Graft for Salvage Proximal Scaphoid Fracture - **Michael Sandow**
Toe Wrap Around for Thumb Reconstruction - **Wayne Morrison**

MELBOURNE

Save the Date

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Stephen Tham

**International Guest
Presenter:**
James Higgins - USA

Wednesday 01 - Saturday 04 March

Grand Hyatt Melbourne, VIC

Conference Secretariat



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We invite you to the 11TH ASIAN PACIFIC FEDERATION OF SOCIETIES FOR SURGERY OF THE HAND (APFSSH) on November 7-10, 2017 which will be held at the wonderful island of Cebu, Philippines at the renowned Radisson Blu Hotel.

The 4-day congress is packed with engaging plenary sessions and workshops that provide unique opportunities for you to network and interact with other delegates in the tropical paradise of Cebu!

11 REASONS WHY YOU SHOULD VISIT CEBU AND JOIN THE 11TH APFSSH IN 2017

1. A PROMISING CITY

With its booming economy, Cebu City is one of the fastest growing metropolises in the country. This heady mix of modernity, business, lifestyle, culture and history makes this city the perfect place for the 11th APFSSH in 2017.

2. A PIECE OF PARADISE

While embarking on an insightful journey through learning sessions at the 11th APFSSH, enjoy what the tropical paradise of Cebu has to offer.

3. THE CEBUANO HOSPITALITY

Experience the warmth of the Cebuano hospitality when you attend the 11th APFSSH in 2017.

4. GASTRONOMICAL EXPLOITS

Feast on an array of delectable Cebuano dishes, from Lechon to their world-famous sweet ripe mangoes.

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As the first Spanish settlement and the oldest city in the Philippines, Cebu houses cultural and historic heritage sites that you have to see.

6. WORLD-CLASS ARTISTRY

Experience the artistry of world-renowned furniture and listen to local indie music by some of Cebu's best talents.

7. BARS AND NIGHTLIFE

The city comes to life at night, and the nightlife is one of its specialties. Go out and explore what Cebu has to offer!

8. A CITY OF POSSIBILITIES

Cebu is thriving and continuously expanding and there are multiple opportunities heading its way. Experience the city come to life!

9. PREMIER SHOPPING & DINING EXPERIENCE

Cebu City is an urban shopping and lifestyle destination that has plenty to offer with its new malls, international retail brands, and a wide variety of unique and popular dining options.

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From the urban adventures to the beautiful pristine white-sand beaches, to the shopping and entertainment malls - everything is within your reach. Cebu is yours for the taking.

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Cebu has hosted several international conferences and congresses in the past, but what makes this place a magnet for big international events?

Find out for yourself when you join the APFSSH 2017.

Visit the official website <http://handsociety.org> and learn more about the congress.

Specialty Day 2017

Mending the Weekend Warrior



March 18, 2017 * San Diego, CA

Join our Co-Chairs **Michael R. Hausman, MD** and **Jonathan E. Isaacs, MD**, along with our top-rate faculty at the 2017 ASSH/AAHS Specialty Day on March 18, 2017 in San Diego, CA.

The 2017 Specialty Day program will focus on new tricks and techniques to help us mend the weekend warrior. We will carefully consider evidence-based medicine and conventional wisdom to build "crowd-sourced wisdom" for innovative solutions.

Treating the weekend warrior provides unique challenges and rewards for hand surgeons. These patients are passionate about their after-work activities and often push themselves to their physical limits. Many of these individuals have unrealistic recovery expectations, which can make them a challenge to treat, yet their high level of motivation can also make them ideal patients.



INSTITUT MONTPELLIERAIN DE LA MAIN ET DU MEMBRE SUPERIEUR



6th I.M.M. Meeting

April 21, 2017

At the Mediterranean congress hall
Palavas-Les-Flots - Montpellier - France



The Osteo-articular forearm

Pronation-Supination

Latest therapies

Dear colleagues and friends,

I have the pleasure to announce the 6th I.M.M. meeting which will be held on Friday 21 April 2017 at the Mediterranean congress hall in Palavas-Les-Flots near Montpellier (France).

The topic of this specialized meeting is:

« **The Osteo-Articular forearm and the Pronation-Supination. The latest therapies** »

This meeting will give us the opportunity to discuss with an international faculty in order to update our knowledge about this specialized pathology.

- The interosseous membrane of the forearm and reconstruction techniques.
- Correction of rotational malunion at the forearm: Techniques and contribution of modern imaging.
- Disorders of the distal radioulnar joint: Latest therapies. Contribution of arthroscopy.
- « Surgical mutilations » of the forearm bones: Darrach, Sauvé-Kapandji procedures
Instability of the distal ulnar stump.
- « State of art » of DRUJ arthroplasty. **M. Garcia-Elias** (Eclipse prosthesis),
L. Scheker (APTIS), **T. Herbert** (Ulnar head), **Ph. Kopylov** (RU prosthesis),
D. FERNANDEZ (Spherical prosthesis) will present their experiences.

Hoping to see you at the meeting,

Sincerely yours,

YVES ALLIEU

INFORMATION / INSCRIPTION : CONGRESS SECRETARY : P. Prudhomme
1133 RUE DES BOUISSES - 34070 - MONTPELLIER - FRANCE - TEL / FAX : 0033 467 100 936
Mail : yves.allieu@wanadoo.fr

WHAT EVERY HAND SURGEON SHOULD KNOW ABOUT

THE WRIST:

DISTAL RADIUS, CARPUS AND ULNAR-SIDED WRIST PAIN

APRIL 28-29, 2017
DENVER, COLORADO

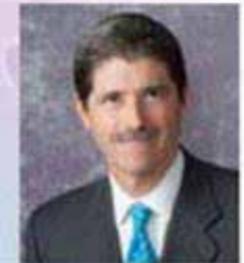
The Wrist Course will focus on:

- Presenting the latest research and techniques on disorders of the wrist.
- Covering common conditions and those that are seen less frequently.
- Delivering the knowledge you need to provide state-of-the-art care to your patients.

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MORE

Co Chairs:

Mark E. Baratz, MD
Kevin F. Lutsky, MD



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DEAR SIR/MADAMS,

SPEAKERS

The Course in Poznań has already become an established tradition. This year, we are holding the 10th anniversary edition of the event. The status and quality of the Course are growing year by year due to the increasing interest of participants and the Department's efforts.

It is again our pleasure to invite participants and speakers from Poland and abroad to join us and share their knowledge. This time, the Course will address hand problems, particularly nerve damage, severe hand injuries with tissue defects, and typical fractures and dislocations. Two sessions will be devoted to simple endoscopic and open surgical procedures. A separate module will address the topic of Dupuytren's contracture.

The programme will feature scientific sessions, a symposium with a poster session, workshops, and a session for physiotherapists. Also, a cadaver course with a separate registration of participants will take place one day before the main course. During lunch breaks, there will be additional sessions offered by exhibitors. All participants will receive attendance certificates and credit points.

In the evenings, after the sessions, we will meet in the unique atmosphere of the Old Town to share scientific insights and strengthen professional bonds.

We are confident that the upcoming edition of the Course will be our shared success, and an event you will want to include in your schedule every year.

We are looking forward to seeing you in Poznań.



dr. n. med. Piotr Czarnecki



prof. Leszek Romanowski

- Maria Siemionow** (USA)
honorary lecturer, inaugural lecture
- Andrey Bepalchuk** (Belarus)
- Mariusz Bonczar** (Poland)
- Maciej Bręborowicz** (Poland)
- Ewa Bręborowicz** (Poland)
- Piotr Czarnecki** (Poland)
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- Thomas Giesen** (Austria)
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- Tomáš Hellmuth** (Czech Republic)
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- Przemysław Lubiatowski** (Poland)
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- Paweł Nowicki** (Poland)
- Piotr Ogrodowicz** (Poland)
- Izabela Olczak** (Poland)
- Magdalena Posadzy** (Poland)
- Leszek Romanowski** (Poland)
- Paweł Surdział** (Poland)
- Ireneusz Walaszek** (Poland)



10TH INTERNATIONAL POZNAŃ COURSE IN UPPER EXTREMITY SURGERY FOREARM, WRIST, HAND

DATE
9–11 March 2017

VENUE
Congress and Teaching Centre
Poznan University of Medical Sciences
37 A Przybyszewskiego St, Poznan, Poland

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PROGRAMME

THURSDAY, 9 MARCH 2017

- OPENING OF THE CONFERENCE: 10.00 AM, ENDING: 7 PM**
- SESSION I NERVE INJURIES – INTRODUCTION**
 - Course opening
 - The story of nerve injuries treatment – past, present and future
- SESSION II NERVE INJURIES – BASICS**
 - Clinical examination
 - Imaging
 - Nerve conduction studies
 - DISCUSSION
 - COFFEE BREAK
- SESSION III NERVE INJURIES – TREATMENT**
 - Classification of nerve injuries
 - Treatment of acute injuries
 - Secondary nerve reconstruction
 - Secondary procedures
 - Physiotherapy in nerve injuries
 - Physical therapy in nerve injuries
 - What to expect and how to discuss outcomes from nerve surgery
 - DISCUSSION
- WORKSHOPS, EXHIBITION**
- LUNCH
- PHYSIOTHERAPY SESSION**
- SESSION IV HAND INJURIES – TISSUE LOSS**
 - Free skin grafts
 - Special wound dressings and VAC
 - Flaps coverage – solutions for orthopedic surgeons
 - Bone loss
 - Tendon gaps
 - Physiotherapy in complicated hand injuries
 - DISCUSSION
 - COFFEE BREAK

SESSION V HAND INJURIES – FRACTURES AND DISLOCATIONS

- Dislocations and fractures of PIP joint
- Scaphoid fractures
- Perilunate transscaphoid fracture-dislocations
- Extraarticular fractures of metacarpals and phalanges
- Injuries around CMC I joint
- Hand therapy
- DISCUSSION

FRIDAY, 10 MARCH 2017

OPENING OF THE CONFERENCE: 9.00 AM, ENDING: 4 PM

SESSION VI MY SURGICAL APPROACH – OPEN OR ENDOSCOPIC

- Trigger finger
- Tennis elbow
- Carpal tunnel syndrome
- Wrist ganglion
- Ulnar tunnel syndrome
- DISCUSSION
- COFFEE BREAK

SESSION VII MY SURGICAL APPROACH – OPEN OR ENDOSCOPIC

- Triangular fibrocartilage complex tears
- SL ligament reconstruction
- Distal radius fractures
- Avascular necrosis of the lunate bone
- CMC I osteoarthritis
- DISCUSSION
- COFFEE BREAK

SESSION VIII DUPUYTREN'S CONTRACTURE

- Introduction and pathogenesis
- Fasciotomy
- Fasciotomy
- Collagenase treatment
- Secondary and salvage procedures
- Aftertreatment
- DISCUSSION
- COFFEE BREAK

SESSION IX MOST COMMON CONGENITAL DEFORMITIES

- Introduction, pathogenesis, genetics
- Classification
- Duplicated thumb
- Radial deficiency
- Syndactyly
- Limb hypoplasia – lightening
- Amniotic band syndrome
- DISCUSSION
- COFFEE BREAK

SYMPOSIUM ANESTHESIA, PAIN AND LEGAL ASPECTS

- What is pain?
- Anesthesia in hand surgery
- Pain management after surgical treatment
- Legal aspects in everyday surgical practice



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REGISTRATION FEES	Up to March 15th 2017	After March 15th 2017
Consultants	390 €	450 €
Fellows, Trainees, Hand Therapists	190 €	250 €

THEMES

Embryology and Comparative Anatomy

- EVO-DEVO
- Developmental Biology

Congenital Malformations

(Surgical management, Hand Therapy, Psychological aspects)

- Hand and Upper limb
- Forefoot

Pediatric upper limb traumas

- Fractures, dislocations, growth disorders
- Burn
- Rehabilitation

Tumors and Tissue Dysplasia

- Skin, soft tissue, bone
- Vasoular anomalies

Genodermatosis

- Dystrophic Epidermolysis Bullosa

Hand Therapy and splinting in Children

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Workshops on splinting, Ergotherapy

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