

ezine ifssh

CONNECTING OUR GLOBAL HAND SURGERY FAMILY

Posttraumatic heterotopic
ossification of the elbow

Pathologies of the ECU
tendon in athletes



Highlights from the Eastern European Hand Surgery Course

COMMITTEE REPORT: ORGANISATION OF HAND
INJURY SERVICES AND THE DEVELOPING WORLD

HISTORY OF
THE IFSHT





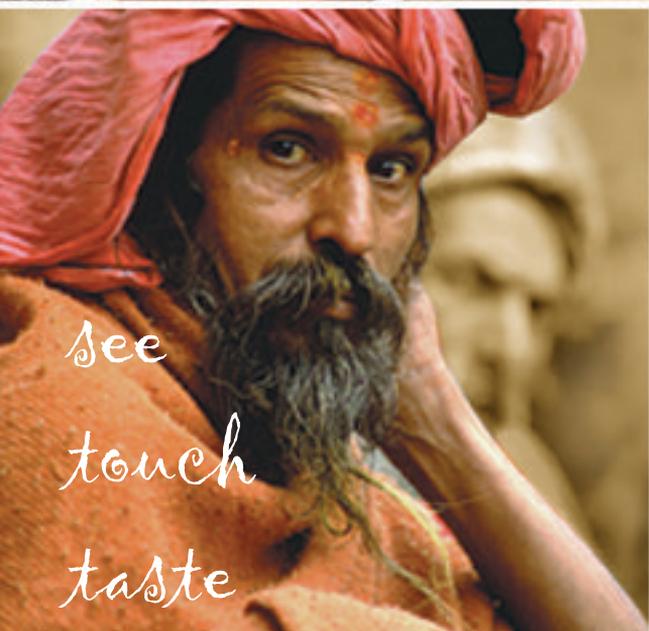
**IFSSH &
IFSHT**
INDIA 2013



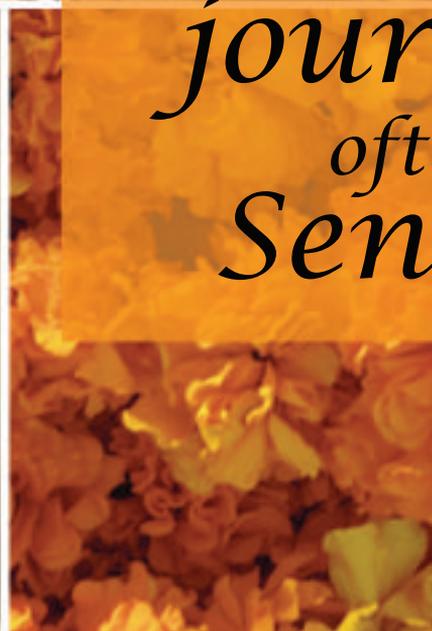
www.ifssh-ifsht2013.com

4th - 8th March, 2013
INDIA EXPO CENTRE
Greater Noida – New Delhi, NCR

**12th Triennial Congress of the IFSSH &
9th Triennial Congress of the IFSHT**



*see
touch
taste*



*a
journey
of the
Senses*

*hear
smell*

Welcome to India

A Journey of the Senses is a registered trademark Creative Travel

Congress Secretariat

Dr. S Raja Sabapathy
Organising Chairman

Ganga Hospital, 313, Mettupalayam Road
Coimbatore - 641043, Tamil Nadu, INDIA
Tel: +91 422 2485000 Fax: +91 422 2436444
Email: chairman@ifssh-ifsht2013.com

www.ifssh-ifsht2013.com

Congress Managers



Plan it! by Creative Travel
Creative Plaza, Nanakpura, Moti Bagh
New Delhi - 110021, India
Fax: +91 11 26885886, 26889764
Email: secretariat@ifssh-ifsht2013.com
Web: www.planit-india.com

*'Let us join hands to
mould the future'*



Contents

4 Editorial

By Professor Ulrich Mennen, editor of the IFSSH ezine
Announcement: The Living Textbook of Hand Surgery
Obituary: Dieter Buck-Gramcko

6 Share section

Virtual exchange platform for Hand Surgery
equipment and supplies

7 Letters to the editor

IFSSH grant for Mongolian Hand Surgeons

8 Members news

Highlights from the Eastern European Hand Surgery
Course

10 Pulse

IFSSH Committee on Humanitarian Missions:
Organisation of Hand Injury Services and the
Developing World

14 Hand therapy

History of the International Federation of Societies for
Hand Therapy

17 Research Roundup

Risk Factors for Posttraumatic Heterotopic Ossification
of the Elbow
Pathologies of the ECU Tendon and its Investments in
the Athlete
The Interosseous Muscles: The Foundation of Hand
Function

20 Pioneer profiles

Sydney Sunderland

23 Clinical case

X-ray case study for discussion

25 Journal highlights

Tables of Content from leading journals such as The
Journal of Wrist Surgery, The American Journal of
Hand Surgery, Journal of Hand Surgery Asian Volume,
Journal of Hand Surgery European Volume and the
Journal of Hand Therapy.

30 Upcoming events

List of global learning events and conferences for
hand surgeons

Dear colleagues

We have a very exciting announcement to make:

The launch of The Living International Textbook of Hand Surgery

This concept, of having a constantly updated textbook on Hand Surgery available, free of charge, at the click of a button, by anybody, everywhere, echoes the 'aims' of the IFSSH Charter. The IFSSH thus endorses this initiative fully. All interested members of the Hand Surgery family are invited to participate. The idea is to make this project a truly international effort, an idea akin with the driving thought behind the IFSSH ezine: "for the Members, by the Members". We would like to thank Dr Richarda Böttcher and Ms Anita Eppelin for their sterling work and enthusiasm to launch this important and very exciting venture. Every member of our Hand Surgery Family is invited to participate and contribute. Click here to read more and for more information visit: www.handbookhand.com.

The International Federation of Societies for Hand Therapy (IFSHT) has become an integral part and essential partner of our effort to manage Hand conditions optimally. Hand Therapy is a collective designation, which includes rehabilitation, splint making, occupational therapy and physiotherapy. Hand Therapists are at the same time also innovators, counsellors, motivators, and often have to act as a confidant! We salute the contribution Hand Therapists make in our effort to get the best results. It is for these reasons that we include in every IFSSH ezine a practical contribution which has very important and helpful tips and advice for Hand Therapists, as well as Hand Surgeons. This issue features the history of the IFSHT.

Congress time! Please do not forget to **register for the IFSSH Congress in New Delhi, 4-8 March 2013!** Register today at www.ifssh-ifsht2013.com

With sincere regards



Ulrich Mennen
President: IFSSH. Editor: IFSSHezine

Announcement

The Living Textbook of Hand Surgery

The development of an Open Access E-book for information, education and science in Hand Surgery.

E-learning and multimedia communication have changed education and the distribution of scientific findings fundamentally. So it seemed only consequential to develop an internet based textbook for Hand Surgery according to the ideas and goals of the Open Access movement. The idea was born in 2011 and developed to an elaborated concept for contents, networking and financing.

What does 'Open Access' mean?

The Budapest Open Access Initiative states that open access to scientific and scholarly literature is "freely available on the public internet, permitting any user to read, download, copy, distribute, print, search, or link to the full texts of these articles, crawl them for indexing, pass them as data to software, or use them for any other lawful purpose, without financial, legal, or technical barriers other than those inseparable from gaining access to the

IFSSH disclaimer: The IFSSH ezine is the official mouthpiece of the International Federation of Societies for Surgery of the Hand. The IFSSH does not endorse the commercial advertising in this publication, nor the content or views of the contributors to the publication. Subscription to the IFSSH ezine is free of charge and the ezine is distributed on a quarterly basis. To subscribe, please **click here**. Should you wish to support this publication through advertising, please **click here**.

IFSSH ezine editorial team:

Editor: Professor Ulrich Mennen (President of the IFSSH)

Deputy Editor: Professor Michael Tonkin (President-elect of the IFSSH)

Publication coordinator: Marita Kritzinger (Apex ezines)

Graphic Designer: Andy Garside





internet itself. The only constraint on reproduction and distribution, and the only role for copyright in this domain, should be to give authors control over the integrity of their work and the right to be properly acknowledged and cited”.

The aim of the Open Access (OA) movement is to make scientific and scholarly literature openly accessible online to all users free of charge.

The concept

The purpose is to create a Living Textbook of Hand Surgery which will include basic principles, clinical aspects and information about diagnostic and treatment methods concerning hand surgery. It will be enriched by multiple figures, tables, photos and videos. Scientific reports will also be included.

Who is involved?

Amongst other partners German Medical Science is the main sponsor and the IFSSH endorses this initiative.

Do you want to participate?

Currently the first chapters are in preparation. Several chapters still need contributors. You are welcome to contact: richarda.boettcher@hand-ww.de

More information

At the IFSSH Congress in New Delhi 4-8 March 2013 there will be an exhibition booth and a presentation to provide people with more information.

www.handbookhand.com

Obituary

Professor Dieter Buck-Gramcko, Hamburg, Germany

Professor Dieter Buck-Gramcko passed away in Hamburg on 3 October 2012, only a few days after the death of his wife and shortly before his 85th birthday.

Dieter Buck-Gramcko was born in Hamburg on 28 October 1927. After school he studied medicine and surgery in Hamburg and Düsseldorf. His interest in hand surgery started very early, and was ‘confirmed’ after spending time with Professor Eric Moberg. He started the first independent Hand Surgery Department of Germany in Hamburg in 1963, and was its head until his retirement in 1992. He was instrumental in the establishment and organisation of Societies for Hand Surgery in German speaking countries, as well as being a founding member of the European and International Hand Surgery Federations. Amongst a number of Societies, he was president of the IFSSH from 1974 to 1975.

Besides general-, micro- and plastic hand surgery, he was especially interested in congenital hand malformations. His special interest was pollicisation, which was also the topic of this post-doctoral qualification in 1971. He performed this operation in many countries all over the world and his technique is still used worldwide. Due to his many international friendships and contacts, Hamburg became a ‘Mecca’ for hand surgery colleagues.

Amongst innumerable lectures, his scientific work also included 168 articles and 99 book chapters, as well as being editor/author of a number of books. He founded the German Journal for Hand, Micro and Plastic Surgery and was its editor for more than 30 years.

He was an honorary member of many National Hand Surgery Societies all over the world. His most esteemed honours were the nominations as Honourable Member of the American Society for Surgery of the Hand in 1971, Honorary Fellow of the Royal College of Physicians and Surgeons of Glasgow in 1980 and ‘IFSSH Pioneer of Hand Surgery’ in 1998.

After a severe illness in 2001 Dieter Buck-Gramcko retired to a mostly private life, but he still continued to show a keen interest in hand surgery.

With his death we lose a friend, a colleague, a mentor, an innovator, an original thinker, a founding member of organised Hand Surgery, and an original member of the ‘first generation of modern hand surgeons’

We will always remember him and be inspired by his hand surgery work, even after his death.

Dr Rolf Habenicht

President, German Society for Surgery of the Hand



Share Section



The Exco of the IFSSH receives occasional requests by individuals or Hand Surgery Units for donations or financial support to purchase instruments, books, and various equipment needed to practise their trade as fellow Hand Surgeons and Therapists.

Many of our members have surplus instruments and other such items which could be of use to those in less fortunate circumstances. The IFSSH ezine would like to dedicate a 'Share Section' in every issue to facilitate contact between those seeking support and those looking for recipients of their surplus.

If you have anything which another Surgeon or Therapist may use in her/his practice, please offer it by sending a short description of the item(s) to the Editor(ezine@ifssh.info), as well as a contact email address.

If you are in need of a specific item, you are also welcome to send a short

email to the Editor with your request and a contact email address.

NB: The IFSSH ezine acts solely as contact agent, and does not take any responsibility for any exchanged goods. The actual exchange and arrangements are the full responsibility of the two parties involved.



Letters to the editor

IFSSH grant for Mongolian Hand Surgeons

First of all, I wish to express appreciation to all involved in this project of bringing Mongolian Hand Surgeons to the USA for exposure to current Hand Surgery methods and techniques. I wish to thank the IFSSH officers and representatives for funding this project in the amount of \$12,000.

In this regard, I am formally requesting that the grant money now be forwarded to the American Association for Hand Surgery (AAHS). Further, I am asking Ms Sarah Neece of the AAHS administrative staff to coordinate the receipt of this money to the banking account whose details were previously disclosed to you by the AAHS. She will also oversee use of this money, upon my request, that it will be carefully used for the described purposes. An accounting of the expenditures will be given later. In addition a report will be provided to the IFSSH summarising the benefits received through this international and inter-organisational endeavour.

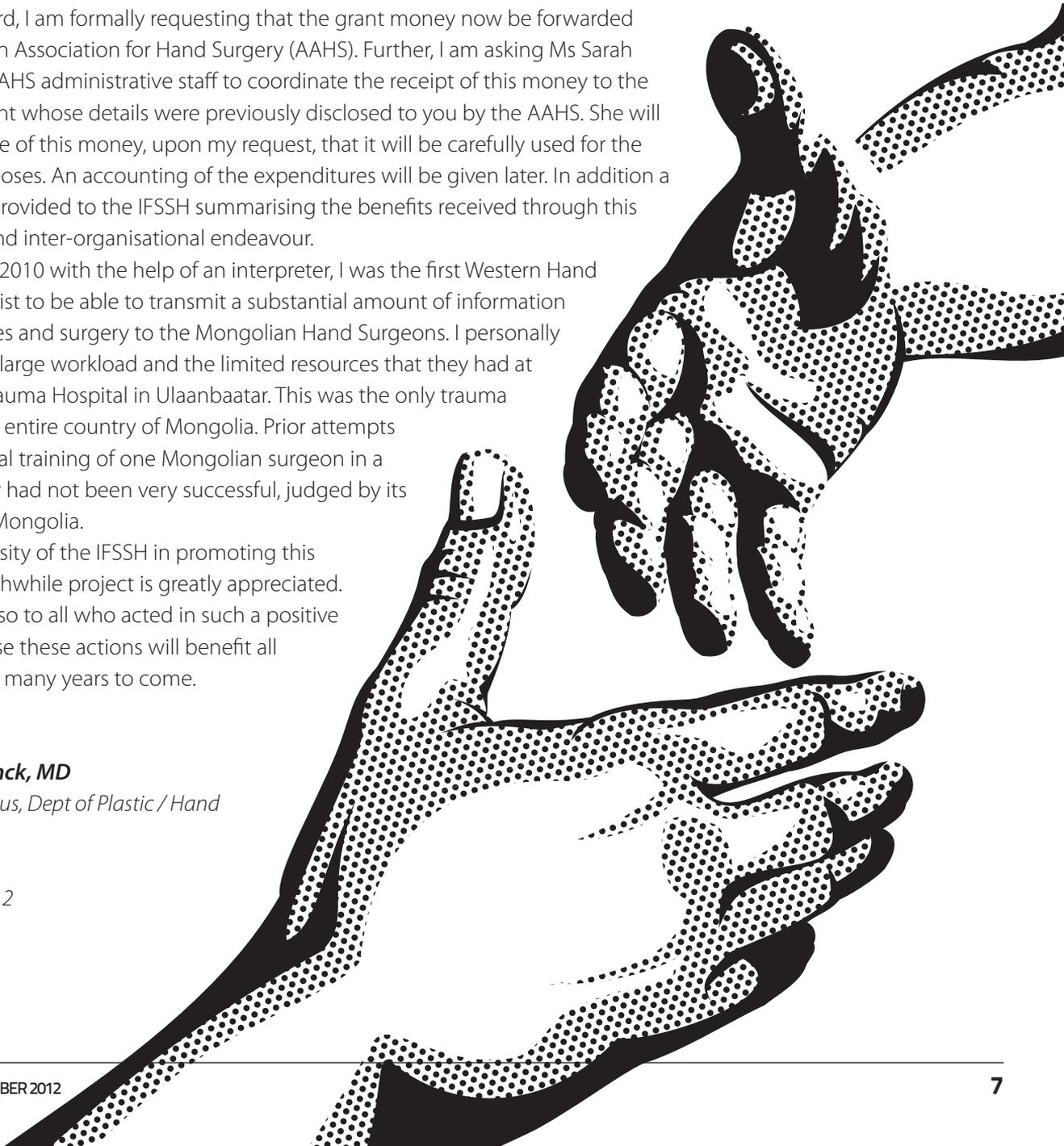
In October 2010 with the help of an interpreter, I was the first Western Hand Surgery specialist to be able to transmit a substantial amount of information through lectures and surgery to the Mongolian Hand Surgeons. I personally observed their large workload and the limited resources that they had at the National Trauma Hospital in Ulaanbaatar. This was the only trauma hospital for the entire country of Mongolia. Prior attempts for microsurgical training of one Mongolian surgeon in a nearby country had not been very successful, judged by its application in Mongolia.

The generosity of the IFSSH in promoting this extremely worthwhile project is greatly appreciated. Many thanks also to all who acted in such a positive manner because these actions will benefit all Mongolians for many years to come.

Sincerely yours,

Robert R Schenck, MD

*Professor Emeritus, Dept of Plastic / Hand
Surgery
Rush University
Chicago, IL 60612
USA*



Eastern European Hand Surgery Course

September 2012

The sharing of knowledge is one of the key aims of the IFSSH and FESSH. For this reason, IFSSH Secretary General, Professor Zsolt Szabo recruited an enthusiastic and well-known faculty from across Europe, Turkey and South Africa, to teach over 120 surgeons from Eastern Europe. The venue was the spa town of Hajduszoboszlo in the Hortobagy region of Eastern Hungary, about two and a half hours drive from Budapest.

The course was designed to be as cost-effective as possible for the delegates (costing just € 300) helped by very generous sponsorship from several companies and by the faculty who gave up their time for free to

prepare the lectures and teach. The course was hugely oversubscribed - a testament to the quality and value of the programme. Asszisztencia, the Hungarian management firm which already provides invaluable support for FESSH, gave flawless logistical assistance throughout the three day course.

The first day comprised several lectures on topics such as Dupuytren's and wrist arthroscopy. The second day involved a 30 minute bus trip across the vast Hungarian plains to the Medical School at Debrecen University. Here, the faculty provided 12 surgical demonstrations on cadavers on techniques such a tendon transfers, wrist replacement, wrist arthroscopy,

skin flaps and distal radius fixation. A state-of-the-art IT system allowed the dissections and surgical techniques to be projected at high definition into a lecture hall, from where the delegates could ask questions. The third day was back in the lecture hall, with further lectures on broader educational topics such as the basics of congenital hand surgery, the future of nerve surgery and operations that should no longer be performed.

The other aspect of the course was, of course, social. This was a great opportunity for the delegates and faculty from so many countries to meet each other and develop friendly and professional contacts. The first



evening had a Hungarian supper with traditional dancing and music from several accomplished performers. The second evening, of some concern especially to the staid and shy British author of this report, was a pool party - everyone in their bathing costumes relaxing in the hot natural spring water for which Hajdusoboszlo is famous.

For the faculty, there was the opportunity for a four day cycle and wine tour after the course. To keep the costs for the course at a minimum, the faculty willingly paid for this themselves. We were able to cycle alongside a beautiful lake, across fields and up rather steep hills (rewarded by the free-wheeling down the other

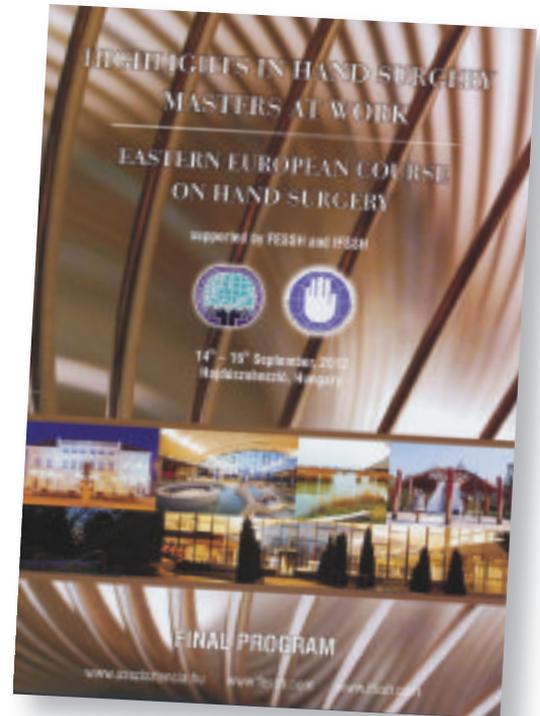
side). As a special event, there was even a five mile section of tranquil river that we paddled along in rather wobbly canoes. To keep us safe on the road sections, two police motorcyclists accompanied us and kept the trucks and cars away. In the evenings we had the opportunity to try the local Tokaji wines for which the region is rightly famous.

Many thanks to the delegates for wanting to come to the course, to the faculty for providing the programme, and to Professor Szabo and Asszisztencia for the meticulous arrangements. This sort of programme

is really what makes Hand Surgery such a special thing.

David Warwick

MD FRCS FRCS(Orth) EDHS
Hand Surgeon, University Hospital
Southampton, UK
Training Committee Chairman, FESSH
davidwarwick@handsurgery.co.uk



IFSSH Committee on Humanitarian Missions

Organisation of Hand Injury Services and the Developing World: Challenges and Opportunities

Chairman: W Bruce Conolly and Marco Lanzetta

Members: W J Cumming, Des Soares

Kofi Annan, former Secretary General of the United Nations, defined a developed country as follows: "A Developed Country is one that allows all its citizens to enjoy a free and healthy life and a safe environment". However according to the United Nations Statistics Division there is no established convention for the designation of the developed and developing countries or areas in the United Nations System. For the purposes of this report, a developing country is one in which all its citizens do not enjoy a free and healthy life or a safe environment.

In developing countries the population is poor and most of the population earn their living by their hands. Hand injuries and infections are more common than in developed countries, as are diseases such as leprosy. Burns and neglected trauma are high on the list of medical

necessities. There are many locations where civil wars and land mines are still an issue. Congenital malformations are frequent and go virtually untreated, with severe implications on the ability of these children to get a job.

There are few surgeons to treat these patients with hand problems. Most of those in the field are general surgeons with minimal training in hand surgery and rehabilitation. The authors have worked in countries with less than five general surgeons in the entire country.

Hand Surgery outreach

Members of the IFSSH over many years have been involved in volunteer hand surgery and rehabilitation projects in many developing countries around the world. Some of the member surgeons have worked individually through private contracts. Some members have been associated with their professional

college umbrella e.g. Orthopaedic Outreach from the Orthopaedic Association of Australia.

Others have been involved with Interplast, GraceWorks, Leprosy Mission, Resurge International and Cuban Medical Internationalism. Some have founded and/or managed non-profit organisations or NGOs dedicated to hand surgery in developing countries.

Australian orthopaedic outreach programmes started around 1970 with the CARE MEDICO programme in Indonesia. Subsequent educational programmes have been active and progressive in many nations. Individual surgeons work in many centres and this may lead to more formalised activity as they develop. Specific formal programmes of the Australian Orthopaedic Association occur now in Fiji, Papua New Guinea and the Solomon Islands, including training in





hand surgery.

In 1991, the American Society for Surgery of the Hand established a Volunteer Services Committee to foster international medical work by ASSH members in developing countries. The development of the 'Hands Around the World' Committee by the International Federation of Societies for Surgery of the Hand in 1992 presented a unique opportunity for world-wide collaboration in this work by Hand Surgeons.

In 1995 the Royal Australasian College of Surgeons successfully tendered for the Australian government AudAID project and became the provider of all tertiary surgical health services to the Pacific Island nations and Papua New Guinea. In 1998 the second phase of this activity began, with the upgrade of the Fiji School of Medicine and distance learning and teaching.

Member contributions

- Ulrich Mennen (President of the IFSSH and based in South Africa) feels that in developing countries it is more important to train willing practitioners how to do Hand Surgery, rather than to train them to become fully fledged Hand Surgeons. Gujera (from India) has the same view. Corrienne Van Velze (Past-President of the IFSHT and based in South Africa) has for many years been actively involved in training therapists in many developing countries on basic principles in Hand Therapy, splint making and rehabilitation, on occasion combined with Hand Surgery input from Ulrich Mennen.

- David Green has extensive experiences in non-sponsored volunteerism in Haiti (the State University Hospital of Haiti).
- Barry Gainor, Chairman of Health Volunteers overseas Inc. continues his work in Peru.
- Graham Gumley has for years organised Hand Surgical and other surgical treatments for the poor and underprivileged people at the Sihanouk Hospital Centre of Hope in Phnom Penh, Cambodia.
- Bruce Conolly and Peter Scougall have been involved in Hand Surgery and Rehabilitation projects in Vietnam, Laos and Myanmar. Bruce Conolly has also been involved in other projects in Africa, the Middle East and many South East Asian and Pacific Island countries.
- Grace Warren over many years has done Leprosy and other Hand Reconstruction work in numerous developing countries around the world.
- Des Soares, a Hand Surgeon based in Brisbane Australia from 1990 to 1997 worked as a Reconstructive Surgeon in the Leprosy Hospital in Nepal and since then has been involved in Pacific Island Projects (PIOA) with the support of Orthopaedic Outreach of the RACS of Australia.
- James Kong from Hong Kong and Burma has organised excellent Trauma courses in the Asia Pacific Region.
- Marco Lanzetta (Milan, Italy) has been involved in programs in Africa. In Africa a specific hand surgery humanitarian programme is provided

“Members of the IFSSH over many years have been involved in volunteer hand surgery and rehabilitation projects in many developing countries around the world”

by the NGO GICAM, an International Organisation with headquarters in Italy. Currently, this NGO is involved in programmes in the following countries: Ghana, Togo, Benin, Burkina Faso (all in West Africa) and Kenya. GICAM has also completed a three-year programme in Sierra Leone where they built and managed a small hospital in Makeni, about four hours' drive north of the capital Freetown.

Typically, GICAM teams are formed by 6-7 members which include two Hand Surgeons, one anaesthesiologist, two or three nurses, including a scrubbing nurse and one hand therapist. The team flies to specific hospitals where basic equipment for surgery and nursing care in the ward are guaranteed. All the necessary surgical instruments to perform low, medium and high level difficulty hand reconstructions are carried in specially designed steel trolleys which

accompany the team by air. Used material is reintegrated after every visit and prepared for the next trip. The visits are planned every three months and work is done on patients selected and put on a waiting list by the previous team. The average length of stay is about two weeks. GICAM Volunteer workers have come from Italy, Switzerland, Canada, Poland, and Czech Republic. GICAM deals mainly with paediatric post-traumatic disorders, congenital malformations, as well as secondary reconstruction of neglected trauma cases.

For more information on voluntary organisations see the list below:

1. Medical Missions **www.medicalmissions.org/mission-trips/hand-surgery-(orthopedic)/**
2. Gracepatt Ecotours **www.gracepattecotourskenya.org**
3. ReSurge International **www.resurge.org**
4. Emergency Surgery of the Hand in Developing Countries **www.ptolemy.ca/members/archives/2006/hand_1.htm**
5. Healing Hands **Globalportal.umich.edu/healing-hands.php**

EDITOR'S NOTE: The above Report is not necessarily exhaustive. Much goodwill to reach out and help is done by many more in far-flung places. On behalf of the IFSSH, a sincere appreciation is extended to all Hand Surgeons and Hand Therapists who so willingly give freely, to help those unfortunate who are in need. Also, a word of thanks is due to all those who generously support these humanitarian missions.

History of the International Federation of Societies for Hand Therapy

Compiled by Sarah Ewald, IFSHT President-Elect (2010 – 2013)

The International Federation of Societies for Hand Therapy (IFSHT) was founded in 1987 for the purpose of coordinating activities of the various national societies for hand therapy and increasing and enhancing the exchange of knowledge of hand therapy.

Thanks to an initial invitation from Dr Alfred Swanson on behalf of the IFSSH, the participation of therapists at the IFSSH Congresses in the Netherlands in 1980, USA in 1983, and Japan in 1986 helped to lay the groundwork for the founding of IFSHT.

It was the vision and inspiration of Evelyn Mackin that led the way towards the creation of IFSHT. In

December 1986, a group of therapists led by Mackin met during the joint meeting of the French Hand Surgery and Hand Therapy Societies in Paris, France. Encouraged by Doctors Raoul Tubiana (France), Yves Allieu (France) and Georgio Brunelli (Italy), the IFSHT was formed, officially registered as a Federation in Montpellier on 10th December 1987. Initial member societies were Belgium, France, Great Britain and USA.

Credit for the major portion of essential groundwork must be given to the first generation of hand therapists: Evelyn Mackin, Judy Colditz, Elaine Fess, Rosalyn Evans, and Judy Bell-Krotoski from the USA; Victoria Frampton from Great Britain, Paul van Lede and Jacques Otthiers from Belgium; Jean-Claude Rouzaud, Philippe Chamagne, and Dominique Thomas from France and Wim Brandsma from the Netherlands.

The first IFSHT Congress was held in Tel-Aviv, Israel in 1989. Ten country delegates from Australia, Belgium, France, Great Britain, Italy, Israel, New

Zealand, Poland, South Africa, and USA formed the council. Taiwan and the Netherlands attended as observers. Officers elected were Evelyn Mackin, President (USA); Jean-Claude Rouzaud, Secretary General (France); Corrianne van Velze, Historian (South Africa).

IFSHT continued meeting triennially: in Paris, France in 1992; Helsinki, Finland in 1995; Vancouver, Canada in 1998; Istanbul, Turkey in 2001; Edinburgh, Scotland in 2004; Sydney, Australia in 2007, and Orlando, Florida, USA in 2010. As often as possible, IFSHT meets at the same time and in the same location as IFSSH. In 2013 IFSHT and IFSSH will meet together in New Delhi, India. IFSHT continues to enjoy the co-operation and support of IFSSH.

To date there have been eight Presidents of IFSHT from six different countries:

- Evelyn Mackin (USA) 1987-1992 Tel Aviv, Israel
- Jean-Claude Rouzaud (France) 1992-1995 France
- Victoria Frampton (United





Picture of Presidents of IFSHT: Back row; (L) to (R): Maggi Persson (Sweden) 2004-2007; Annette Leveridge (UK) 2001-2004; Lynne Feehan (Canada) 2010-2013; Judy Colditz (USA) 2007-2010; Corriane van Velze, (South Africa) 1998-2001; Front row; (L) to (R): Victoria Frampton (UK) 1995-1998, Evelyn Mackin (US) 1987-1992, and Jean Claude Rouzaud (France) 1992-1995.

- Kingdom) 1995-1998 Vancouver
- Corriane van Velze (South Africa) 1998-2001 Istanbul
- Annette Leveridge (United Kingdom) 2001-2004 Edinburgh
- Margareta Persson (Sweden) 2004-2007 Sydney
- Judy Colditz (USA) 2007-2010 Orlando
- Lynne Feehan (Canada) 2010-2013 New Delhi

Organisational structure

In 2006 the official registration of IFSHT was moved to Winterthur, Switzerland and a Swiss bank account established for the Federation. Membership has continued to increase. Rather than waiting until each Triennial Delegates' Council Meeting to accept new member societies, IFSHT now is able to accept electronic voting for approval of membership and other matters

between the triennial congress times.

Currently the IFSHT has 31 full member countries, five corresponding members and 3 commercial members. Full members are Argentina, Australia, Belgium, Brazil, Canada, Colombia, Denmark, Finland, France, Germany, Greece, Hong Kong, India, Ireland, Italy, Japan, Kenya, Korea, Netherlands, New Zealand, Norway, Portugal, Slovenia, South Africa, Sweden, Switzerland,

Turkey, United Kingdom, United States of America, Uruguay, and Venezuela. Corresponding members are Latvia, Jordan, Bahrain, Barbados and Mexico.

In 2007 a new official IFSHT logo was chosen for IFSHT and is now synonymous with IFSHT. Prior to 2007, the IFSHT Newsletter was printed annually in paper form and distributed to member country delegates. Currently the IFSHT Update, a one-page newsletter is published electronically four times a year and distributed to all member societies as well as published in the US-based Journal of Hand Therapy and the UK-based Hand Therapy.

In 2008 the IFSHT Mission Statement was created: "Providing global networking and educational opportunities to develop and enhance the practice of hand therapy". This statement guides the IFSHT Executive Committee and delegates in their decision making.

The IFSHT is a totally voluntary organisation and currently does not maintain a central office. Communication within the Executive Committee is facilitated by electronic correspondence and electronic telephone conference calls. Funds for the activities supported by IFSHT come from annual membership fees, direct donations, and a triennial silent auction. The Triennial IFSHT Silent Auction helps to raise funds for therapists to attend the next IFSHT Triennial Congress. Goods from all over the hand therapy world are donated for this fun event.

The IFSHT membership fee has intentionally been kept reasonable at \$50.00 (US) per annum plus \$1.00

"In addition to our Triennial Congresses, IFSHT continues to seek ways in which we can provide networking and educational opportunities to further the practice of Hand Therapy throughout the world"

(US) per member of the member organisation, so even the smallest society can afford to participate.

IFSHT activities

The development of the IFSHT website was begun in 2001, and is updated regularly. The website serves as an information and communication platform between member countries of the IFSHT as well as for the general public. (www.ifsht.org)

The IFSHT has developed sponsorship opportunities for therapists to attend international meetings and has supported projects to teach therapists about hand therapy. IFSHT has supported volunteer teaching projects in Moldova, Peru, and Armenia. The Federation has also helped make connections for projects and encourages therapists to share their

expertise. Past President Maggi Persson, has travelled to Kenya and Ethiopia to provide hand therapy courses to local therapists and is one of many dedicated, highly skilled hand therapists who travels the world sharing skills and knowledge with other therapists wishing to develop their hand therapy skills. IFSHT also has a visiting therapist programme that allows therapists to contact hand therapists in other countries and arrange clinical visits. This cultural and educational exchange was initially formulated in 1998. IFSHT also assists with locating hand therapists for patients who are travelling outside their home country.

The IFSHT Education Committee maintains a list of International Hand Therapy Educators as well as a list of educational and clinical training programmes in a variety of countries.

In 2009 IFSHT received a donation of hand dynamometers and has developed a dynamometer donation programme. To date approximately 81 instruments have been donated to hand therapy clinics around the world in locations such as Honduras, Thailand, Kenya, Ethiopia, Ecuador and Bhutan to name a few.

In addition to our Triennial Congresses, IFSHT continues to seek ways in which we can provide networking and educational opportunities to further the practice of Hand Therapy throughout the world.

For more information please visit www.ifsht.org

Risk Factors for Posttraumatic Heterotopic Ossification of the Elbow

USA

A recent article in the *Journal of Hand Surgery* (Volume 37 number 7) investigated the risk factors for posttraumatic heterotopic ossification of the elbow. Led by Dr George Dyer from the Department of Orthopaedic Surgery at Brigham and Women's Hospital in Boston, the purpose of the study was to define factors associated with development of heterotopic ossification (HO).

"We were puzzled as to why patients with very similar injuries had such different outcomes in terms of HO. We hoped that by systematically comparing patients with and without HO we might come to understand better," explained Dr Dyer.

The team used a prospective fracture registry collected in 2 Level I trauma centers and medical chart review to examine all elbow fractures treated surgically between 2002 and 2009. The database contained 786 elbow fractures treated surgically. Of these, 55 developed clinically relevant HO.

For Dyer, the most interesting observations of the study were that certain injury patterns seem more likely than others to have this

complication. "We were intrigued that prolonged immobilisation either before or after surgery seems to be a predisposing factor," he continued.

The study concluded that HO of the elbow occurs frequently after surgical repair of elbow fractures, with an incidence of 7% in this registry. In the case-control sample, conditions associated with development of HO included longer time to surgery and longer time to mobilisation after surgery.

"This is a surprisingly common complication. We hope our findings will help surgeons counsel their patients and minimise those risk factors they may be able to control. We are continuing to study several aspects of this going forward," he concluded.

"This is a surprisingly common complication. We hope our findings will help surgeons counsel their patients and minimise those risk factors they may be able to control"

JOURNAL REFERENCE

Risk Factors for Posttraumatic Heterotopic Ossification of the Elbow: Case-Control Study (*Journal of Hand Surgery*, Volume 37, Issue 7, July 2012 1422-1429)

Pathologies of the ECU Tendon and its Investments in the Athlete

USA

A recent article in *Hand Clinics* (Volume 28, Issue 3) looked at the pathologies of the extensor carpi ulnaris (ECU) tendon in athletes. Dr Thomas Graham, from the Department of Orthopaedic Surgery at Cleveland Clinic in Cleveland, USA, has treated a large number of athletes over the years and has developed an appreciation of the unique anatomy, unusual forces, and proclivity for injury in this particular group.

“For the student of the wrist, often the journey of discovery starts with recognition of a clinical problem, then translates into a deeper inquiry of the pathologic anatomy and mechanics. The whole process ends with introduction of improved methods of care and rehabilitation that are judged by objective and subjective outcome metrics.

Our practice has cared for over 1,500 professional athletes over the last two decades, so our insight and experience into this unique population is considerable. We saw pathologies of the ECU and its investments, a relatively rare injury in the general population, with great frequency in the stick-and-ball athlete (baseball, golf, hockey, tennis). Not only did we seek objective data to determine the mechanisms of failure of the

“There has been either too little appreciation or a general misunderstanding of the native, and thus the pathologic, anatomy that leads to injury and disorders about the ECU complex”

ECU ecosystem, we also saw ways to improve results with anatomically-based reconstructions,” Dr Graham explained.

For Graham, besides casting a renewed spotlight on this injury for those involved in care of the athlete’s wrist and hand, this study highlighted two subtopics deserve emphasis.

“First, there has been either too little appreciation or a general misunderstanding of the native, and thus the pathologic, anatomy that leads to injury and disorders about the ECU complex. The interplay of the

tendon, its bony sulcus, the subsheath and the extensor retinaculum must be appreciated before we can adequately describe problems and treat them effectively. I’d like to think we accomplished that,” he continued.

Next, Graham and his team tried to show how logical the ulnar-based flap reconstruction is compared to the historical methods which violated the structures on which surgeons should be most reliant to control the ECU tendon. “Coupled with a fresh look at handling the osseous anatomy (‘recontouring’ versus simple deepening of the sulcus), I think we showed why our results have been consistent and usually superior to these existing methods,” he added.

He believes that once the fine anatomy of the region is embraced, then a deeper understanding of the pathologies that follow can be gleaned. “We can also better understand that the type of problem our patients are experiencing are not necessarily uniform; tendinitis, tendinosis and instability and distinct manifestations of ECU complex pathology,” he continued.

For him, it all starts with an understanding of the anatomy, and then the pathoanatomy. “From what I am learning, our descriptions

have been an eye-opener for many readers. However, it all culminates in the decision-making about treatment of these patients. Often, this will be nonsurgical, but the logical reconstruction we describe is now being integrated into our colleague's practices and this is gratifying to see their enhanced results," he said.

Regarding future research in this area, Graham welcomes the reproduction and validation of his results. "I hope that the clinical anatomists will return to the lab and see what we saw. Frankly, our colleagues in Radiology have been one of the most enthusiastic groups exposed to our work, because they now can justify what they are seeing on sophisticated MRI's and correlate them with what we described instead of trying to fit them into existing descriptions of pathology.

At the end of the day, this is about outcomes – in my practice where the majority of patients are performing athletes, the outcome of importance is return-to-play. We have demonstrated that our new approach returns our athlete population to their sport effectively. I now encourage my colleagues to critically analyse their results similarly," he concluded.

JOURNAL REFERENCE

Pathologies of the Extensor Carpi Ulnaris (ECU) Tendon and its Investments in the Athlete (Hand Clinics, Volume 28, Issue 3. August 2012 345-356)

The Interosseous Muscles: The Foundation of Hand Function

USA

In a recent paper in Hand Clinics (Volume 28 Issue 1) Dr Frederic Liss from Malvern, USA, explored the topic of the interosseous muscles. The interosseous muscles of the hand can be thought of as the cornerstone of hand function, as they provide a foundation for all intrinsic and extrinsic hand movements. Innervated by the ulnar nerve and organised in dorsal and palmar layers, these pivotal muscles have small excursion yet great impact on finger balance, grip, and pinch function, particularly when impaired by denervation and/or contracture.

"The main aim of the article was to give a practical understanding of the role of the interosseous muscles as a foundation to all hand function, and therefore emphasise the concept of their consideration in the treatment of virtually all maladies of the hand, whether direct or indirect," Dr Liss explained.

Liss believes all surgeons reading this article should understand that, although not readily apparent in the casual observation of extrinsic function of the hand, these intrinsic muscles are always actively or passively functioning and critical to understanding both normal and pathological hand function.

"In the future I intend to develop

"These intrinsic muscles are always actively or passively functioning and critical to understanding both normal and pathological hand function"

the concepts further for teaching residents and fellows a practical understanding of this critical group of muscles, in order that the young hand surgeon has a usable model for applying the knowledge to their clinical practices going forward," he concluded.

JOURNAL REFERENCE

The Interosseous Muscles: The Foundation of Hand Function (Hand Clinics, Volume 28, Issue 1, February 2012 9-12)

Pioneers in Hand Surgery

IFSSH pioneer profile

Sydney Sunderland

Sydney Sunderland was born in Brisbane on the last day of 1910. He completed his schooling at Brisbane State High School, was awarded an Open Scholarship in 1930 and started a science course at the University of Queensland. At that time there was no medical school in the University of Queensland. As top student in first year Science, he won the Raff Memorial Scholarship, which allowed him to enter second year medicine in the University of Melbourne. Sunderland graduated as top student in medicine in 1935, having 'topped' every other year along the way and been awarded the Exhibition and Dwight Prize in Anatomy, the Jamieson Prize in Clinical Medicine, the Keith Levi Scholarship, and the Fulton Scholarship in Obstetrics and Gynaecology. He also passed the Primary Fellowship Examination of the Royal College of Surgeons (London) a year before graduating.

As a medical student, Sydney Sunderland was attracted to research. He was influenced by the neurologist Leonard Cox, and by the Professor of anatomy at Melbourne, Frederic Wood Jones. These senior colleagues guided Sunderland's interests toward neurology. On graduation Sunderland was offered a Senior Lectureship in Anatomy and a position as Assistant

Neurologist in Cox's neurological clinic at the Alfred Hospital. He was also Assistant to the eminent surgeon, Hugh Trumble. Wood Jones arranged Sunderland's appointment as a Demonstrator in the Department of Human Anatomy in Oxford with Le Gros Clark. In 1938 he was offered, and accepted, the chair of anatomy in the University of Melbourne when only 27 years old. He took up this position in 1940, allowing him to complete the research he had begun in Oxford, spending time in the neurosurgical unit of the first Nuffield Professor of Surgery, Sir Hugh Cairns, and collaborating with the brilliant Pio del Rio-Hortega who introduced Sunderland to the various silver staining techniques he had been involved in developing for visualising the fine structure of neurons and glial cells. Before returning to Melbourne, Sunderland spent three months in the Montreal Neurological Institute with Wilder Penfield's group. Penfield received the Nobel Prize and the Order of Merit, having developed methods of identifying and mapping those regions of the cortex directly concerned with the voluntary movement of the limbs and the perception of the surrounding world.

Influenced by these teachers, as well as Earl Walker at Johns Hopkins,

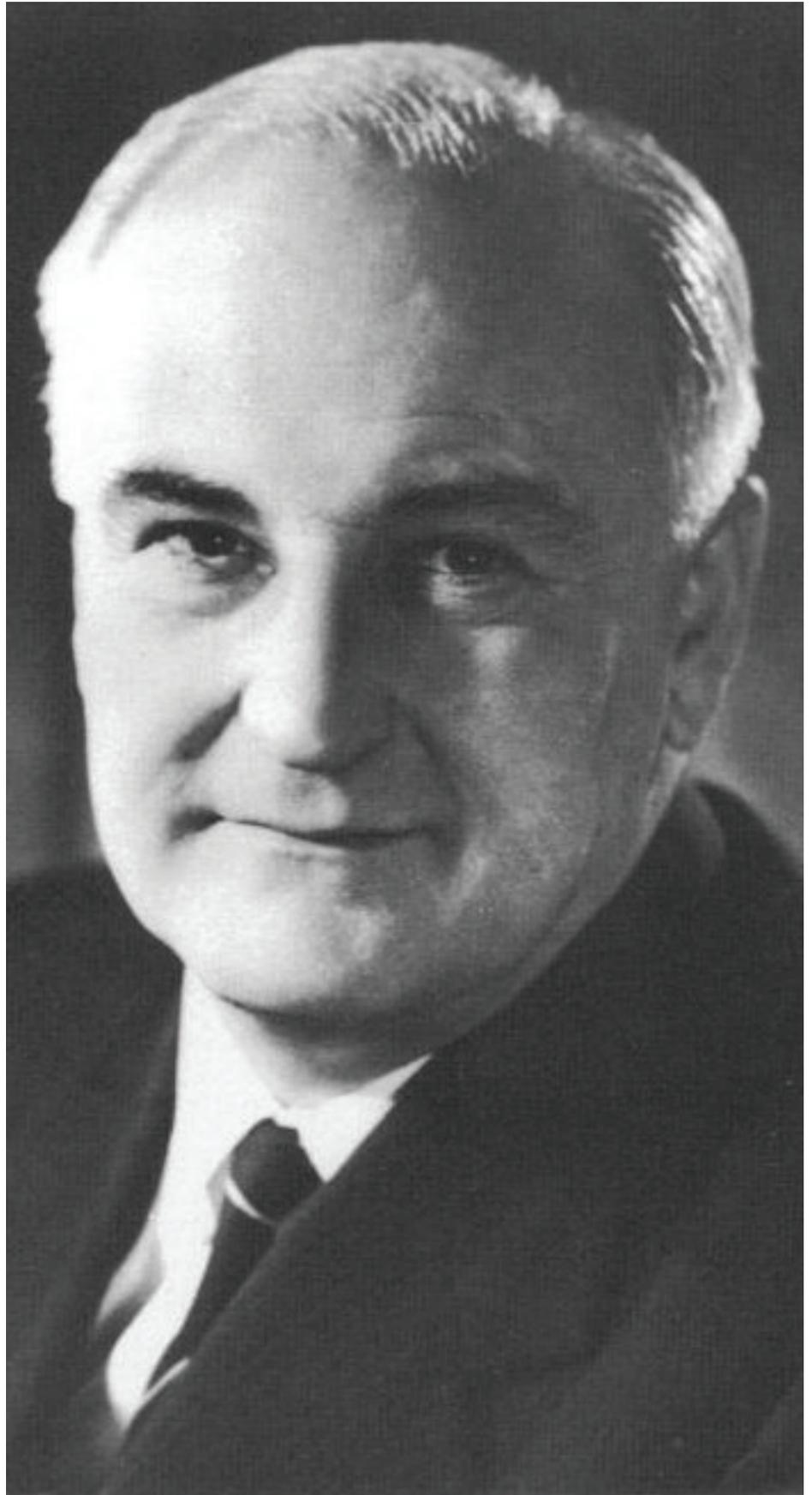
he turned his research focus to the human peripheral nervous system and its responses to injury, partly as a consequence of the circumstances dictated by the Second World War in which many Australian troops were chronically disabled by nerve injuries produced by penetrating injuries of the limbs.

Throughout his career Sunderland retained wide research interests, evident from papers published on various aspects of topographic anatomy, structure of the cerebral cortex, the connections of the hypothalamus, the vascular supply of various organs and tissues, the pupilloconstrictor pathways, and medical education. Nonetheless, the majority of his papers were focused on the structure of human peripheral nerves, the pathophysiology of nerve injury and regeneration, the disabilities of hand function resulting from nerve injuries of the forelimb, and the natural history of anatomical and functional recovery following these injuries. Sunderland considered that his own work 'was at all times directed to the elucidation of those principles on which the clinical management of nerve injuries should be based'. Much of the reparative surgery on which Sunderland based his long-term studies was performed by his mentor,

Hugh Trumble. The two editions of *Nerves and Nerve Injuries* (1968, 1978), and *Nerve Injuries and Their Repair* (1991) summarise this large body of work. In his later life Sunderland was often referred to as the 'father of modern nerve surgery'. In 1979 he was the honoured Founders Lecturer of the American Society for Surgery of the Hand at its meeting in San Francisco. Sunderland became an honorary member of the Australian Hand Surgery Society in 1979 and in 1986, at the Tokyo International Federation of Societies for Surgery of the Hand Triennial Congress, he was cited as a 'Pioneer in the Field of Hand Surgery'.

Sunderland was the sole author of about 75% of his published papers. Although meticulous and elegantly planned, his research did not depend on the use of technically innovative procedures and equipment, reflecting his view that good research is the product of carefully shaped questions, accurate observation and thoughtful analysis of the data obtained. Sunderland dismissed mindless experimentation.

His great contributions included the examination and description of the fascicular anatomy of all the major nerve trunks in the human subject, and studies confirming the biology of peripheral nerves, the reliance of



their function on the blood supply and the organisation of the interfascicular connective tissue of each nerve. He studied the axon populations of peripheral nerves, their responses to injury, and their subsequent degeneration and regeneration. He showed that full restoration of muscle function following interruption of its nerve supply depends on much more than the simple re-establishment of neuromuscular continuity. He examined the manner and rate of regeneration of previously interrupted peripheral nerve axons, how this varied in different nerves and was modified by the type of nerve injury, and how different types of surgical repair could influence the final recovery of sensory or motor function in the patient.

Sunderland's contribution to the understanding of the basis of causalgia was to bring together the evidence for a central spinal location for its neuropathology. He developed a classification of peripheral nerve injuries based on the histopathology of the nerve injury, rather than its cause. He recognised five stages of nerve damage, increasing in severity from loss of nerve conduction in structurally intact axons, loss of axonal continuity and associated Wallerian degeneration, the disruption of the internal structure of nerve fascicles, the disorganisation of the nerve trunk's fascicular anatomy, and finally the loss of continuity of the nerve trunk. He approached each problem through questions that would be clinically relevant, and examined them systematically in terms of the known neuroanatomy and neurophysiology. He was always practical and down-to-earth in his

approach and, especially in his 'bible' on nerve injuries, explaining carefully how sensorimotor dysfunction might be assessed by the neurologist in the months following nerve injury or attempts at repair.

Sydney Sunderland was elected Dean of the Faculty of Medicine in 1953, continuing in that position until 1971. He continued working in the Department of Anatomy as Emeritus Professor until 1993.

He was an active member of many Federal Government committees, including membership of the National Health and Medical Research Council and its Medical Research Advisory Committee, member of the Advisory Medical Board of Australia, member of the Australian Universities Commission, the Protective Chemical Research Advisory Committee, the Safety Review Committee of the Australian Atomic Energy Commission, and the National Radiation Advisory Committee.

Sydney Sunderland was created a Knight Bachelor by the Governor-General of the Commonwealth of Australia in 1971 'for distinguished services to medicine and government'. Sunderland was one of the 23 Foundation Fellows of the Australian Academy of Science and played an important part in its early development.

A remarkable and unique tribute to Sydney Sunderland's contribution to the clinical study of nerve injury was the formation of the Sunderland Society in the early 1980s. A group of American surgeons including Drs Spinner, Curtis, Kutz, Omer, Wilgis, Jabalay, Urbaniak, Tupper and Goldner formed a Study Group and invited

clinicians and research scientists with an interest in peripheral nerves to meet periodically to exchange their clinical experience, to assess recent advances in research on peripheral nerves, to establish what important issues were not understood, and to attempt to direct research into these latter problems. The Study Group decided to adopt the name of the Sunderland Society.

Sunderland dedicated all his monographs to his wife, Nina Gwendoline Sunderland, and insisted that without her help and support throughout his career these would not have been published. Lady Sunderland graduated as a lawyer at the University of Melbourne in 1938, before her marriage to Sydney in 1939, and completed her articles on returning to Australia. After that she committed much of her time to helping him prepare and publish his many research papers and his three major books, and she accompanied him to many of the professional meetings at which he spoke. Their son, Ian Sydney Sunderland, graduated in medicine at the University of Melbourne, and is Investigating Officer for the Medical Practitioners Board of Victoria.

Sir Sydney Sunderland died on 27th August 1993, in his 83rd year. He will be remembered for the outstanding man that he was and the work which he leaves behind.

**This information was a précis of a memoir of Sir Sydney Sunderland, written by Ian Darian-Smith. The IFSSH acknowledges the assistance of the Australian Academy of Science in allowing reproduction of this information.*

Clinical case



What is the diagnosis? What would you suggest for further management?

Boy, 19 months old, no history of injury or infection, full function, no pain or discomfort, clinically normal looking arm, no skin lesions.

Please send your comments/suggestions to ezine@ifssh.info



IFSSH 2010 SEOUL
13th Triennial Congress of the International Federation of
Societies for Surgery of the Hand
October ~ 4 November 2010 Sheraton Grand Walkerhill Hotel, Korea



For the members by the members...

The IFSSH eazine is created with the intention of engaging the global hand surgery community and to promote the profession through the sharing of knowledge.

In order for the IFSSH eazine to remain relevant and topical, we rely on you, our readers, to:

- Subscribe to receive the eazine
FREE OF CHARGE 4 times per year
- Submit letters to the editor
- Provide us with feedback about the eazine

CLICK HERE

TO COMPLETE A
5 MINUTE SURVEY
ABOUT THE
IFSSH EAZINE

Journal Highlights

Below is a selection of contents pages from the latest issues of the following leading hand surgery journals. Hover your mouse over each article heading and click to go to the original abstract page of the article.

Newly launched Journal of Wrist Surgery Latest issue 01 August 2012

- "Remotion" Total Wrist Arthroplasty: Preliminary Results of a Prospective International Multicenter Study of 215 Cases Herzberg, Guillaume; Boeckstyns, Michel; Sorensen, Allan Ibsen; Axelsson, Peter; Kroener, Karsten; Liverneaux, Philippe; Obert, Laurent; Merser, Soren:
- Preliminary Experience with a New Total Distal Radioulnar Joint Replacement Timothy J. Ewald¹, Kshamata Skeete¹, Steven L. Moran^{1, 2}
- Pyrocarbon Interposition Wrist Arthroplasty in the Treatment of Failed Wrist Procedures. Bellemère, Philippe; Maes-Clavier, Catherine; Loubersac, Thierry;
- Gaisne, Etienne; Kerjean, Yves; Collon, Sylvie:
- Proximal Row Carpectomy Combined with Wrist Hemiarthroplasty Culp, Randall W.; Bachoura, Abdo; Gelman, Scott E.; Jacoby, Sidney M.:
- Scaphocapitolunate Arthrodesis and Radial Styloidectomy for Posttraumatic Degenerative Wrist Disease Klausmeyer, Melissa A.; Fernandez, Diego L.; Caloia, Martin:
- Wide-Awake Wrist Arthroscopy and Open TFCC Repair Hagert, Elisabet; Lalonde, Donald H.:
- Midcarpal Hemiarthroplasty for Wrist Arthritis: Rationale and Early Results Vance, Michael C.; Packer, Greg; Tan, David; Crisco, J.J. Trey; Wolfe, Scott W.
- TILT Following a TFCC Tear: A Case Report. Wollstein, Ronit; Unadkat, Jignesh; Grand, Aaron:
- Variable Angle Locking Intercarpal Fusion System for Four-Corner Arthrodesis: Indications and Surgical Technique. González del Pino, Juan; Campbell, Douglas; Fischer, Thomas; Vázquez, Fiesky Núñez; Jupiter, Jesse B.; Nagy, Ladislav:
- Anatomical Illustration of Tensegrity and Dynamic Stability of the DRUJ Hagert, Elisabet:

Journal of Hand Therapy Volume 25, Issue 4, October – December 2012

- Reliability of Infrared Thermometric Measurements of Skin Temperature in the Hand – Tara L. Peckham, Diana Fok, Karen Frederikson, Lehana Thabane, et al.
- Rehabilitation of the Medial- and Lateral Collateral Ligament-deficient Elbow: An In Vitro Biomechanical Study – Bashar Alolabi, Alia Gray, Louis M. Ferreira, James A. Johnson, et al.
- Rehabilitation Protocol after Suspension Arthroplasty of Thumb Carpometacarpal Joint Osteoarthritis – Yaprak Ataker, Eftal Gudemez, Sibel Comert Ece, Nazan Canbulat, et al.
- Clinical Commentary in Response to: "Rehabilitation Protocol After Suspension Arthroplasty of Thumb Carpometacarpal Joint Osteoarthritis" – Kristin Biggins, Michele Taft
- Packaging—A Problem for Patients with Hand Disorders? A Cross-sectional Study on the Forces Applied to Packaging Tear Tabs – Miriam Marks, Carina Muoth, Jorg Goldhahn, Andrea Liebmann, et al.
- Hand Grip Function Assessed by the Box and Block Test is Affected by Object Surfaces – Na Jin Seo, Leah R. Enders
- The Branchial Plexus Outcome Measure: Development, Internal Consistency and Construct Validity – Emily S. Ho, Christine G. Curtis, Howard M. Clarke

Hand Clinics

Latest issue is: Volume 28 ■ Issue 3 August 2012

- Scapholunate Interosseous Ligament Disruption in Professional Basketball Players: Treatment by Direct Repair and Dorsal Ligamentoplasty Charles P. Melone Jr. MD, Daniel B. Polatsch, MD, Gary Flink, MSPT, Bradley Horak, MD, Steven Beldner, MD
- Perspective on Scapholunate Ligament Injuries in Baseball Players Thomas J. Graham
- Surgical Treatment of Scapholunate Dissociation in the Professional Basketball Player: Commentary Charles P. Melone Jr., MD Daniel B. Polatsch, MD
- Commentary: Scapholunate Ligament Injuries in Professional Football Players Gordon A. Brody
- Scaphoid Fracture in the Elite Athlete Mark R. Belsky, Matthew I. Leibman, David E. Ruchelsman
- Commentary: Scaphoid Fracture in an Elite or Professional Baseball Player Mark R. Belsky
- Commentary on Scaphoid Fractures in Basketball Michelle G. Carson
- Scaphoid Fractures in Professional Football Players R. Glenn Gaston
- Return to Play After Scaphoid Fractures in Hockey Players Jeffrey B. Husband
- Fractures of the Hamate and Pisiform Bones Kieran O'Shea, Andrew J. Weiland
- Treatment of Fracture of Hook of the Hamate in Baseball Players Andrew J. Weiland
- Hook of Hamate and Pisiform Fractures in Basketball and Hockey Players Jeffrey B. Husband
- Hamate and Pisiform Fractures in the Professional Football Player Arthur C. Rettig
- Triangular Fibrocartilage Complex Injuries in the Elite Athlete Jason H. Ko, Thomas A. Wiedrich
- Baseball Commentary "Traumatic TFCC Tear" Norah M. Harvey, Randall W. Culp
- The Elite Athlete: Triangular Fibrocartilage Tears in Basketball Players Thomas C. Howard
- The Treatment of TFCC Injuries in Football Players Thomas A. Wiedrich
- The Management of Ulnocarpal Abutment and Degenerative Triangular Fibrocartilage Complex Tears in the Competitive Athlete Claudius D. Jarrett, Mark E. Baratz
- Central TFCC Tears in Baseball Players Mark E. Baratz
- Elite Athlete: Chronic DRUJ Instability or Central TFC Tears Thomas C. Howard
- Central TFC Tear/Ulnar Impaction Injuries in Professional Football Players A. Lee Osterman
- Pathologies of the Extensor Carpi Ulnaris (ECU) Tendon and its Investments in the Athlete Thomas J. Graham
- Treatment of ECU Injuries in Professional Baseball Players Thomas J. Graham
- ECU Tendonitis and Subluxation in Elite Basketball Dean W. Smith
- Thumb Metacarpophalangeal Joint Collateral Ligament Injury Management Arthur T. Lee, Michelle G. Carson
- Baseball Commentary "Thumb Ligament Injuries: RCL and UCL" Kimberly S. Chhoor, Randall W. Culp
- Commentary on RCL/UCL Injury in Basketball Michelle G. Carlson
- Thumb Metacarpophalangeal Joint Ligament Injury: Football Commentary Claude S. Williams
- Fractures of the Thumb and Finger Metacarpals in Athletes Duretti T. Fufa, Charles A. Goldfarb
- Commentary Metacarpal Fracture in the Professional Baseball Player Charles A. Goldfarb
- Sports-Specific Commentary on Bennett's Fractures in Professional Basketball Players: Bennett Fractures and Metacarpal Fractures Carlton Clinkscales
- Sport-Specific Commentary on Bennett and Metacarpal Fractures in Football – Peter Evans, Khurram Pervaiz
- Phalangeal Fractures: Displaced/Nondisplaced – R. Glenn Gaston, Christopher Chadderdon
- Phalangeal Fractures in Baseball: Commentary Steven S. Shin
- Sports Specific Commentary: Phalangeal Fractures in Basketball – Peter Evans, Khurram Pervaiz
- Football Commentary: Phalangeal Fractures – Displaced/Nondisplaced – R. Glenn Gaston
- Proximal Interphalangeal Joint Fracture Dislocations: Stable and Unstable – Claudia S. Williams
- Proximal Interphalangeal Joint Fracture Dislocations in Professional Baseball Players – Michael V. Birman, Melvin P. Rossenwasser
- Sports-Specific Commentary on PIP Joint Fracture Dislocations in Professional Basketball Players - Carlton Clinkscales
- Football Commentary: PIP Fracture – Claude S. Williams
- Tendon Ruptures: Mallet, Flexor Digitorum Profundus - Peter C. Yeh, Steven S. Shin
- Baseball Commentary – Tendon Ruptures, FDP – Steven S. Shin
- Tendon Ruptures: Mallet, FDP and ECRB Tendon Ruptures Associated with Lunotriquetral Coalitions in Professional Basketball Players – E. Anne Ouellette
- Tendon Ruptures: Mallet, FDP in Football Gordon A Brody
- Boutonnière and Pulley Rupture in Elite Athletes – James T. Marino, Gary M. Lourie
- Boutonnière and Pulley Rupture in Elite Basketball Players Andrew J. Weiland
- Boutonnière and Pulley Rupture in Elite Basketball – Dean W. Smith
- Boutonnière and Pulley Rapture Football Commentary – Gary M. Lourie

Hand

Volume 1 / 2006 - Volume 7 / 2012

- Ulnar nerve ligation after removal of Norplant: a case report - Joshua M. Adkinson and Jay S. Talsania
- Anatomic reconstruction of the radioulnar ligament - Mark Henry
- A new documentation system for congenital absent digits - Neil F. Jones and Jesse Kaplan
- Modification of VY flap to preserve fingertip contour - Tun Lin Foo and Kerry Hiu-Mei Wan
- Development of a method for analyzing three-dimensional scapula kinematics - William E. Janes, J. M. Brown, J. M. Essenberg and J. R. Engsborg
- Unusual proximal dislocation without fracture: a case report - Sheriff D. Akinleye, Amun Makani, Murray K. Dalinka and Benjamin Chang
- Locking of the index finger metacarpophalangeal joint due to a chronic osteochondral fracture fragment of the metacarpal head: a case report - SuRak Eo and Neil F. Jones
- Association between individual DASH tasks and restricted wrist flexion and extension after volar plate fixation of a fracture of the distal radius - Arjan G. J. Bot, J. Sebastiaan Souer, C. Niek van Dijk and David Ring
- Corticocancellous olecranon autograft for metacarpal defect reconstruction: a case report - Anna Babushkina and Scott Edwards
- Incidence of metacarpal fractures in the US population - Michael N. Nakashian, Lauren Pointer, Brett D. Owens and Jennifer Moriatis Wolf
- A three-step technique to correctly identify the trapezium without the need for fluoroscopic imaging - W. Jamil, A. McMurtrie, P. Nesbitt and L. T. Muir
- Pediatric blastomycotic osteomyelitis of the hand - Jason M. Erpelding, David W. Meister and Roger A. Daley
- Does the quality, accuracy, and readability of information about lateral epicondylitis on the internet vary with the search term used? - Christopher J. Dy, Samuel A. Taylor, Ronak M. Patel, Moira M. McCarthy and Timothy R. Roberts, et al.
- Evaluation of patients' perception of safety to drive after outpatient, minimally invasive procedures of the hand - Warren C. Hammert, Ronald Gonzalez and John C. Elfar
- Late presentation of isolated digital contracture following forearm fracture - Hilton P. Gottschalk, Eric Szczesniak and Randy R. Bindra
- Carpal tunnel syndrome caused by a large osteochondroma - A. Wong, S. Watson, A. Bakula and D. Ashmead
- A cost analysis of staged and simultaneous bilateral carpal tunnel release - John C. Elfar, Mohab B. Foad, Susan L. Foad and Peter J. Stern

Journal of Hand Surgery (European Volume)

October 2012 J Hand Surg Eur Vol 37, Issue 8

- Nonoperative treatment of PIPJ flexion contractures associated with Dupuytren's disease - J. Larocerie-Salgado and J. Davidson
- Management of severe Dupuytren's contracture of the proximal interphalangeal joint with use of a central slip facilitation device - J.W. White, S.-N. Kang, T. Nancoo, D. Floyd, S.B.S. Kambhampati and McGrouther
- A pilot study assessing the effectiveness of postoperative splinting after limited fasciectomy for Dupuytren's disease - M.A. Kemler, P. Houpt and C.M.A.M van der Horst
- Reconstruction of hypoplastic thumb using hemi-longitudinal metatarsal transfer - C.S. Chow, P.C. Ho, W.L. Tse and L. K. Hung
- Blauth II thumb hypoplasia: a management algorithm for the unstable metacarpophalangeal joint - P. Smith, B. Sivakumar, R. Hall and A. Fleming
- Thumb strength in all types of triphalangeal thumb - J.M. Zuidam, R.W. Selles and S.E.R. Hovius
- Traumatic ulnar translocation of the carpus: early recognition and treatment - J.C. Berschback, D.M., Kalainov, S.N. Husain, T.A. Wiedrich, M.S. Cohen and D.J. Nagle
- Fragment-specific fixation for complex intra-articular fractures of the distal radius: results of a prospective single-centre trial - A.S. Gavaskar, S. Muthukumar, and N. Chowdary
- Management strategies for shoulder reconstruction in obstetric brachial plexus injury with special reference to loss of internal rotation after surgery - M. Sibinski, T.E.J. Hems and D.A. Sherlock
- Tendon transfer for treatment of internal rotation contracture of the shoulder in brachial plexus birth palsy - H. Abdel-Ghani, K.A. Hamdy, N. Basha and Y.N. Tarraf
- Long-term follow-up of periarterial sympathectomy for chronic digital ischaemia - K. Murata, S. Omokawa, Y. Kobata, Y. Tanaka, H. Yajima and S. Tamai

Journal of Hand Surgery: American volume Volume 37, Issue 1, Pages A1-A30, 1529-1762 (October 2012)

- A National Survey of Program Director Opinions of Core Competencies and Structure of Hand Surgery Fellowship Training - Erika Davis Sears, Bradley P. Larson, Kevin C. Chung
- Commentary on Core Competencies in Fellowship Training - Marybeth Ezaki
- Use of Bioabsorbable Nerve Conduits as an Adjunct to Brachial Plexus Neuroorrhaphy - Scott W. Wolfe, Helene L. Strauss, Rohit Garg, Joseph Feinberg
- Transfer of Median and Ulnar Nerve Fascicles for Lesions of the Posterior Cord in Infraclavicular Brachial Plexus Injury: Report of 2 Cases - Antonio García-López, David Perea
- Transfer of Nerve Branch to the Brachialis to Reconstruct Elbow Extension in Incomplete Tetraplegia: Case Report - Jayme Augusto Bertelli, Marcos Flávio Ghizoni
- Symptomatic Neural Loop Causing Hemidigital Anesthesia: Case Report - Kurt J. Hofmann, David E. Ruchelsman
- Treatment of Carpal Tunnel Syndrome by Members of the American Society for Surgery of the Hand: A 25-Year Perspective - Charles F. Leinberry, Michael Rivlin, Mitchell Maltenfort, Pedro Beredjiklian, Jonas L. Matzon, Asif M. Ilyas, Douglas T. Hutchinson
- Missed Childhood-Onset Carpal Tunnel Syndrome Diagnosed as Chronic Pain: Case Report - Anselm Harry Wong, Michael I. Horowitz, Steven B. Watson, H. Kirk Watson
- Schwannoma of the Hand in an Infant: Case Report - Ian C. Sando, Shimpei Ono, Kevin C. Chung
- Sonographic Appearance of the Flexor Tendon, Volar Plate, and A1 Pulley With Respect to the Severity of Trigger Finger - Junko Sato, Yoshinori Ishii, Hideo Noguchi, Mitsuhiro Takeda
- Anatomy of the Thumb
- Metacarpophalangeal Ulnar and Radial Collateral Ligaments - Michelle Gerwin Carlson, Kristin K. Warner, Kathleen N. Meyers, Krystle A. Hearn, Peter L. Kok
- The Effect of Osteoporosis on Outcomes of Operatively Treated Distal Radius Fractures - Shannon K. FitzPatrick, Natalie E. Casemyr, David Zurakowski, Charles S. Day, Tamara D. Rozental
- Incidence and Clinical Outcomes of Tendon Rupture Following Distal Radius Fracture
Brian D. White, Jason A. Nydick, Dawnne Karsky, Bailee D. Williams, Alfred V. Hess, Jeffrey D. Stone
- Corrective Osteotomy for Combined Intra- and Extra-articular Distal Radius Malunion - Geert A. Buijze, Karl-Josef Prommersberger, Juan González del Pino, Diego L. Fernandez, Jesse B. Jupiter
- Normative Data on Wrist Function - Matthias Klum, Maya B. Wolf, Peter Hahn, Franck M. Leclère, Thomas Bruckner, Frank Unglaub
- Use of an Iliac Crest Growth Plate for the Development of a Neo-articulation for Congenital Transverse Deficiencies at the Wrist - F. Deroussen, R. Gouron, M. Juvet-Segarra, C. Maes-Clavier, M.C. Plancq, L.M. Collet
- Complex Syndactyly: Aesthetic and Objective Outcomes - Charles A. Goldfarb, Jennifer A. Steffen, Christopher M. Stutz
- Metacarpal Synostosis: Treatment With a Longitudinal Osteotomy and Bone Graft Substitute Interposition - Hilton P. Gottschalk, Michael S. Bednar, Molly Moor, Terry R. Light
- Recurrence of Radial Bowing After Soft Tissue Distraction and Subsequent Radialization for Radial Longitudinal Deficiency - Caroline Dana, Jean-Charles Aurégan, Arielle Salon, Stéphane Guéro, Christophe Glorion, Stéphanie Pannier
- The Effectiveness of Pedicled Groin Flaps in the Treatment of Hand Defects: Results of 49 Patients - Ole Goertz, Nicolai Kapalschinski, Adrien Daigeler, Tobias Hirsch, Heinz H. Homann, Lars Steinstraesser, Marcus Lehnhardt, Hans U. Steinau
- Correction of Contracture and Recurrence Rates of Dupuytren Contracture Following Invasive Treatment: The Importance of Clear Definitions - Paul M.N. Werker, Gary M. Pess, Annet L. van Rijssen, Keith Denkler
- Dupuytren Diathesis and Genetic Risk - Guido H. Dolmans, Geertruida H. de Bock, Paul M. Werker
- Complications Following Distal Biceps Repair - Richard A. Cain, Jason A. Nydick, Matthew I. Stein, Bailee D. Williams, John A. Polikandriotis, Alfred V. Hess
- Stress Shielding Around Radial Head Prostheses - Cholawish Chanlalit, Dave R. Shukla, James S. Fitzsimmons, Kai-Nan An, Shawn W. O'Driscoll
- Quality of Life Considerations in Upper Limb Transplantation: Review and Future Directions - Sally E. Jensen, Zeeshan Butt, Alex Bill, Talia Baker, Michael M. Abecassis, Allen W. Heinemann, David Cella, Gregory A. Dumanian

Hand surgery: Asia Pacific

Volume 17, Issue 3 2012

- Decompression Effect Of Partial Capitate Shortening For Kienbock's Disease: A Biomechanical Study - Toshiyuki Kataoka, Hisao Moritomo, Shohei Omokawa, Akio Iida, Takuro Wada, Mitsuhiro Aoki
- Exploring the anatomy of dorsal radiocarpal ligament of the wrist and its ulnar part: a cadaveric study - a. Jariwala, k. Khurjekar, s. Whiton, c. A. Wigderowitz
- Characteristics Of Global Publications About Wrist Arthroscopy: A Bibliometric Analysis - Carlos Henrique Fernandes, Lia Myiamoto Meirelles, Jorge Raduan Neto, João Baptista Gomes Dos Santos, Flavio Faloppa, Walter Manna Albertoni
- Community Acquired Methicillin Resistant Staphylococcus Aureus Hand Infections: A South Pacific Perspective — Characteristics And Implications For Antibiotic Coverage - Derek Buchanan, Wolfgang Heiss-Dunlop, Jon A. Mathy
- Radiographic signs of static carpal instability with distal end radius fractures: is current treatment adequate? - d. L. J. Bunker, g. Pappas, p. Moradi, m. B. Dowd
- Scaphoid non-unions, where do they come from? The epidemiology and initial presentation of 270 scaphoid non-unions - Ole Reigstad, Christian Grimsgaard, Rasmus Thorkildsen, Astor Reigstad, Magne Røkkum
- Hyperventilation provokes symptoms of carpal tunnel syndrome - u. Aslam, S. Afzal, Shakir Syed
- Outcomes Of Open Carpal Tunnel Releases And Its Predictors: A Prospective Study - Jacqueline Siau Woon Tan, Agnes Beng-Hoi Tan
- Clinical Outcomes Of Hook Of Hamate Fractures And Usefulness Of The Hook Of Hamate Pull Test - Hiroyuki Shimizu, Moroe Beppu, Kazuhiko Matsusita, Takeshi Arai, Toshihito Naito
- Secondary Surgeries After Digital Replantations: A Case Series - Hironori Matsuzaki, Hisao Kouda, Keiichi Maniwa
- Surgical Management Of Chronic Boutonniere Deformity - Sameh El-Sallakh, Tarek Aly, Osama Amin, Mostafa Hegazi
- The button-over-nail technique for zone I flexor tendon injuries - a. S. C. Bidwai, I. Feldberg

Upcoming events

Hand and Upper Limb Surgery Course

29 November - 1 December 2012

Florence, Italy

www.erasscourseflorence.org

Hand surgeons are invited to subscribe the HAND AND UPPER LIMB SURGERY COURSE of the 2012 Florence ERASS Course, which is devoted to the key topics of early and late treatment of arthritis in hand, wrist and elbow. The course will be dealing with the peculiar aspects of rheumatic lesions and deformities in the upper limb. Lectures will highlight surgical procedures such as tendon reconstructions and transfers as well as the many joint reparative options including arthroplasties, partial arthrodeses and prosthetic replacements in hand, wrist and elbow. Post-op. rehabilitation will be illustrated for any of the discussed procedures. An interactive question and answer on site system will be used during the lectures. The course will start with a General Session including generalities, diagnostic and radiology. Two other sections, concurrent with the Hand and Upper limb Surgery Course, have been planned for Rheumatologists and Lower Limb Surgeons. The course has a limited number of participants per section. The official language is English.

Learning objectives:

1. To understand the mechanisms underlying the pathogenesis of RA
2. To update the main key features for the diagnosis of RA
3. To discuss the indications and the surgical therapeutic options of rheumatic diseases and deformities
4. To give an integrated overview and state of the art on hand and upper limb surgery, lower limb surgery, diagnosis and medical treatment of RA
5. Understand the course and prognosis of RA
6. Understand the current and future treatment approaches to RA

Continuing Medical Education Credit hours by:

EACCME (European Accreditation in Council for Continuing Medical Education) by the UEMS

AAHS Annual Meeting

January 9-12, 2013

Florida, USA

<http://meeting.handsurgery.org/>

The Annual Meeting of the American Association for Hand Surgery in collaboration with The Argentine Association of Hand Surgery.

Program Highlights:

- Instructional Courses
- Comprehensive Hand Review Course
- Presidential Address: Jesse B. Jupiter, MD – “Scott’s Parabola and the Impact of the Medical-Industrial Complex”
- Full-day Therapist Programming on Wednesday
- Invited Guest Lecture: Eduardo R. Zancolli, MD – “The Mystery of Coincidences”
- Invited Guest Speaker: Diego L. Fernandez, MD – “A Tribute to my Teachers and Friends”
- Hands-on Skills Labs

Miami Hand Course 2013



March 17-18, 2013

Miami, USA

www.miamihandcourse.com

Day 1: Sunday, March 17th, 2013

Didactic Course (includes lunch and evening dinner event)

Day 2: Monday, March 18th, 2013

Cadaver Lab (includes continental breakfast and lunch) for physicians

For more information including course and lab agenda, faculty, accommodations info, and more, please see MiamiHandCourse.com

FESSH Congress 2013



29 May – 1 June 2013

Antalya, Turkey

www.fessh2013.com

The 18th FESSH Congress will be held at the capital city of the Turkish Riviera, Antalya between 29 May and 1 June 2013. Antalya is located on the southwestern coast of Turkey. The region is famous for its historical heritage, blue sea, warm weather and is accessible with direct flight from European cities. Detailed information about the congress is available on www.fessh2013.com.

