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CONNECTING OUR GLOBAL HAND SURGERY FAMILY

RESEARCH ROUND-UP

HAND THERAPY

FELLOWSHIPS



**NB! IFSSH & IFSHT**  
*Triennial & FESSH Congress 2019*  
17th to 21st June in Berlin, Germany

# IFSSH & IFSHT Triennial & FESSH Congress 2019

## 17th to 21st June in Berlin, Germany

Time is running! In 5 months we will meet up in Berlin.

A fantastic number of abstracts is challenging the programme committee at the moment: around 1.800 surgery and therapy abstracts were submitted and have to be allocated. The top ten countries with the highest abstract submission numbers are USA, Japan, China, Great Britain, Germany, Korea, Italy, Brazil, Spain and Switzerland.

According to the congress mission "Building bridges – Together Hand in Hand" we're looking forward to a great international experience.

One highlight to announce is the Swanson Lecture „Challenges!“ will be presented by Professor Dr. Steven Hovius. For more than 20 years, he has been head of the department of Plastic and Reconstructive Surgery and Hand Surgery at the Erasmus University Medical Centre Rotterdam and was founder of the Skills lab at the Erasmus University Medical Center. In addition to his academic accomplishments, he is passionate about sharing his knowledge, so stay curious about his lecture!

One day before the official Congress programme starts, the Educational Monday will take place. It is designed for the next generation of hand surgeons, but of course all other interested medical doctors are more than welcome, too. You can expect a full day of practical knowledge transfer consisting of several sessions. The programme will be compiled by the scientific congress chairs in cooperation with our sponsoring partners,

ensuring a highly educational but also innovative and state-of-the-art mixture of content.

To further enhance the networking possibilities and reinforce the exchange, not only between young talents and long-term experienced experts, but also between different cultures, the "Berlin Night" will take place on Tuesday evening in the Kühlhaus. The industrial building is an old warehouse with several floors. With lights, live-music and DJ sounds it will be a unique networking and party evening.

Have a look at the events during the upcoming Congress.

One important note: do not miss the early bird registration that will end on 28 February 2019.

The publication of the scientific programme is planned for end of February 2019, so stay tuned and follow our news via website, newsletter or twitter.

We would like to thank the partners, exhibitors and sponsors of the 14th IFSSH & 11th IFSHT Triennial Congress for their extraordinary support!

We are looking forward to welcoming you in Berlin!

Jörg van Schoonhoven & Max Haerle & Andreas Eisenschenk & Natascha Weihs & Beate Jung

## Triennial International Hand Surgery & Therapy Congress



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# After Hand Surgery

It is of interest to observe the different approaches undertaken by hand surgeons in the later years of their hand surgery practice. Options include continuing in active practice as a clinician, operating or not, restricting activities to teaching and/or research, practising in a medico-legal capacity alone or in combination with teaching and research pursuits, and ceasing all hand surgery activities.

Of course, some national medical bodies (and governments) make this decision for the practitioner, particularly for active clinical practice in University and Public hospitals, demanding retirement from these at a specific age. Private practice is often exempt from these laws. Behaviour in other countries is controlled by age discrimination laws which prevent enforced retirement on an age basis. Both have some advantages, with the former allowing for a greater number of readily available positions for younger graduates and some control over the threat of decreasing ability with age, and the latter protecting against loss of capable and learned physicians. Teaching and research, of course, may continue beyond the time of cessation of active clinical practice, and it is in this circumstance that the argument for experience and accumulated knowledge is strong.

It is not the purpose of this editorial to lend support to any of the above options. Nor are these words intended to criticise decisions made by any. Each to their own decision, within certain limits.

Of those who have taught me, and of those colleagues from whom I have learnt so much, many have followed different paths after hand surgery or have remained in the field forever. The late Harold Kleinert ceased active practice at age 87. He told me at age 89 that his "new job" was the worst one he ever had. Dieter Buck-Gramcko and Adrian Flatt influenced many, imparting their extraordinary knowledge through teaching, almost to the end of their lives, as has Eduardo A. Zancolli. Susumu Tamai still works, teaches and attends scientific meetings with the same intelligent, inquiring, humble mind of old. As only the best can. Graham Lister, on the other hand, the finest of didactic teachers and clinicians, left hand surgery behind at age 63 or thereabouts. He returned to write of Harold Kleinert at the time of the latter's passing but has refused to contribute to any other aspect of hand surgery, including to a third edition of his admirable textbook, bestowing the honour on another. Similarly, Ueli Buchler and Guy Foucher departed hand surgery at a "young" age for other fields, the former for sailing and the latter for

magic and athletic pursuits, neither continuing any association with their earlier all-consuming love of hand surgery.

Many of these men have been honoured as IFSSH Pioneers of Hand Surgery (Pioneers must have reached the age of 70 or be deceased to qualify for nomination). All have contributed in an exceptional manner to international hand surgery. Kazuteru Doi, to be honoured as an IFSSH Pioneer in Berlin this year, told his audience when presenting the Tajima Lecture at the 2014 APFSSH Congress in Kuala Lumpur, that the age of 60 was now akin to a previous age of 40. Undoubtedly, this concept is valid, if not a little optimistic. In Sydney, Bill Lennon, who first encouraged my passion for hand surgery, agreed. He practised as a medico-legal adviser well into his 80s. He was resentful of enforced retirement from clinical practice at 65, a rule in place in Australia at his time.

These men have followed different pathways "after hand surgery". Another option is to spend time dissecting the forepaw of the koala. This Australian mammal sleeps for 22 hours each day, surely an enviable characteristic. As such, it needs a small brain only, the smallest in relation to body-weight of all animals, perhaps not so enviable, but an anatomical advantage in avoiding the affliction of cerebral palsy. The forepaw has two "thumbs" for climbing. The burning question of the reader must be "Does the second thumb have the anatomical characteristics of a thumb or of an index finger?" The answer is for another time. As I say, "Each to his or her own".

Michael Tonkin

#### Prof. Michael Tonkin

Immediate Past President: IFSSH

Deputy Editor: IFSSH Ezine



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#### IFSSH EZINE EDITORIAL TEAM:

##### EDITOR:

Professor Ulrich Mennen

Past President: IFSSH

##### DEPUTY EDITOR:

Professor Michael Tonkin

Immed Past President: IFSSH

##### GRAPHIC DESIGNER:

Tamrin Hansen

[tamrin.hansen@gmail.com](mailto:tamrin.hansen@gmail.com)

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[administration@ifssh.info](mailto:administration@ifssh.info)

# Letter to the Editor

## RE: Hand Fellowships

Canada is now offering a new hand surgery fellowship program out of Calgary, Alberta. This hand, wrist, and peripheral nerve fellowship is administered through the Office of Surgical Fellowships of the University of Calgary.

The University of Calgary is one of Canada's leading universities with respect to academia and research. It is located in #1 most liveable city in North America and #4 in the world according to 2018 Global Liveability Ranking, Economics Intelligence Unit. It is the sunniest city in Canada located right next to the beautiful Rocky Mountains, home to some of the best skiing in the world.

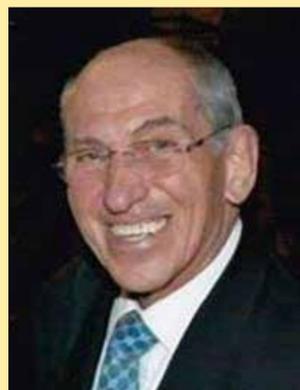
Highlights of the program include a multidisciplinary faculty comprised of Adult and Pediatric Plastic Surgeons, Orthopedic Surgeons, Neurosurgeons, and Physiatrists. The Peter Lougheed Hospital Hand and Wrist Clinic treats a high volume of both acute trauma and elective pathologies and has a waitlist of 1500+ patients. The clinic allows the fellow to become familiar with the use of ultrasound as a tool to support their management. One half day a week is a fellow led hand clinic.

The fellow will also staff the Pediatric Complex Upper Extremity Clinic at the Alberta Children's Hospital and the Complex Peripheral Nerve and Brachial Plexus Clinic at the South Health Campus. There is an intensive one week Microsurgical Skills course which prepares the fellow for replantation experience at the Foothills Medical Trauma Centre. Calgary also has one of the highest volumes of Wide Awake Local Anesthetic No Tourniquet (WALANT) in Canada.

Surgical experience covers all major procedures including but not limited to wrist arthroscopies, finger and wrist arthroplasties, free tissue transfer, replantation, tendon and nerve transfers. Fellows operate roughly three days per week.

We would like to open our doors to the International Federation of Societies for Surgery of the Hand and its community to consider experiences in Canada. We are welcoming both local and international fellows for 2019 and onwards.

Sincerely, Justin Yeung MD FRCSC  
Director, Hand/Wrist/Nerve Surgery Fellowship  
University of Calgary  
Justin.Yeung2@albertahealthservices.ca



Some colleagues may not be aware of the passing of Prof. Georgio Brunelli (Italy) (21 October 1925 - 29 September 2018)

His considerable contribution to Hand Surgery will be detailed in an obituary in the next Ezine.

From 1995 to 1998 Brunelli was President of the IFSSH.

He was honoured as a "Pioneer of Hand Surgery" by the IFSSH in Vancouver, B.C., Canada on 25 May 1998.

# Secretary General Report

## 14th IFSSH & 11th IFSHT TRIENNIAL CONGRESS, Berlin - 17-21 June 2019

The main scientific event of the IFSSH calendar, the Triennial Congress, is just four months away. We are pleased to report the local organizing committee in Berlin is working feverishly to organize an outstanding meeting. Recent developments include:

### Registration:

- "EarlyBird" registration is available until 28th February 2019. <http://ifssh-ifsht2019.com/registration/>
- A new reduced registration status, "Doctor-in-Training" has been introduced. Full details are on the registration webpage.
- Congress assistance grants are available for those from low income or developing nations, courtesy of the IFSSH Educational Sponsorship program. Applications close on 28th February, 2019 and will then be reviewed by the Congress organizers. Please promote this opportunity for financial support to colleagues who may wish to attend but require financial assistance to do so. <http://ifssh-ifsht2019.com/ifssh-congress-assistance-grants/>

### Scientific Program:

- Professor Steven Hovius from Rotterdam will deliver the Swanson Lecture, entitled "Challenges!?"
- A total of over 1800 hand surgery and hand therapy abstracts were submitted to the program committee. The daunting task of abstract review and selection was accomplished by 200 renowned surgeons and therapists from a broad geographic distribution. Our sincere thanks go to all those involved.
- The first day of the Congress, Monday, June 17th will be "Educational Monday" and will offer focused presentations on a variety of topics such as nerve surgery, the treatment of scaphoid and distal radius fractures, prosthetics, orthotic fabrication and wrist arthroscopy. Please watch the IFSSH Congress website for more information regarding "Educational Monday."
- Live internet streaming of the events taking place in the main hall will be available on the Congress Website.

**Social Program**

- The Welcome Cocktail will be held immediately after the Opening Ceremony on Monday in the CityCube
- "Berlin Night" will be held on Tuesday, June 18 in the "Kühlhaus", a cold storage facility dating back to 1901 which has been restored to preserve its neo-gothic architecture typical of northern Germany. Please stay tuned as more information will be posted on the Congress website for details regarding what will definitely be a very "cool" evening
- The Congress Dinner & Party will take place Thursday evening, June 19, in the beautiful Ritz Carlton Ballroom.

**Travel**

Berlin is an extraordinary city with a rich history and a dizzying array of culinary, architectural and cultural activities, as well as an unapparelled night life/club scene. To help you plan your "extra-curricular" activities while in Berlin the organizing committee suggests you explore the following websites:

- Plan your travel <http://ifssh-ifsht2019.com/travel/> and accommodation <http://ifssh-ifsht2019.com/accommodation/>
- Destination Europe and Germany <http://ifssh-ifsht2019.com/destinations/>
- Practical information concerning your visit in Germany <http://ifssh-ifsht2019.com/practical-information/>
- Berlin by Night – young surgeons' recommendations <http://ifssh-ifsht2019.com/berlin-by-night/>
- Recommendations for accompanying persons <http://ifssh-ifsht2019.com/tours-sightseeing/>

The Executive Committee has been in constant contact with the organizing committee and there is no doubt the IFSSH & IFSHT Congress will be extraordinary in every way. The organizing committee has spared no effort to assure the highest level of scientific information will be presented. They have also made a

concerted effort to make the Congress affordable.

In just four months the IFSSH/IFSHT "families" will meet in Berlin and I hope you will not miss this opportunity to renew old friendships, make new friends and exchange knowledge, all while enjoying one of Europe's most exciting cities.

Best wishes to all from the Executive Committee  
We hope to see you in Berlin!

**2019 IFSSH DELEGATES' COUNCIL MEETING**

The 2019 IFSSH Delegates' Council Meeting will be held during the Berlin congress. Full details will be sent to the society delegates in the near future.

A number of important items will be discussed and decided at this meeting, including the election of the 2019-2022 IFSSH Executive Committee, the allocation of the 2025 IFSSH Triennial Congress, and a review of the by-laws.

We hope to see the participation of a representative of every IFSSH member society at this Council Meeting.

**2025 IFSSH TRIENNIAL CONGRESS HOST SOCIETY**

The 2025 IFSSH Triennial Congress is allocated to The Americas under the geographic rotation system. The IFSSH Executive Committee has called for bids to host this meeting. Full guidelines are available on the IFSSH website: <http://ifssh.info/guidelines.php>.

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

Each bidding society is expected to provide a brief presentation during the 2019 IFSSH Delegates' Council and the 2025 host will be chosen by a majority vote of the delegates.

**EDUCATIONAL SPONSORSHIP**

The IFSSH Executive Committee and Committee for Educational Sponsorship have recently provided two grants:

- Sponsorship has been awarded to the 2nd International Symposium on Surgery of the Spastic Upper Limb. This symposium will be held in Venice, Italy on 5th-6th April, 2019. The organisers have created a reduced registration fee category which is being underwritten by IFSSH funds, for those participants from developing regions of the world. Full details are available via the congress website: <http://www.symposium-spastic-hand.com/en/>
- Ongoing IFSHT activities have again been sponsored. These include the IFSSH/IFSHT Triennial Travel Grant, the Evelyn Mackin Triennial Award and the IFSHT/IFSSH International Teaching Grant - <https://www.ifsht.org/page/awards-grants>. We congratulate the IFSHT on their ongoing support of education amongst therapists worldwide. Two reports from recent recipients will be published in the IFSSH ezine, demonstrating the reach of their expertise and assistance to underserved communities.

Full details on the Educational Sponsorship application process are available via [http://ifssh.info/educational\\_sponsorship.php](http://ifssh.info/educational_sponsorship.php)

**FUTURE MEETINGS**

Triennial IFSSH Congresses

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

National and Regional hand surgery meetings

Please see announcements in the Ezine and IFSSH website.

Please remember to follow us on Twitter for regular updates: @IFSSHand

Dan



**Daniel J. Nagle MD**

Secretary General: IFSSH

# Paolo Bedeschi MD

Italy



Paolo Bedeschi was born on 18 May 1930, in Ravenna, the 'Capital of Mosaics', and a city that has been kept in perfect condition after 1500 years of existence. It boasts eight monuments which were declared by UNESCO as "heritage of humanity".

Paolo studied Medicine and Surgery at the University of Bologna, Italy, and graduated in 1955. He completed his specialization in Orthopaedics and Traumatology in 1959.

He started teaching Orthopaedics in 1967 and Plastic Surgery in 1969 at the University of Modena. He became Professor in charge of the Orthopaedic Clinic at the University of Modena from 1976 to 1980, and Professor and Chairman of Orthopaedics, Traumatology and Surgery of the Hand from 1980 to 1997.

Prof. Bedeschi became member of SICOT in 1960 and of French Society for Surgery of the Hand in 1967.

He had a special interest in Hand Surgery. This interest was reinforced after a fellowship with Sir Archibald McIndoe in East Grinstead near London as well as with Sir Herbert Seddon in London in 1958 and with Prof. Erik Moberg in Goteborg in 1960. Back in Modena, he was put in charge of Hand Surgery services.

The Italian Society for Surgery of the Hand (SICM) was founded in 1962 in Florence. Prof. Bedeschi was the Secretary from 1962–1965 and the President of SICM from 1977-1979. In 2003 Prof. Paolo Bedeschi was

elected Honorary President of the Italian Society for Surgery of the Hand.

From 1973 until 1979 Prof. Bedeschi was the Italian delegate to IFSSH. At the meeting of the IFSSH delegates in Edinburgh in 1977 he proposed that the IFSSH should hold an international congress every 3 years. This was adopted, and the first International IFSSH Congress was held in Rotterdam in 1980.

He organized and directed various congresses, symposia and numerous instructional courses from 1977 until 1996.

Prof. Bedeschi has published 110 papers in scientific journals, 8 book chapters, 2 books and 6 monographs and introduced several new or modified procedures in Hand Surgery viz.

- Anterior approach for Proximal Row Carpectomy.
- "Honeycomb technique" for Dupuytren's Contracture (Small multiple digital-palmar open areas).
- Two stage early surgical treatment of Radial Club Hand (Radial-palmar release, external skeletal distraction, atraumatic centralization)
- Early surgical treatment of Camptodactyly (Double transversal open digit incision and tenotomy of FDS).
- Modified Darach procedure with tenodesis of the distal ulnar stump.

He is married to Magda, and they have two daughters, Sabrina and Francesca.

At the eighth International Congress of the IFSSH in 2001 in Istanbul, Turkey, Paolo Bedeschi was honoured as "Pioneer of Hand Surgery".

# Valentin Grigore Aburel MD PhD

Romania (17/4/1925 – 30/9/2005)



Valentin Grigore Aburel was born in Galati, Romania on 17 April 1925. He completed his Medical Degree (MD) at the Institute of Medicine and Pharmacy "Carol Davila" in Bucharest in 1950. During his studies and after graduating he was assistant in the Anatomy Department (1949-1955).

He then completed his general surgical specialisation at the same University (1951-1961). In 1961 he became lecturer in the Plastic Surgery Department until 1973. During this time he did a PhD in Plastic Surgery with dissertation: "Value of the Filatov Flap in Reconstructive Surgery" (1968)

Prof. Aburel was promoted to Chief of the Department of Plastic and Reconstructive Surgery in 1973 until 1994, at the Emergency County Hospital in Brasov, the second such department in Romania. He was one of the pioneers in promoting primary neuroorrhaphy using loops or microscope. He further promoted the value of early primary repairs for hand trauma which results in better functional recovery.

He was a regular presenter of scientific papers, in all 185, published 47 papers in medical journals, and published a book on "Medical Photography" (Editura Medicala) in 1978.

His many contributions included adapting Hand Surgery techniques for the Romanian conditions at the time, plastic surgical techniques for facial injuries, and developing a new technique to treat burns with selective coagulation using AgNO35%.

Aburel was a Founding Member of the Romanian Society for Plastic, Reconstructive and Aesthetic Surgery, as well as Founding Member of the Romanian Society for Surgery of the Hand (RSSH) and was later elected Honorary President of the RSSH.

Artistic photography was his passionate hobby. He was Member of the AFIAP (Artiste of Federation Internationale d'Art Photographique)

Valentin G. Aburel was honoured a "Pioneer of Hand Surgery" in 2001, at the Eighth Congress of the International Federation of Societies for Surgery of the Hand in Istanbul, Turkey.

# Research Roundup

## CLASSIFICATION OF CONGENITAL UPPER LIMB ANOMALIES: TOWARDS IMPROVED COMMUNICATION, DIAGNOSIS, AND DISCOVERY

Journal of Hand Surgery (European) September 2018

<https://doi.org/10.1177/1753193418801280>

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

Good communication between clinicians facilitates better patient care. Good communication between clinicians and basic science researchers facilitates better targeted discovery, which ultimately translates into better patient care. Having the opportunity to work as both a clinician and researcher has offered me insight into the benefit of a functional classification scheme. Thus, my reason for sharing this article is to share my experience and those of my colleagues in using the OMT-IFSSH classification scheme that was derived from collective input and encourage others to use this in their routine practice as well.

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

With a bend towards clinical genetic and developmental biology I have been impressed with the rapidity of biomedical discovery when there is teamwork between clinician and basic science researchers – the current rate of genetic discovery with this collaborative effort is incredible. In 1966, Dr McKusick organized the known inherited diseases – a total of 1500. As of November 2018 there were 24,731 entries into the online mendelian inheritance in man (OMIM) with 5,358 phenotypic descriptions with a known molecular/genetic basis. That is truly remarkable.

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

I am hoping that others will see the value of accurate assessment and classification for communicating in today's global community. Not only can this facilitate discovery, it can also help us establish global standards of care.

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

I am challenged by our descriptions of Arthrogryposis and feel we could facilitate discovery and patient care if we could generate a common classification for these disorders that would unify terminology and link etiology, with pathology and treatment approaches. Currently we are working with Dr Judith Hall and a team of inter disciplinary clinicians, therapists, and researchers to develop this scheme.



**Dr Kerby C. Oberg**

koberg@llu.edu  
Department of Pathology and Human Anatomy  
Loma Linda University School of Medicine  
Loma Linda  
California 92354, USA

## SELECTIVE NEURECTOMY FOR THE SPASTIC UPPER EXTREMITY

Hand Clinics 34 (2018) 537-545

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

I have had an interest in spasticity of the upper limb for many years. I have never been fully satisfied with surgical treatments which did not include reducing the spasticity itself (lengthening, arthrodesis...), leading to partial improvement, and secondary recurrences. For this reason I was very interested about Brunelli's experience of partial neurectomy, which he published in 1982 and 1983. Unfortunately his results were not reproducible, and recurrence seemed to be frequent at short and middle term.

My idea was to use a slightly different technique, consisting in performing the partial neurectomy at the level where the nerve endings enter the muscle, which we have termed "hyperselective neurectomy". The goal is to include every single ramus of each motor branch of the nerve in the process, thus distributing the denervation evenly through the muscle, thus selecting the amount of denervation for each individual case. So we started this prospective study in order to evaluate the middle term results of this procedure.

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

Results have shown a significant decrease of spasticity in the target muscles, with a reinforcement of antagonist muscles, and an increase in the range of motion of the involved joints. More surprising, there was virtually no decrease in the strength of the target muscles.

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

The surgical treatment of spasticity in the upper limb involves restoring the balance between spastic

muscles, which need to be weakened, and lengthened when contracted, and augmenting the weak antagonist muscles.

Our prospective study with a 2.2 years follow-up has shown that hyperselective neurectomy seems to be an effective and durable way to diminish the spastic component of the deformity.

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

Yes we will! This is an on-going prospective study, and we will evaluate the results at a longer follow –up. Through 96 cadaver dissections, we have also established a cartography of the motor innervation of the major spastic muscles in the upper limb, and we are exploring the feasibility of the technique in smaller muscles and shoulder muscles. We are also in the process of evaluating the results of combined techniques of hyperselective neurectomy and lengthening for the same muscle.



**Caroline Leclercq MD**

Consultant Hand Surgeon  
Institut de la Main  
22 rue Georges Bizet  
75116 – Paris  
France  
caroline.leclercq@free.fr

## INSIGHTS INTO THE PATHOGENESIS AND TREATMENT OF SPLIT HAND/FOOT MALFORMATION (CLEFT HAND)

Journal of Hand Surgery (European) 31 Oct 2018



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

In July 2018, we had a wonderful meeting in Edinburgh on Developmental Biology. For the first time, researchers decided to invite some Congenital Hand Anomalies Specialists. I took this opportunity to

give a presentation on « Insights on Split Hand /Foot Malformations » and presented the classification into seven subgroups of what we previously collectively called “cleft hand” without further precision. Muriel Holder gave a more genetic approach of this topic. At the end of the meeting, Leon Wee Lam wanted to publish the presentations of this meeting in a special issue of the Journal of Hand Surgery (European). So we met with Muriel to write the paper on Split Hand/Foot Malformation. With her, I had the insurance of being up to date on the genetic advances.

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

- The first task was to inform surgeons on the advances on the classification based on the most recent genetic knowledge, the different phenotypes and associated clinical features or syndromes.
- The surprising results of the dissection of a Human cadaver with a bidactylous cleft hand was that, despite the three rays missing, all extrinsic tendons were present, forming some loops in the centre of the cleft or migrating to the lateral aspect of the adjacent digits.
- We summarize the different developmental steps of this complex malformation.

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

Understand the great variability of inheritance and of the phenotypic expression, even in the same family presenting the same mutation. Systematically look for extra tendons in the cleft. They are responsible for rotation of the adjacent digits and, in some cases, limit extension of the PIP joint, causing camptodactylies.

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

Yes, we will. We are trying to complete the genetic data from our patients. We are able to screen more and more loci. We ask patients to come back for review. I review my patients from France and Muriel has data from Great Britain since she has been working in London for many years. We take blood samples and analyse them in the light of the latest mutations identified. We also want to assess their functional outcome after hand reconstructions. Early results tend to demonstrate that most have excellent function except for the mono or bidactylous hands.



**Dr. Stephane Guero**  
(Paris, France)  
sguero2@gmail.com



**Dr. Muriel Holder**  
(London, UK)  
muriel.holder@gmail.com

### SPOTLIGHT ON THE SOCIETY OF HAND THERAPY, INDIA (SHT-INDIA)

The Society of Hand Therapy-India (SHT-India), with more than 150 members, was officially established in 2009 after first meeting in 2007. SHT-India is committed to advancing hand therapy practice through annual training workshops, conferences,



L to R: Hemant Nandgaonkar (Past-President, SHT-India), Amol Sangekar (President, SHT-India), Dr. Gupta (Hand Surgeon Society, India), Dr. Tan (Hand Surgeon Society, Singapore), Dr. Pankaj Ahire (Hand Surgeon and Organising Secretary), Shrikant Chinchalkar (Advisor, SHT-India), Shovan Saha (Vice-president SHT-India), & Punita Solanki (Acting Secretary, SHT-India)

and education programs aimed to enhance the standard hand therapy practice. In 2013 the IFSSH/IFSHT Triennial Congress was held in Delhi, and in 2017 SHT-India helped organize the Joint National Conference for hand therapists/surgeons, which formed part of the 10th anniversary of the surgeon's society.

### “BUILDING BRIDGES - TOGETHER HAND IN HAND”

The German Society for Therapy of the Hand (Deutsche Arbeitsgemeinschaft für Handtherapie, DAHTH e.V.), together with IFSSH, IFSHT, FESSH & DGH, warmly invites you to the 11th IFSHT Triennial Congress in Berlin's City Cube from 17th to 21st June, 2019. There will be approximately 4,000 therapists and surgeons from around the world to exchange professional knowledge. Interesting insights of new developments and divergent techniques will be shared through many exciting educational presentations and workshops led by acknowledged experts. Diverse topics include anatomy, sports injuries, technologies, brachial plexus, flexor tendon, neuropathies, burns, complex hand



Organising Committee of Berlin International Hand Congress (IFSSH & IFSHT), June 2019

trauma, extensor tendons and many more. The scientific programme has been finalized and an update of the preliminary schedule will be available shortly on the official website: <http://ifssh-ifsht2019.com/>. Early registration is open until 28 February 2019.

### JAMAR DYNAMOMETER DONATION

In October 2018, hand therapists Cathy Merry and Kylie Flynn visited Hue Central Hospital in Hue, Vietnam with a team of enthusiastic Australian Hand Surgeons. The week included surgical demonstrations, case management, and a two-day therapy workshop for thirty local physiotherapists and rehabilitation specialists. At the end of the workshop, Cathy and Kylie presented a Jamar dynamometer on behalf of IFSHT.



L to R: Cathy Merry with Dr. Nguyen Thi Mung (Director, Dept. of Physical Medicine & Rehabilitation), Ms. Hoa Tranth (Senior Hand Physiotherapist), & Dr. Minh Do Van (Head of Orthopaedics who acted as interpreter)

### ASHT COMPANION CLINIC PROGRAM

IFSHT is pleased to announce the **ASHT Companion Clinic Program** which pairs a US clinic or hand therapist with an individual in a developing country. This program promotes best practice in the field of hand therapy around the world. For further information: <https://www.asht.org/practice/international/companion-clinic-program>.

### IFSSH EZINE

The IFSSH EZINE is a quarterly electronic publication with many worthwhile clinical articles, including a regular contribution from a hand therapist ([http://www.ifssh.info/ifssh\\_ezine.php](http://www.ifssh.info/ifssh_ezine.php)). In the latest edition Flurina Zeier writes about a 2016 professional exchange between Switzerland and Argentina. Contributions to the Ezine are welcome (submit to [Informationofficer@ifsht.org](mailto:Informationofficer@ifsht.org)).

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

# Eccentric Exercise

## TRAINING IN MANAGEMENT OF CHRONIC DE QUERVAIN'S TENDINOPATHY

E.B. Veenker (PT)<sup>1</sup>, A. Janssens (OT)<sup>2</sup>, F.J.B. Lötters (PT, Ph.D.)<sup>3</sup>, T.A.R. Schreuders (PT, Ph.D.)<sup>1,3</sup>



**Eefje Veenker** is physical therapist/ hand therapist who works at the Zeeuws Hand and Pols Centrum in the Netherlands. She also teaches at the postgraduate training for hand therapy (POHT) in Erasmus MC Rotterdam. She started to investigate the results of eccentric training in chronic de Quervain patients three years ago with a pilot study. At the Euro-hand congress in Budapest 2017, her abstract was awarded as "The best abstract". For further information and updates on this subject, email Eefje at [ebveenker@hotmail.com](mailto:ebveenker@hotmail.com).

**1 Zeeuws Hand en Pols Centrum, Goes, The Netherlands**

**2 Focus on Potential Ltd, Hamilton, New Zealand**

**3 Hand en Pols Centrum Dordrecht, Dordrecht, The Netherlands**

### Introduction

De Quervain's discription is a tendinopathy of the tendons of the abductor pollicis longus (APL) and/or the extensor pollicis brevis (EPB). This is characterized by pain on the radial side of the wrist, limited function of the thumb, and sometimes swelling in the first compartment.<sup>1,2</sup> Conservative treatments for chronic de Quervain's tendinopathy consists of splint therapy, corticosteroid injection in the first compartment, and health education. However, for some of the more chronic cases, these conservative therapies are not always effective in minimizing pain and improve function. Some also relied too heavily on wearing hard splints which prevent tendon gliding and joint movements, thus reducing intrinsic vascularization and reducing tensile strength. From previous studies, cases with chronic Achilles and elbow tendinopathies, eccentric exercise training appeared to be effective in relieving the symptoms of pain.<sup>3,4,5,6</sup> The proposed mechanisms of the effect of eccentric exercise are to reduce new vascular ingrowth (or neovascularization ie adhesions), improvement of tendon health and tendon changes (strength or length).

The exact mechanism behind eccentric exercise remains still unclear and needs more scientific evidence.<sup>7,8</sup> Three years ago our clinic has adopted a pilot study to evaluate the efficacy of eccentric exercise training in cases with chronic De Quervain tendinopathy. In addition, a splinting program was implemented and proper positioning of the wrist and hand were instructed through health education. This eccentric exercises training program included twenty-one patients over a 12 week period. Results showed some improvement and details will be published soon.

### The new treatment program

#### A. The Eccentric Exercises:

##### 1. Eccentric exercise for the EPB :

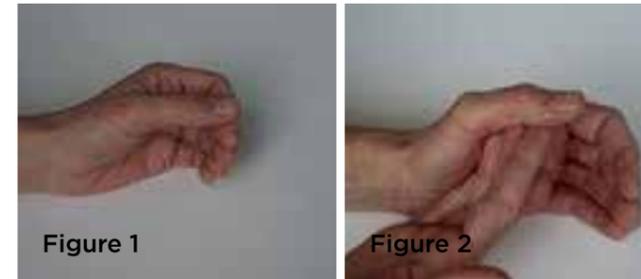


Figure 1: Starting position: Thumb is relaxed on top of flexed fingers.

Figure 2: The thumb is passively placed in abduction.



Figure 3: The thumb is now actively held with CMC joint in extension while MCP/IP joints are in slight flexion

Figure 4: Use the uninvolved hand to hold the affected thumb just distal to MCP joint.

Apply resistance against the affected thumb when it attempts to extend. Flexion of thumb at MCP joint is then encouraged after holding the resisted extension for 5 seconds

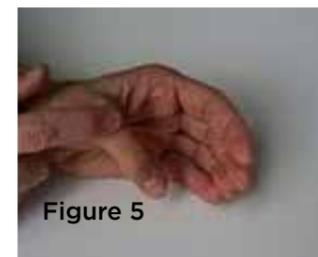


Figure 5: End position. Repeat from the beginning.

##### 2. Eccentric exercise of APL:



Figure 6: Start position: thumb is relaxed on top of flexed fingers.

Figure 7: The thumb is passively placed in abduction.



Figure 8: The thumb is now actively held in this position.

Figure 9: With the non-affected hand placed on the affected thumb just proximal to the MCP joint. Provide resistance to thumb abduction, hold for 5 seconds while allowing thumb to adduct.



Figure 10: End position. Repeat from the beginning.

## B. The Splinting regime and correct position during daily activities

In addition to the eccentric training program, patients were instructed on how to wear their splints. It is recommended that the splint should be worn during the day (max. wear 50% per day) and at night a thermoplastic resting splint can be worn if the patient prefers. Health education should be given to avoid any provocative movements of the wrist and thumb causing further injuries of the injured tendons. Instructions to maintain the correct posture during daily activities should be taught and demonstrated. Patient instruction should regularly be reinforced of these skills.

### A Case Report

A 31-year-old woman complained of pain on the right side of her dominant wrist and thumb since her pregnancy. Her baby was already 9 months old but her complaints persisted. She tried to take care of her son without pain. She was referred for therapy. Her pain Visual Analog Scale (VAS) was 84/100. On examination, she scored 6 out of 7 on the De Quervain Screening Tool (DQST) and a score of 84 on the Patient Rated Wrist/Hand Evaluation (PRWHE), showing the severity of the condition and how it impaired the function of her wrist and hand. Hard, thickened tissue was palpated at the radial styloid. Previously she had received 2 corticosteroid injections in the first compartment and had worn a thermoplastic hand splint most of the day for 2 months, but the pain persisted.

She was invited to join the eccentric exercise program. In addition, she was given a soft Neoprene splint to be worn during the day for 50% of the time while at night, she was prescribed with a splint to rest the wrist (20 degree of extension) and thumb with CMC joint in extension, while MCP and IP joints were slightly flexed. In addition, she was given health education to avoid provocative movements of the hand and wrist during daily activities. She was taught the eccentric exercises for both EPB and APL and it had to be executed two times a day with 3 sessions of 15 repetitions at home.

She was asked to record the pain level after the implementation of the exercises. She was asked to return once a week for follow up evaluation and was given further training on health education. After the first week, the pain level was found to have increased slightly after the exercise, but within her tolerance. Pain subsided one hour after the exercises. She agreed to continue the program and at week two, the pain started to decrease and progress was satisfactory for the next two weeks. The intensity and frequency of the training was gradually increased based on the tolerance of the patient and the physical examination.

### Results

After twelve weeks of the training program, the average VAS score decreased from 81 to 18. The PRWHE score decreased from 84 to 25, while the DQST score improved from 6 to 2. The patient reported that she could take care of her son without excessive pain and was very satisfied with the 12 weeks intervention program. After twelve weeks, she continued to perform the eccentric exercises at a lower frequency.

### Discussion

It is encouraging to report that the patient's overall results on symptoms (DQST & VAS) decreased while the function of the wrist and hand score improved (PRWHE). However, it was noted that the pain threshold increased during the first week of training. If pain increases after the first two weeks of exercise, it is likely that this training program has a negative effect and must be stopped. It is essential that patients are aware that pain during exercises is normal and should not be avoided, but intensity must not be higher than a VAS score of 8. A maximum of one hour increased pain after exercise is regarded as acceptable. As the pain decreases over time during the program, the intensity and speed of the exercises should be increased.

It could be postulated that the chronic inflammatory condition of the tendons may have created scar formation in the retinaculum, and with the disorganized and damaged fibers, the patient experiences discomfort

and pain initially upon movements. This should be carefully monitored and examined to decide whether the intensity and frequency of the training should be increased or decreased to reduce the pain. Pain is an indication of inflammation and/or tissue damage. It is also recommended that the correct splinting regime should be implemented to create a balance between protection of the tendon, while at the same time encourage proper movements for gliding and promoting tensile strength. Health education is deemed important to facilitate proper positioning and protection of tendons during daily activities.

Further studies should be done to substantiate the clinical effectiveness, as well as the anatomical improvement of this exercise program in conjunction with the splinting regime and the health education.

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# IFSSH- IFSHT Teaching Grant

## NEPAL 21st -25th May, 2018

On the 19th of May, 2018, a team of 3 Physiotherapists from Australia travelled to Kathmandu in Nepal for a week of formal teaching, practical workshops and in-hospital mentoring, as part of a volunteer program for Interplast Australia, with additional funding from the IFSSH-IFSHT teaching grant. Three eminent Australian Professors of Hand and Burn surgery were also there to teach surgeons gathered from across Asia, skills in reconstructive surgery. The team, led by Jenny Ball, along with Prof Gillian Webb and Maddie Bayly-Stark were on their 2nd annual visit to this country where Hand and Burn Therapy is becoming an emerging and necessary specialty for Physiotherapists who make up the majority of the acute and rehabilitation workforce.

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

The learning outcomes achieved over the course of the week included the development of clinical reasoning skills in the management of acute and late trauma from hand injuries and whole of body burns using a wound healing approach. Assessment, treatment, outcome measurement and discharge planning were explored

using current evidence, wound healing principles, practice knowledge, physiotherapy skills, and cognisance of the human and consumable resources available in their countries.



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

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

Practical workshops enabled the students to develop handling skills with materials ranging from Plaster of Paris, to fibreglass and thermoplastics, ensuring that the materials which are often donated to them can be used effectively and confidently. Skills in splint and compression garment pattern drafting and making were achieved also. Funding by the IFSHT for workshop materials and goniometers is gratefully acknowledged.



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

This course provided an opportunity for Nepalese Physiotherapists, students and Physiotherapists from neighbouring countries to come together, enjoy each

other's company, share ideas and experiences and explore the concept that the Physiotherapy knowledge and skills that they already have can be applied to patients with hand and burn injuries.



Physios from Nepal, Bhutan and Bangladesh Learning to make their own collars and pressure garments

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

Jenny Ball, MAPA, AHT (Australia), CHT (USA)

## MALAWI Hand Therapy Course

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

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

**Health Service in Malawi**

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

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

**Malawi**

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

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

resulting in a country with little revenue and the “public purse” is poor. The official language of the country is English, but the traditional language of Chichewe is spoken by about 60% of the people.

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

Venue: Beit Cure International Hospital, Malawi, 16th October 2018.

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

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

**Course Content:**

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

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

**Lectures –**

1. Assessment of the Hand
2. Splinting Theory

**Workshops/Practical Sessions –**

1. Exercises/ Strengthening/ Activity
2. Odema and Scar Management.
3. Management of Stiffness.
4. Splinting Practical

Presentation with Practical Hands on –

1. Fractures/ Joint dislocations/Tendon & nerve injuries
2. Burns/ Hand Contractures including syndactyly

**Course Evaluation:**

All delegates completed an evaluation form using a rating of 1-5. One being not useful five being very useful. The average scores for individual sessions ranged from 4.3 to 4.7

The overall course average was 4.6

21 out of 29 delegates completed “any comments or suggestions for future courses”

All comments were of a positive nature, with 14 delegates requesting more courses with more time such as a two-day course in the future.

Delegates requested more practical sessions & time to practice their learning.

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

MG 7 DS both presented on day two of the Hand Trauma workshop for COSECSA on 17th October 2018.

Thermoplastic Splinting Workshop- It was identified from the course feedback that further training would be beneficial in this area.

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

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

**Clinical Input:**

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

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

**Additional Information:**

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

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

The manual & equipment was funded following a successful application to the IFSHT (International Society of Hand Therapy) teaching grant, donations from UK Hand Therapy Suppliers. IFSHT also donated a Jamar Dynamometer to Queens hospital Blantyre, as part of their development of hand therapy in developing countries.

**Summary:**

The Introduction to Hand Therapy Course was completed by 29 delegates. All delegates provided a feedback form with 21 providing additional comments. The feedback strongly indicated that the course had been a valuable experience for all delegates. The popular request was for more training of this kind in the future, ideally a two-day course, to allow theoretical learning, clinical reasoning & practical modality practice. The overriding message from the feedback comments was more courses and more time next time. From the feedback and the positive participation from the delegates on the day, it can be concluded this inaugural hand therapy course was a resounding success and a worthwhile project for BSSH to have supported.

# Member Society News

## AMERICAN SOCIETY FOR SURGERY OF THE HAND

**Become a Member of the American Society for Surgery of the Hand.** Apply by 15 March 2019

ASSH is pleased to invite qualified surgeons, trained in the hand and upper extremity, from around the globe to join our organization. Members receive important benefits to support their hand surgery career.

### International Member benefits include:

- a subscription to The Journal of Hand Surgery;
- access to Hand-e (our online learning site with technique videos, lectures and more);
- discounts on books, courses, and our Annual Meeting;
- Networking and collaboration opportunities;
- subscriptions to helpful ASSH newsletters; and more!

International Member applications are due by 15 March 2019. International Membership Dues are \$350 per year. Apply Now at <http://www.assh.org/About-ASSH/Join-ASSH/Become-a-Member/International-Member>.

If you have completed your post-graduate training within the last 5 years, you may qualify to join ASSH as a Young International Member. Young International Members receive the same benefits as International Members at a discounted rate. Dues are \$200 annually, and applications are accepted any time throughout the year. To learn more and apply, visit <http://www.assh.org/About-ASSH/Join-ASSH/Become-a-Member/Young-International-Member>.

If you have questions or need assistance completing your application or obtaining supporting materials, please contact Mary McCarthy at [mmccarthy@assh.org](mailto:mmccarthy@assh.org)

### Join us in Las Vegas!

Members and nonmembers alike are invited to attend the 74th Annual Meeting of ASSH in Las Vegas, Nevada, 5-7 September 2019. The meeting features high quality scientific programming, networking opportunities and a special international welcome event.

All attendees are invited to an evening of fun and friendship in Las Vegas. We will gather at Brooklyn Bowl for a casual night of food, drinks and bowling with your colleagues. (American bowling is a great way to get to know people! Never tried it? No problem. It's just for fun and the scores don't matter!) Registration opens in early April. Tickets are free to international attendees, but space is limited so please register early.

This year, ASSH is welcoming members of the Austrian Society for Surgery of the Hand, German Society for Surgery of the Hand, and Swiss Society for Surgery of the Hand as the 2019 International Guest Societies. Members of these hand societies have been given a complimentary one-year subscription to Hand-e, ASSH's online learning portal. If you are a member of the Austrian, German or Swiss hand societies, get started by visiting <http://www.assh.org/Hand-e> and clicking the "Log In" button in the upper right corner.



## MEXICAN SOCIETY FOR SURGERY OF THE HAND (AMCM)

The "Asociación Mexicana de Cirugía de Mano" (AMCM) was founded in 1981. Its first president was Dr. Luis Gómez Correa and the Association is made up of Orthopedic and

Plastic Surgeons. Since then it has conducted monthly academic sessions.

During the last 20 years, the AMCM has carried out 143 outreach surgery campaigns in 19 states of the country. These free surgical campaigns benefit low-income people with complex hand pathologies. The most recent one was undertaken in Huajuapán de León, Oaxaca, on 24 November 2018, organized by Dr. Víctor Azpeitia (Coordinator of outreach surgeries), Dr. César Santiago (President) and Dr. Joaquín Díaz (International Representative), with the participation of the Association "Mobile Surgery International". This campaign benefited 27 patients, including children, adolescents and seniors, who were treated by 20 surgeons from our association.



Outreach Surgery Campaign, Oaxaca, 2018.

In 2017, the AMCM held its 10th International Congress in Mexico City, coordinated by Dr. Ricardo Pacheco

(Former President) and Dr. Denisse Hernández (Secretary). In 2018, the AMCM also hosted the Ibero-Latin American Congress of Hand Surgery (ILA) in the Riviera Maya, Quintana Roo, Mexico, coordinated by Dr. Juan Ramón Bonfil (Vice president), with 180 participants - 150 lectures were given, 3 workshops and 2 symposia were held by 38 national and 55 international presenters from 8 countries. In 2019, the AMCM will hold its biannual congress, from July 4 to 6, in Tlaxcala, Mexico.



<https://www.amcirugiadelamano.com/>

## DUTCH SOCIETY OF SURGERY OF THE HAND / NEDERLANDSE VERENIGING VOOR HANDCHIRURGIE (NVvH)



The Dutch Society for Surgery of the Hand has grown to a multi-disciplinary society of 250 members including hand therapists, general surgeons, orthopedic surgeons, plastic surgeons, rehabilitation physicians and anatomists. It has celebrated its 45th anniversary in Utrecht in November 2017.

The NVvH organizes two meetings per year with colleagues in the field. In June 2018 the theme of the conference was nerve compression and nerve surgery of the upper extremity, with international speakers of Prof. R.J. Spinner and Prof J.M. Brown (both neurosurgeons from the USA) and T. Vaksvik, a hand therapist from Norway. In November 2018, a conjoint meeting with the Dutch Society of Hand Therapists was organized: "Day of the PROMs and Dupuytren disease". Dr M. Arner presented the Swedish experiences from collecting PROM data in the national quality registry (HAKIR).

In the afternoon session, Prof. G McGrouther (Singapore) and D. Larsson (hand therapist, Norway)

presented their experiences in the treatment of Dupuytren Disease. On March 23rd 2019 a conjoint meeting with the Belgian Hand Group will be held: Controversies in Hand Surgery (Congress website [www.upperlimb.be](http://www.upperlimb.be)). Belgian and Dutch hand surgeons will present their preferred treatment of common hand problems after which discussion about the different treatments will be led by Prof J. Stanley (UK - IFSSH Pioneer in Hand Surgery) and Prof M. Calcagni (Switzerland - Secretary General of the FESSH).

Besides the annual meetings the NVvH is involved in prevention campaigns at a national level for minor and major hand injuries, development of national guidelines in hand surgery, and providing support to members during exam preparation for the European Board of Hand Surgery (EHBS). Different members of the NVvH are involved in committees of the FESSH. In 2021 the FESSH will be organized in Rotterdam, the Netherlands.

The society is working hard to create a certification for the professionals who practice hand surgery. Hand surgery is practiced in the Netherlands by several physicians: General surgeons, Orthopedic surgeons and Plastic surgeons. To improve the care for the patients with a hand surgery problem, guidelines for physician are being created.

These guidelines are focused on the physician. Among other factors, background training, hand surgery fellowship, examination (EHBS), and

continuous medical education are embedded in these guidelines. The white book on hand surgery (FESSH) is used as a guideline. The definitive format will hopefully be presented in 2019.

Brigitte EPA van der Heijden  
President, Dutch Society of the Hand (NVvH)

Announcements:

Joint Meeting: Dutch and Belgian Hand societies:  
Controversies in Hand Surgery  
23rd March 2019, Antwerpen, Belgian  
Website: [www.upperlimb.be](http://www.upperlimb.be)

## NEW ZEALAND SOCIETY FOR SURGERY OF THE HAND (NZSSH)

The NZSSH was formed in 1976 and has since steadily grown to approximately 50 members with close affiliation to the New Zealand Association of Hand Therapy. New Zealand has a small population (4.9 million) and as such we are a close-knit group of surgeons comprised of Orthopaedic and Plastic surgeons.

Our most recent society conference was held in Queenstown in July 2018 with distinguished guest speakers Mr Mark Ross (Australia) and Mr Sumedh Talwalkar (United Kingdom) contributing to a highly educational and stimulating meeting. Our society holds biennial conferences with open attendance encouraged to anyone interested in hand conditions and their treatment.

At our 40th anniversary meeting in 2016 we were able to honour one of our founding members, Professor Alastair Rothwell, who was in attendance. He has been an extremely influential member of this society and a great contributor to the Orthopaedic and Hand Surgery communities in New Zealand and abroad. An honorary lecture is held in his name and delivered at our biennial meetings.

Our society has very close ties to the Australian Hand Surgery Society with many members being corresponding members of this Society. Our next scientific meeting will combine with the APFSSH/APFSHT meeting (Asia-Pacific Region societies) which is to be held in Melbourne, Australia, March 11th-14th 2020. This is sure to be a very high quality meeting representing a diverse range of surgeons: <https://apfssh2020.org>  
We hope that many of you may consider attending this meeting or future meetings of our society in New Zealand.

NZSSH Executive:

- President: Bruce Peat
- President Elect: Tim Tasman-Jones
- Secretary: Wolfgang Heiss-Dunlop
- Secretary Elect: Sandeep Patel
- Immediate Past President: Richard Morbey
- Immediate Past Secretary: Fiona Timms

## ROMANIAN SOCIETY FOR SURGERY OF THE HAND (RSSH)

The Romanian Society for Surgery of the Hand (RSSH) is not a big one, but its 65 active members are working together to develop Hand Surgery in Romania and increase the interest in Hand Surgery for our younger colleagues. Unfortunately, the Hand Surgery in Romania is done only by plastic surgeons, and so until not so long ago Hand Surgery was addressing mostly soft tissues injuries and not so much bone and joint injuries.. That's why the senior hand surgeons are trying to motivate the younger colleagues to attend international courses and congresses and to obtain fellowships in well-known international hand surgery centers. Prof. Georgescu, Chairman of the Scientific Committee of the Tendon Transfers Workshop in Thessaloniki, Greece, presented at this meeting which included a large Romanian contingent.





Part of the Faculty attending the EFSM Congress



Professors Levin and Stevanovic receiving awards of excellence during the EFSM Congress



Tendon Transfers Seminar, Thessaloniki 2018

A large Romanian delegation attended the last FESSH meeting, and we are sure that our Society will also have many participants in the upcoming IFSSH and WSRM Congresses this year. We think the fact that some Romanian Hand Surgeons and Microsurgeons are invited to be part of the Scientific Committees at these congresses is

recognition of the good level of Hand Surgery and Microsurgery in our country.

In 2017 RSSH cooperated with the American Association of Hand Surgeons (AAHS). Under the cumulative efforts of our Hand Society and the Romanian Society for Reconstructive Microsurgery (RSRM), 2018 also turned out to be a very successful year..

Prof. Alexandru Georgescu and Associate Prof. Zorin Crainiceanu, are organizing the 11th Congress of the Balkan Association of Plastic, Reconstructive and Aesthetic Surgeons. In parallel with this Congress the 12th National Congress of the RSSH and the 13th National Congress of the RSRM will be held at the same time. Before and during this joint scientific event we will organize also hand surgery and microsurgery workshops. The 2nd Cluj Napoca International Course on Perforator Flaps in pigs, as well as the 14th Congress of the European Federation of Societies for Microsurgery in Belgrade are being organised.



The large audience of the EFSM Congress

RSSH Past President: Prof. Alexandru Georgess  
RSSH President: Assoc. Prof. Zorin Crainiceanu

## Art Exhibit #6



Artist: Linda Tyrrell | Title: "No!" | July 2016  
Oil painting on canvas 1000 X 500 mm



ASIA PACIFIC  
WRIST ASSOCIATION



# 5<sup>th</sup> Congress of Asia Pacific Wrist Association (APWA)

**November 7~9, 2019**

Seoul St. Mary's Hospital,  
Seoul, South Korea

**Abstract Submission Deadline: July 31, 2019**  
**Abstract Acceptance Announcement: August 31, 2019**  
**Early Bird Registration Deadline: September 30, 2019**  
**Website: <http://www.APWA2019.com>**

Secretariat of APWA 2019  
 124, Bukbyeonjung-ro, Gimpo-si, Gyeonggi-do, Republic of Korea 10098  
 Phone : +82-31-987-5963 Fax : +82-31-987-5967  
 E-mail : gaonpco@gaonpco.com



**Jixia Forum 2019  
IFSSH Pre-congress  
In China**

**【June 14-15, 2019, Tianjin】**

**Jixia Hand Surgery Forum** (Hosted by Dr Ke-Tong Gong)

**International Forum of Wide-Awake Hand Surgery** (Chairs: Jin Bo Tang, Don Lalonde)

**Pre-Congress of the IFSSH Meeting** (Chairs: Ke-Tong Gong, Jin Bo Tang)

*Organizer: Tianjin Hospital*

Congress website: <http://jixia5.handsurgery.cn/>

**JUNE 14**  
 Jixia Forum: Covering topics of Tianjin Hospital (nerve compression and fracture fixation, etc), Nantong University (what is new in world hand surgery), Jishuitan Hospital (wrist disorders), and Shandong Provincial Hospital (flaps and microsurgery) and evening debates.

**JUNE 15**  
 Jixia Forum: Wide-awake Hand Surgery International Forum-China part, moderator Ke-Tong Gong, 8:00-10:00 am, and Wide-awake Hand Surgery International Forum-international part, moderator Don Lalonde, 1:00-2:30 pm. Free paper sessions in the morning and afternoon for attendees of IFSSH pre-congress.

**Other activities:** June 15 (Saturday from 3:00 pm-9:00 pm): Tianjin sightseeing (half a day tour with dinner)  
 June 16 (Sunday): Beijing Tiananmen square, Temple of Heaven, and Great Wall sightseeing, Departure from Tianjin at 8:00 am, end at 7:00 pm in Beijing International Airport  
 June 17 to 21: IFSSH meeting

**Congress venue:** Pan Pacific Hotel Tianjin  
 Address: 1 Zhang Zi Zhong Road, Hongqiao District, Tianjin 300131, China  
 Website: <https://www.panpacific.com/en/hotels-and-resorts/pp-tianjin.html>  
 Tel: +86 22 5863 8888  
 Fax: +86 22 5863 8889

Organized by Association of Chinese-Speaking Hand Surgeons United (ACU)

Congress secretary: Mr Haihua Zhan phone: 13920996116 Email: 578421773@qq.com  
 Mr Ning Ma phone: 18602238811 Email: 52636528@qq.com



*Institut de la Main*



*6th Congenital Hand Anomalies and ski Symposium*

*17-23 March 2019*



*Châtel, Portes du Soleil, French Alps*

Inscription: Dr Stéphane GUERO, [sguero2@gmail.com](mailto:sguero2@gmail.com)

Institut de la Main, Clinique Bizet, 21 rue Georges Bizet, 75116 Paris

00 33 1 47 55 40 40, 00 33 1 40 69 36 41

[http://sguero.free.fr/congenital\\_hand\\_anomalies\\_and\\_ski/](http://sguero.free.fr/congenital_hand_anomalies_and_ski/)

# 2<sup>nd</sup> Symposium

on Surgery of the Spastic Upper Limb  
**> Spastic-Hand 2**

April, **5<sup>th</sup>** & **6<sup>th</sup>** 2019

**Venice,**  
 ITALY



Preliminary Program



**Chairman:**  
 Paolo Panciera

[www.symposium-spastic-hand.com](http://www.symposium-spastic-hand.com)

IN COLLABORATION WITH



Ospedale Villa Salus  
 Venezia/Mestre



SOCIETÀ ITALIANA  
 di CHIRURGIA  
 della MANO

nicola's foundation

REVEALING WRIST ARTHROSCOPY  
**FROM ZERO TO HERO**

**JUNE 22-24, 2019**

**COURSE DIRECTORS**  
**A. ATZEI - R. LUCHETTI**

ICLO TEACHING AND RESEARCH CENTER VERONA

INTERNATIONAL  
DISSECTION  
COURSE ON  
RECONSTRUCTIVE  
MICROSURGERY

8<sup>TH</sup>

arm

Advanced course  
on reconstructive  
microsurgery



**PERIPHERAL NERVE SURGERY  
& TENDON TRANSFER  
DISSECTION COURSE**

Miguel Hernández University  
San Juan de Alicante SPAIN  
April 15<sup>TH</sup> - 17<sup>TH</sup> 2019

**COURSE DIRECTORS**  
Nicola Felici and  
María José Santana Majan

**HONORARY CHAIRMEN**  
Alain Gilbert and Pier Luigi Raimondi

[www.arm2019.net](http://www.arm2019.net)



On behalf of the Scientific Faculty and the Organizing Committee, we are pleased to invite you to take part in the 8th International Dissection Course that will take place in the Department of Anatomy and Histology of the Miguel Hernández University, San Juan de Alicante (Spain) from April 15th to 17th 2019.

This course is aimed at Plastic Surgeons, Neurosurgeons, Orthopaedic Surgeons and Hand Surgeons who want to improve their technical skills in peripheral nerve surgery and palliative tendon transfers on the upper and lower limb.

The course consists in discussion time on clinical anatomy, dissection techniques and lectures delivered by experts in the field, followed by practical sessions with cadaver dissection performed directly by the participants.

Participation to the dissection course is limited to 30 surgeons accepted on a "first registered, first served" basis. Whoever is interested can register for the Course filling in the on-line registration form on the web site [www.arm2019.net](http://www.arm2019.net)

Registration is accepted on receipt of the registration fee and the completed registration form. Course fee is 1,500.00€ plus tax and can be settled:

- by credit card DIRECTLY from the on line registration form
- by bank transfer (bank charges settled by participant) to StudioProgress account. IBAN code IT36 0 02008 11200 000005235699 SWIFT/BIC code UNCRITM1090

Registration fee includes: scientific sessions, dissection on cadavers, course abstracts, coffee breaks, lunches, gala dinner, attendance certificate. Hotel accommodation is not included, but a number of rooms are being held for participants at a selected 3 star hotel very close to the Course venue. Please contact the organizing secretariat for reservations.

**ORGANIZING SECRETARIAT**  
STUDIOPROGRESS  
Via Cattaneo, 51 - 25121 Brescia (Italy)  
Tel. 0039(0)30.290326  
[info@studioprogress.it](mailto:info@studioprogress.it) - [www.studioprogress.it](http://www.studioprogress.it)

DEAR SIRs/MADAMS,

THE COURSE IS SPECIFICALLY DEDICATED FOR ORTHOPEDISTS, SURGEONS AND PHYSIOTHERAPISTS



**XII INTERNATIONAL POZNAN COURSE IN UPPER EXTREMITY SURGERY: FOREARM, WRIST, HAND**  
POZNAN, 14–15 March 2019

**DATE**

14 15 March 2019

**VENUE**

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

**CONTENTS PARTNER & SCIENTIFIC SUPERVISION**

Department of Orthopaedics, Traumatology and Hand Surgery Poznań University of Medical Sciences, Hand Surgery Section of Polish Society of Orthopedics and Traumatology

**ORGANIZER**

Termedia Publishing House



MORE INFORMATION ON [WWW.POZNANCOURSE.PL](http://WWW.POZNANCOURSE.PL)

The Course in Poznań has already become an established tradition. 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 fracture malunions and nonunions, hand arthritis, instability and arthroscopy. Special session will be devoted to facts and evidence in hand surgery.

The programme will feature scientific sessions, a symposium with a poster session, workshops. All sessions will combine knowledge both for surgeon and hand therapist. 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.



Piotr Czarnecki, PhD, MD

*Piotr Czarnecki*



prof. Leszek Romanowski

*Leszek Romanowski*



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E-mail : gaonpco@gaonpco.com



**11<sup>TH</sup> BAPRAS CONGRESS**

**12<sup>TH</sup>**

National Congress of the Romanian Society for Surgery of the Hand

**13<sup>TH</sup>**

National Congress of the Romanian Society for Reconstructive Microsurgery

**PUSHING THE BORDERS IN PLASTIC SURGERY**

May 9-11, 2019 Cluj-Napoca, Romania, Grand Hotel Italia  
[bapras2019.medevents.ro](http://bapras2019.medevents.ro)



UNIVERSITÀ DEGLI STUDI DI MILANO

# 17<sup>a</sup> GIORNATA MILANESE DI CHIRURGIA DELLA MANO HIGHLIGHTING IN PEDIATRIC HAND SURGERY

28-29 MARCH 2019

Congress Chairman: Chiara Novelli

CENTRO CONGRESSI STELLINE  
MILAN - ITALY

HAND SURGERY DEPARTMENT  
OSPEDALE SAN GIUSEPPE - MILAN, ITALY  
PLASTIC SURGERY SCHOOL  
UNIVERSITÀ DEGLI STUDI DI MILANO  
Chief: Prof. Giorgio Pajardi

Con il Patrocinio di



Società Italiana di Chirurgia della Mano



STUDI MANO

LA MANO DEL BAMBINO  
MANAGERIA SPA

## GENERAL INFORMATION

### CONGRESS VENUE

Centro Congressi Stelline  
Corso Magenta, 61  
20123 Milan - Italy

### HOW TO GET TO THE VENUE:

Metro: MM1/MM2 Cadorna, MM1  
Conciliazione, MM2 S. Ambrogio  
Treno: FNM Cadorna

OFFICIAL LANGUAGE: ENGLISH

### REGISTRATION

The registration fee is € 220,00 (VAT included).  
In order to receive the registration form, please contact the organizing secretariat.

### E.C.M. (ONLY FOR ITALIAN PARTICIPANTS)

Sarà inoltrata domanda di accreditamento ECM per il conferimento di crediti formativi per le figure professionali di medici (Chirurgia Generale - Medicina Generale - Ortopedia e Traumatologia - Chirurgia Plastica e Ricostruttiva, Medicina fisica e riabilitativa - Medicina dello Sport - Medicina e Chirurgia di Accettazione e di Urgenza - Radiodiagnostica - Pediatria) Fisioterapisti, Infermieri, Terapisti occupazionali e Terapisti della Neuro e psicomotricità dell'età evolutiva.

### ORGANIZING SECRETARIAT

Ufficio Formazione  
Gruppo MultiMedica  
Via San Vittore, 12  
20123 Milano (MI)  
Ph. +39 02 8599 4108  
E-mail: [jessica.vignali@multimedica.it](mailto:jessica.vignali@multimedica.it)



**Three Days of Top-Notch Review**  
**July 12-14, 2019 in Chicago, IL**

The [Comprehensive Review in Hand and Upper Extremity Surgery Course](#) delivers advanced review and updates on the latest research. Perfect for recertification, the course covers:

- Anatomy
- Biomechanics
- Pathology
- Diagnostic methods
- Treatment methods and more

Join us in the exciting city of Chicago. Between the jam-packed program and the sights and sounds around town, not a minute of your time will be wasted.

**Registration includes:**

- Three-day program in Chicago
- Downloadable syllabus
- Downloadable full-screen PDF of the presentation slides (sent after the course)

[ASSH HOME](#) | [EDUCATIONAL RESOURCES](#) | [HAND-E](#)

American Society for Surgery of the Hand  
822 W Washington Blvd., Chicago IL 60607  
Fax: (847) 384-1435 | Phone: (312) 880-1900 | Web: [www.assh.org](http://www.assh.org)

