

HAND SURGERY

Q U A R T E R L Y

Autumn
2010

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FROM THE EDITOR'S DESK

Some memories of my trip with Guatemala Healing Hands Foundation

New York. Arrival approx 10:30 pm. Tuesday. Last flight from Louisville. Unable to find place to lie down. Best chairs on second floor near rail line. **3 am.** Walk downstairs to meet team. Signing in at TACA airlines. Many people already there including Lynn. Met Renata. After straightforward check in walk downstairs to departure lounge. Flight about 7:30. No place to lie down. Have general discussion with members of team. Talk hockey with sports writer from Buffalo. **Flight to Guatemala.** Slept the entire flight. Arrival in Guatemala. Drop off equipment at hotel close to airport. Take bus to Antigua. Everyone tired but excited. Check into historic hotel in Antigua. Miguel is already there. Wonderful team dinner at hotel. **A couple of days in Antigua.** Interesting pancake breakfast at a macadamia nut farm. Tour of hospital, sightseeing, some shopping and hanging out. Well organized by Lynn and well taken care of by our

drivers who are also there to keep us safe. **One day trip to Lake Atitlan.** Passing through small villages. Beautiful countryside. Colorful local clothing. Stopped to watch some local farmers sort and clean potatoes by a small river. Tried the zip line experience. General survival instincts against it but followed the big guy so thought if would hold him, would be OK. Lake Atitlan. Beautiful mountain lake surrounded by volcanoes. Boat ride around lake. Spectacular. Held hands in the beautiful sunset! Friday and Saturday. **Conference.** Good conference with mix of presentation and discussion. Combined therapy and surgery presentations. One of the ladies fainted but can't remember which one. **Saturday eve. Dinner.** More team members arrive. Everyone feeling comfortable together. Sunday. Sunday was called our screening day. We were met by a line of

parents and children that stretched out onto the street. **The importance of what we were doing struck home.** These fami-



STEVE MCCABE, MD

lies were there for us to improve the lives of their children. Sight unseen they believed in our motivation, our training, and our ability. Sobering experience. **Lynn had us all organized.**

There was a group to triage at the front end. There was a group to play with and occupy the children. There was a room for the anesthesia doctor to evaluate the kids, and there was the room for the surgeons. Leonard Bodell was our unofficial leader. Maybe by seniority, maybe by experience, but certainly by his wisdom and manner he took charge in such a subtle imperceptible way. **It was hot.** We set up a make shift surgical schedule for the week and evaluated children all day. There were some warm reunions with patients who had been previous-

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ly treated. The parents were all respectful and hopeful. We had a group of surgeons, nurses, and therapists to discuss each child. It was a tremendous learning experience. No egos. After a long, hot day **we had seen about 200 kids and planned to operate on more than 60.** We saw a wide range of congenital and acquired problems including many burn scar contractures. **Monday through Thursday.** We woke up every morning and had good breakfast in the hotel. We quickly fell into a routine. There were a lot of cases to do. Mostly the surgeons worked in pairs. **No egos.** We had three OR's running full time, all day, for the entire week. After surgery everyone had dinner and typically called it an early night. The level of organization that was required to pull this off was truly amazing. **Lynn hired local nurses and two wonderful local anesthesia doctors** to fill out the team. The kids stayed in the hospital overnight. Miguel did rounds in the morning. It seemed like this was timed to coincide with suturing skin grafts. A local Orthopedist was involved to participate in the surgery and provide follow-up care. The days were long but in four days we had more than four years of experience in congenital and pediatric hand surgery. A lot of work and **everyone tired by the end of the week.** The hotel was embarrassingly good. The facilities for the care of the children were safe, and more than adequate for the task. The people we met were outstanding and truly committed to what we were doing. The level of care provided for the children was



LEON S. BENSON, MD

A Heartfelt Thank You

I have the unfortunate duty of relating that Leon Benson, who has written our coding corner since 2003, will retire from this section of the newsletter. Please join me in thanking Dr. Benson for his work. This job is typically a thankless labor of love but is vital for our success.

I would like to invite a surgeon to take over the Coding Corner for the newsletter. You will be performing a service to the members of the AAHS and I suspect that being an expert in coding literally pays dividends. If you are an expert in coding and would like to share your expertise with the membership or if you are interested in developing this expertise please contact us. You could volunteer for a year and re-evaluate your commitment at that time.

—Steve McCabe, MD

the same as that provided in North America. **Follow-up was in place. The team was well taken care of** from a safety and logistics standpoint. There were no hassles. Friday and Saturday. We packed up everything on Friday and **Saturday we flew back to New York.**

* * * *

I am proud to have participated with the GHHF. In my humble opinion this organization is a model for what we should be trying to achieve. The team members receive a mixture of a cultural and professional experience. The professional experience includes teaching and learning, and providing care. Lynn has returned year after year so she has a record of credibility with the local folks. She has built something that is truly impressive. The therapists had an impressive parallel program that I have not even touched on. I apologize for that.

If you are trending toward cynicism in your surgical career because of over burdensome bureaucracy this experience is liberating. The only goal is to help these children have the potential for a productive life. Paperwork is minimized to that required for the medical care. There is no extraneous distraction. Whatever you do is accepted as the

best possible. There is no arbitrator except your own personal need to do your best. It is truly motivating.

If you are unable to go with a surgical team to provide care you can still be a part of these efforts. The endowment has identified international outreach as an important part of its mission. If you donate to the endowment or to GHHF directly your money will not be wasted on a tropical vacation. Allen Van-Beek is actively organizing to provide care in Peru. Please call him. You will learn a lot, have a great experience, and do something that is positive. Alternatively, support your friends and colleagues who are willing and able to give up their time and money to take care of these children. A small amount of money can make a tremendous difference.

I would love to talk to anyone about these efforts. Please call me if you have any questions about my personal experience. **H**

Announcing a New Editor for the HSQ

I am happy to introduce the new editor of the newsletter, Thomas Hughes, MD. I have had a short tenure and I hope you have found my comments interesting. Please write the new editor to congratulate him and push him to make the newsletter content informative and interesting.

—Steve McCabe, MD



THOMAS HUGHES, MD

HAND SURGERY QUARTERLY

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MESSAGE FROM THE PRESIDENT

Mid-year report

Fall is here, winter is not far behind, nor is the warmth of our annual meeting in Cancun. Jesse Jupiter and Sue Michlovitz have outdone themselves in organizing a conference that is not only informative but innovative. There are more national and international experts attending than we have ever had in the past. Discussion panels range from such diverse topics as aesthetic hand surgery to the efficacy of new technologies such as robotic surgery to evidence based therapy treatment. Over 25 instructional courses will update the participant in areas of carpal instability, tendon repair, and soft tissue coverage. Highlighted speakers include Bob Woodruff, Aron Ralston, Stephen Sullivan of Partners, and Andy Gurman, the hand surgeon speaker of the AMA.

Yet even amidst this educational extravaganza, the real joy of the meeting will be the chance to share thoughts and friendship with each other. Such collegiality has been a theme of my Presidency. Since graduating from my hand fellowship, the AAHS meeting has been a time to bond with old friends and make new friends. Shared experiences like exploring a Mayan ruin are opportunities to discuss not only past lives but present lives. Afternoons and margaritas on a beach open horizons of conversation that are often missed in the didactic lecture setting. Friendships builds upon such moments and time spent together laughing and dancing. In that regard, I hope to see you at the salsa dinner dance on Friday night where family and friends can enjoy each other.

Management

New developments on the management front. As you may know we began this year under SAMS (Specialty Association Management Services), the new management arm of the American Society of Plastic Surgery. It soon became apparent that managing other societies was not their forte and a decision was made to seek other management. After due diligence the board selected PRRI (Professional Relations and Research Institute) of Boston. This group has distinguished itself in managing groups similar to us such as the American Association of Plastic Surgery. The transition has been seamless and amicable. Our close relationship with the ASPS will continue as will our ties to ASRM and ASPN. Well deserved kudos go out to Kristin Haskin, our executive director, who has guided the society through this potentially unsettling time.



A. LEE OSTERMAN,
MD, FACS

HAND

Our journal continues to grow. Michael Neumeister has replaced Elvin Zook as Editor-in Chief. Dr Zook has left the journal on solid footing. His work has been recognized and he was honored as a pioneer of hand surgery at this year's IFSSH meeting in Korea. Don Lalonde and the journal committee have negotiated a long term contract with our publisher, Springer, that is beneficial to the society. He has also reminded us to 'go green' and get our copies on line. Hand is now on line at PubMed Central.

VUMEDI

The AAHS now has an active page and association with VuMedi, the largest online musculoskeletal web site. The site features videos, powerpoint talks and chat room conferences, Here for example you can see Don Lalonde's course on

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FROM THE PRESIDENT

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wide awake hand surgery or Jesse Jupiter's discussion of distal humerus fractures. Go to <http://www.vumedi.com/channels/aahs>.

Volunteerism

The Board has continue to focus on the AAHS mission goal of providing hand care in areas of need. Gretchen Kaiser and John Taras head a committee to redefine the Vargas experience where a paired hand surgeon and hand therapist collaborate in a host country. Their charge is to create a template for the therapist-surgeon team as a baseline structure from which to organize

their mission trip and create a consistency among trips representing this association. Nash Naam has continued to develop strategies whereby the AAHS can serve as an educational vehicle for developing and emerging hand societies. Finally our annual meeting has continued to emphasize the role that hand surgery can play in such areas, one of the most well attended and meaningful sessions last year was the panel on the Haiti experience by Paul Farmer's group, Partners in Health. This year will feature an update by Stephen Sullivan.

Membership

At a time when bowling alone is more popular than joining a society and participating in its activities ,

the AAHS is continuing to prosper. This year has seen a significant increase in new members in all categories—candidate, active, affiliate, and international. This reflects the many benefits available to our members including the subscription to HAND and reduced registration at the annual meeting. More importantly such growth emphasizes the haven that the AAHS provides for shared discussions about all aspects of hand surgery. Thank you all for your membership and for making the society an inclusive and vital being.

I have been honored to serve as your president and look forward to seeing each of you in Cancun. Best wishes for a successful and healthy new year. **H**

HAND THERAPIST AND AFFILIATES' CORNER

Newsflash: Specialty Day Sets the Stage for a Fantastic Meeting

The AAHS Annual Meeting will open with Specialty Day (formerly referred to as Hand Therapy Day). The name of the day changed a few years ago to reflect better integration of programming from both surgeons and therapists. (In fact, the formerly titled "Hand Therapy Day" usually has had a far larger surgeon than therapist attendance.)

Early morning Instructional Courses for the AAHS 2011 meeting begin as part of Specialty Day. We then move on to novel panels such as "Should I Have Surgery? Will

Therapy Help? Is there Evidence?" which may cause us reflect on our every day clinical decisions.

At the end of the morning, Stephen Sullivan, MD, will provide an Invited Guest Lecture on "Surgical Experiences While in Haiti". This is in concert an AAHS mission of promoting hand care around the globe.

The formal Specialty Day programming concludes a theme aligning this decade's trend of "everyone wants to be ageless and beautiful, including our patients." To that end, Laurence Glickman, MD will lead a panel titled, "Cosmetic (Rejuvenation) Hand Surgery: Form vs. Function."

Then, we can all put sunblock on our hands (and remaining exposed body parts) and head to the beach for the remainder of the afternoon, to rest up for Margaritas with Mentors and Opening Reception.

It is only fitting with this year's colorful, forward and novel-thinking AAHS President Lee Osterman, that we step out of the boundaries a bit. I challenge our invited presenters to diverge from the "canned-

go-to-conference Power Points" and conference participants to "step-up-to-the-mike" and provide thought-provoking (perhaps controversial) comments during panels. The *gestalt* of the day should promote lively audience participation in discussions: often it's the discussion pearls that result in the best take home messages.

Kudos to Jesse Jupiter, MD, AAHS Program Chair, for promoting inclusion of therapists throughout the AAHS program. I believe this year's Cancun program has more therapists on panels and instructional courses at least since I have been attending the meeting in 1997. This reflects what Lee Osterman has written about AAHS... "A core value of AAHS is its inclusivity." I hope this is a trend that future program chairs will follow.

Hope to see you all in Cancun!

H
Sue Michlovitz, PT, PhD, CHT
AAHS Sr. Affiliate Director and
Specialty Day Co-Chair



**SUE MICHLOVITZ, PT,
PHD, CHT**

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AAHS 41st Annual Meeting

January 12–15, 2011
Ritz Carlton—Cancún
Cancún, Mexico

Wednesday, January 12, 2011 Specialty Day Program

- 6:30–7:00 am Continental Breakfast
- 7:00–8:00 am Instructional Courses (6 options)
- 101 Fingertip and Nailbed Injuries
Chair: Mark Belsky, MD
Instructors: Kodi Azari, MD; Jennifer Green, MD; Eric S. Wroten, MD; Jeffrey Yao, MD; Georgette Fogg, OTR/L CHT
- 102 Rheumatoid Hand Reconstructions
Chair: Asif Ilyas, MD
Instructors: Brian Adams, MD; Michael Baumholtz, MD; Marco Rizzo, MD; Peter Stern, MD
- 103 How to Make an Intraoperative Video
Chair: Eric Hofmeister, MD
Instructors: Matthew Bernstein, MD; Matt Concannon, MD
- 104 Update on Kienböck's Disease
Chair: Steve McCabe, MD
Instructors: John Stanley, MBChB; Roberta Morris, OT CHT

- 105 Dupuytren's Disease Update
Chair: Jaiyoung Ryu, MD
Instructors: Kyle Bickel, MD, FACS; Philip Blazar, MD; Rod Hentz, MD; Eduardo Zancolli, MD
- 106 Reconstruction of Post Traumatic Deformities of the Finger
Chair: Randip Bindra, MD FRCS
Instructors: Gunter Germann, MD; Douglas Sammer, MD; Tsu-Min Tsai, MD; Sharon Andruskiwec, PT CHT
- 8:10–8:30 am President and Program Chairs Welcome
A. Lee Osterman, MD FACS, AAHS President
Jesse Jupiter MD, Program Chair
Susan Michlovitz, PT PhD CHT, Specialty Day Chair
- 8:30–9:30 am Panel: Should I Have Surgery? Will Therapy Help? What is the Evidence?
Moderator: Mark Baratz, MD; Gretchen Kaiser, OTD OTR/L MBA CHT
Panelists: Warren Hammert, MD DDS; Steven McCabe, MD; Stephanie Sweet, MD; Sue Blackmore, MS OTR/L CHT
- 9:30–10:30 am Panel: New Technologies in Upper Extremity Medical and Surgical Care—Current Perspectives
Moderators: Brian Adams, MD; Gretchen Kaiser, OTD OTR/L MBA CHT

Panelists: John Lubahn, MD; John Taras, MD; Jeffrey Yao, MD; Rebecca von der Heyde, PhD OTR/L CHT

10:30–10:50 am Coffee Break

- 10:50–11:30 am Panel: Troublesome Fractures in the Hand
Moderator: Jesse Jupiter, MD
Panelists: Peter Tang, MD; Georgette Fogg, OTR/L CHT; Jennifer Thompson, MPT CHT; Aviva Wolff, OTR CHT

11:30 am–12:00 pm

Invited Guest Lecture (not offered for credit)
Stephen Sullivan, MD
“Surgical Experiences While In Haiti”

12:00–1:00 pm Panel: Cosmetic (Rejuvenation) Hand Surgery: Form versus Function

Moderator: Laurence Glickman, MD FRCS FACS
Panelists: Gunter Germann, MD; Randy Miller, MD; Cynthia Cooper, PT

5:00–6:30 pm “Margaritas with Mentors” Reception

6:30–8:30 pm Welcome Reception

Thursday, January 13

- 6:30–7:00 am Continental Breakfast
- 7:00–8:00 am Instructional Courses (6 options)
- 107 Management of Injuries to the PIP Joint
Chair: Peter Stern, MD
Instructors: Steven Haase, MD; Thomas Hunt III, MD; David Netcher, MD; Jorge Orbay, MD; Kristin Valdes, OTD OTR CHT
- 108 La Federacion De La Mano: Hand Study Groups
Chair: Carlos Fernandes, MD
Instructors: Scott Kozin, MD; Lynn Festa, OTR/L CHT; Joy MacDermid, BscPT PhD; Susan Michlovitz, PT PhD CHT
- 109 Principles of Tendon Transfer
Chair: John Lubahn, MD
Instructors: Neal Chen, MD; David Zelouf, MD; Tim Cooney; Terri Wolfe, OTR/L CHT
- 110 Wide Awake Hand Surgery
Chair: Donald Lalonde, MD
Instructors: Sean Bidic, MD; Eric Hofmeister, MD; A. Lee Osterman, MD FACS; Susan Kean, PT CHT

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- 111 Fractures of the Scaphoid: Pitfalls and Pearls
Chair: Stephanie Sweet, MD
Instructors: Sanjay Desai, MD; John Drexoniany, MD; William Geissler, MD; Hervey Kimball, MD; Peter Murray, MD; Paul Brach, MS PT CHT
- 112 Fracture Dislocations about the Elbow
Chair: David Ring, MD
Instructors: Brent Bamberger, MD; Jose Ortiz, MD; Jaiyoung Ryu, MD; Lawrence Weiss, MD; Carol Page, PT DPT CHT
- 8:00–8:15 am **Presidential Welcome**
A. Lee Osterman, MD FACS
- 8:15–8:45 am **Obama in the OR**
Moderator: Mark Rekant, MD
Speaker: Andrew Gurman, MD

- 8:45–9:30 am **Panel A: New Flaps for Hand Surgery (New Workhorse Flaps for the Hand)**
Moderator: James Chang, MD
Panelists: Allan Bishop, MD; Jeff Friedrich, MD; William Pederson, MD; Paula Galaviz, OT

Panel B: Flexor Tendon Injuries—Master Techniques

Moderator: TBD
Panelists: Donald Lalonde, MD; John Taras, MD; Rebecca von der Heyde, PhD OTR/L CHT

9:30–10:30 am **Scientific Paper Sessions A & B**

Session A Moderators: David Bozentka, MD; W.P. Andrew Lee, MD
Session B Moderator: Michael Neumeister, MD

10:30–10:55 am **Coffee Break**

- 11:00–11:30 am **Presidential Address**
 “Collegiality: The Art of the Handshake”
A. Lee Osterman, MD FACS

- 11:40 am–12:30 pm **Invited Guest Lecture Aron Ralston**
 Adventurer and author of *Between a Rock and a Hard Place*
 (not offered for credit)

12:30–1:30 pm **Lunch with Exhibitors**

Friday, January 14

- 6:30–7:00 am **Continental Breakfast**
- 7:00–8:00 am **Instructional Courses (6 options)**
- 113 Update on Congenital Deformities - Controversies
Chair: Scott Kozin, MD
Instructors: William Cooney, MD; Neil Ford Jones, MD; Terry Light, MD
- 114 Reconstruction of Malunion of the Distal Radius
Chair: David Bozentka, MD
Instructors: Philip Blazar, MD; Jesse Jupiter, MD; Andrew Koman, MD; Kristin Valdes, OTD OTR CHT

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Invited Guest Lecturer Aron Ralston

In 2003, pinned by a half-ton boulder for nearly a week in a remote canyon in southern Utah, Aron Ralston finally escaped by amputating his right forearm with a dull pocketknife. After applying a tourniquet, he hiked and rappelled for 5 hours through Blue John Canyon before searchers miraculously rescued him.

Ralston documented his life-altering experience and his remarkable will to survive in his best-selling book, *Between a Rock and a Hard Place*. His story is currently being adapted for the big screen by Oscar-winning director Danny Boyle, starring James Franco as Aron. The film, tentatively titled, ‘127 Hours,’ is scheduled for release in November 2010.

Since his amputation—and aided by radical prosthetic devices that he helped design—he has expanded his adventures to the world’s great peaks, deserts, and rivers. He is the only person to have solo climbed all 59 of Colorado’s 14,000-foot-high mountains in winter; the only person with a disability to have skied from the summit of Denali, North America’s tallest mountain; and in April 2009, he



became the first amputee to row a raft through the Grand Canyon.

Today, Aron lives with his wife Jessica in Boulder, Colorado, where they are enjoying their biggest adventure yet, raising their baby son, Leo.

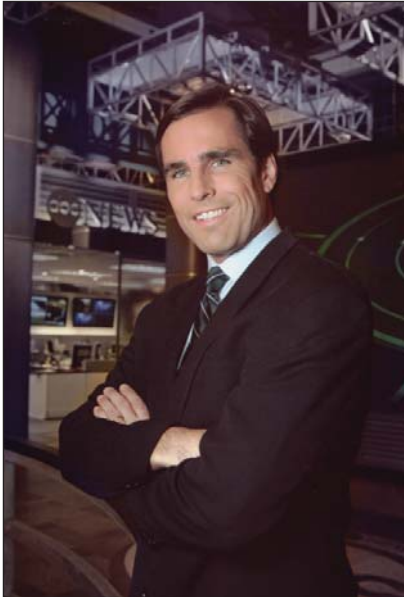
In presentations, Aron tells his story and explains why his incident was the greatest gift of his life. He speaks on the topics of persevering in adversity, drawing courage and strength from one’s deepest relationships, and appreciating even the “boulders” of life, as they are also our blessings. **H**

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- 115 CMC Arthritis Open and Arthroscopic Treatment
Chair: Mark Rekant, MD
Instructors: Alejandro Badia, MD; Eduardo Zancolli, MD; Tandra Marik, OTD OTR/L CHT
- 116 Complex Hand Fractures and Dislocations in Contact Athletes
Chair: Michael Hayton, MD
Instructors: Thomas Graham, MD; Steven Margles, MD; Chaitanya Mudgal, MD; Aviva Wolff, OTR CHT
- 117 Reconstruction of the Burned Hand
Chair: Keith Brandt, MD
Instructors: Michael Neumeister, MD; Roger Simpson, MD; Jonathan Winograd, MD; Ted Chapman, MIL USA, MEDCOM, CRDAMC
- 118 Challenges of Orthotic Selection
Chair: Rebecca von der Hyde, PhD OTR/L CHT
Instructors: Mark Rekant, MD; Jerry Coverdale, OT, CHT; Lynn Festa, OTR/L CHT
- 8:00–8:10 am **Welcome**
- 8:10–8:40 am **Panel: Innovative Hand Surgery—An International Perspective**
Moderators: A. Lee Osterman, MD FACS; Aviva Wolff, OTR CHT
Panelists: Carlos Fernandes, MD; Alexandru Georgescu, MD; Pak Cheong Ho, MD; John Stanley, MBChB; Eduardo Zancolli, MD
- 8:40–8:55 am **Debate: Is the Negative Pressure Wound Dressing a Panacea or Device of the Devil?**
Moderator: Randip Bindra, MD FRCS
Debaters: Andrew Koman, MD; Jonathan Winograd, MD
- 8:55–9:15 am **Debate: Locked Distal Radius Plate—Holy Grail or Fool's Gold?**
Moderator: Daniel Nagle, MD
Debaters: Michael Bednar, MD; Jorge Orbay, MD
- 9:15–10:15 am **Scientific Paper Sessions A & B**
Session A Moderators: David Ring, MD; Jonathan Winograd, MD
- Session B Moderators: Warren Hammert, MD; Gretchen Kaiser, OTD OTR/L MBA CHT
- 10:15–10:30 am **Break**
- 10:30–11 am **Scientific Paper Sessions A & B**
Session A Moderators: Renata Weber, MD; Sue Michlovitz, PT PhD CHT
Session B Moderators: Peter Murray, MD; Joy MacDermid, BScPT PhD
- 11–11:45 am **Joint Concurrent AAHS/ASPN Panel: Assessment and Management of the Mangled Hand**
Moderator: Jesse Jupiter, MD
Panelists: Neil Ford Jones, MD; Rajan Gupta, MD; L. Scott Levin, MD; William Pederson, MD; Luis Scheker, MD
- Joint Concurrent AAHS/ASPN Panel: Failed Nerve Decompression—Now What?**
Moderator: Allen Van Beek, MD
Panelists: Allan Belzberg, MD; Tsu-Min Tsai, MD
- 11:45 am–12:30 pm **Danyo Lecture**
Moderator: A. Lee Osterman, MD FACS
- 12:30–1:30 pm **Annual Business Meeting (AAHS Members Only)**
- 1:30–5:50 pm **Comprehensive Hand Surgery Review Course**
Chair: Peter Murray, MD
For information on HRC sessions, titles, instructors, and the presentation details, go to www.handsurgery.org.
- 3:30–3:50 pm **Break**
- 7:00–10:00 pm **AAHS Salsa Dinner Dance**
- Saturday, January 15**
AAHS/ASPN/ASRM Combined Day
- 6:30–8:00 am **Breakfast with Exhibitors**
- 7:00–8:00 am **AAHS/ASPN/ASRM Instructional Courses**
- 201 Controversies in the Management of Nerve Compression in the Upper Extremity
Chair: Thomas Hughes, MD
Instructors: Tyson Cobb, MD; Neil Ford Jones, MD; John Lubahn, MD; Mary Nordlie, MS OTR CHT
- 202 Reconstruction of Acute and Chronic Scapholunate Ligament Injuries—How I Treat
Chair: Mark Rekant, MD
Instructors: Steven Moran, MD; Peter Stern, MD; Jennifer Thompson, MPT CHT
- 203 Cortical Plasticity and Changes with Nerve Injury
Chair: Dimitri Anastakis, MD
Instructors: Martijn Malessy, MD PhD
- 204 Adult Brachial Plexus Lesions
Chair: Allan Belzberg, MD
Instructors: Michael Dorsi, MD; Thomas Tung, MD; Justin Brown, MD
- 205 Monitoring Technologies for Flaps and Replants
Chair: William Swartz, MD
Instructors: Darrell Brooks, MD; Alex Keller, MD; Hakim Said, MD
- 206 Innovation in Free Flap Surgery
Chair: Geoff Gurtner, MD
Instructors: David Brown, MD; Paul Cederna MD
- 8:15–8:30 am **AAHS/ASPN/ASRM Presidents' Welcome**
A. Lee Osterman, MD FACS, AAHS President
Paul S. Cederna, MD, ASPN President
Peter C. Neligan, MD, ASRM President
- 8:30–9:30 am **AAHS/ASPN/ASRM Panel: Robotic Surgery**
Moderators: Jesse Selber, MD
Panelists: Michael Bednar, MD; Philippe Liverneaux, MD; Sijo Parekattil, MD
- 9:30–10:00 am **Coffee Break with Exhibitors**
- 10:00–11:00 am **Joint Presidential Keynote Lecture Bob Woodruff**
(not offered for credit)
- 11:00 am–12:00 pm **AAHS/ASPN/ASRM Joint Outstanding Papers**

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Joint Presidential Keynote Speaker Bob Woodruff

Bob Woodruff joined ABC News in 1996 and has covered major stories throughout the country and around the world. He was named co-anchor of *ABC's World News Tonight* in December 2005. On January 29, 2006, while reporting on U.S. and Iraqi security forces, Woodruff was seriously injured by a roadside bomb that struck his vehicle near Taji, Iraq.

In February 2007, Woodruff and his wife Lee released *In an Instant: A Family's Journey of Love, Courage, and Healing*, their personal memoir about Woodruff's recovery after his attack in Iraq and the medical and family support that helped him heal.

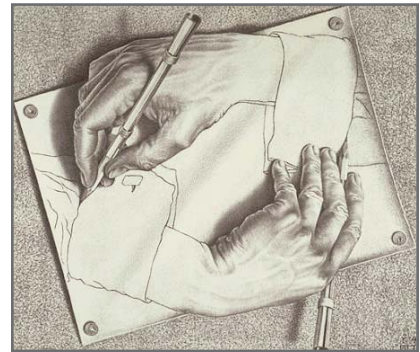
In April 2008, Woodruff won a Peabody Award for Wounds of War – The Long Road Home for Our Nations Veterans, a series of reports that aired on ABC. He is also the recipient of the Daniel

Pearl Award for Courage and Integrity in Journalism. He has received numerous awards and citations from organizations around the country for his work on behalf of the wounded veterans.

His overseas reporting of the fallout from September 11 was part of ABC News' coverage recognized with the Alfred I. duPont Award and the George Foster Peabody Award, the two highest honors in broadcast journalism.

Before becoming a journalist, Woodruff was an attorney. But in 1989, while teaching law in Beijing, he was hired by CBS News to work as a translator during the Tiananmen Square uprising and a short time later he changed careers.

Woodruff is back at work reporting for ABC News shows on a variety of international and national stories with his "Bob Woodruff Reports" unit. Woodruff has a law degree from the University of Michigan Law School and a BA from Colgate University. He is married and has four children. **H**



"My hands are drawing!"

Calling all artists and sketchers

In the great tradition of hand surgeons' drawing, we invite any readers to submit drawings they would like to share with members and friends via the *Hand Surgery Quarterly*. Cartoons, drawings of patients' hands, cases and other drawings are welcome. Please add a short caption or description. High rez PDFs or JPGs can be sent to me through the Central Office.

— Steve

AAHS Calendar

2011

January 12-15, 2011
AAHS 41st Annual Meeting
Ritz Carlton Cancun
Cancún, Mexico

February 16-20, 2011
AAOS Annual Meeting
San Diego, CA

September 8-10, 2011
ASSH Annual Meeting
Las Vegas, NV

September 23-28, 2011
ASPS Annual Meeting
Denver, CO

2012

January 11-14, 2012
AAHS 42nd Annual Meeting
Red Rock Casino Resort & Spa
Las Vegas, NV

2013

January 9-12, 2013
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International Aspects of Hand Surgery

More and more members of the AAHS are undertaking trips outside the US to provide medical services and mentor surgeons, therapists and emerging hand associations, or encouraging surgeons to come to the States to learn more about the specialty. Exploring the ins and out of this topic are five well-traveled experts: moderator **Nash Naam, MD**, clinical professor of Plastic and Reconstructive Surgery, Southern Illinois University, and Southern Illinois Hand Center, Effingham, IL; **Peter Amadio, MD**, Lloyd A. and Barbara A. Amunson Professor of Orthopedic Surgery, Mayo Clinic, Rochester, MN; **Lynn Bassini, MA, OTR, CHT**, in private practice, Brooklyn, NY; **Miguel Pirela-Cruz, MD, FACS**, professor and chairman, Texas Tech University HSC; Department of Orthopaedic Surgery & Rehabilitation, Paul L. Foster School of Medicine, El Paso Campus, El Paso, TX; and **Allen Van Beek, MD**, adjunct professor, North Memorial Medical Center, University of Minnesota, MN.

Dr. Naam: I would really like to welcome you all and thank you for participating in this important roundtable discussion about the international aspects of hand surgery

Let's start with Dr. Amadio. You have had a really long history of participating in the International Federation of Societies for Surgery of the Hand and other international hand surgery societies. How do you envision the role of AAHS in promoting and advancing hand surgery around the world?

Dr. Amadio: Well, first of all, it's really been a pleasure to work with AAHS because the Association has been so forward thinking with regard to international hand surgery, and particularly in helping other nations as they get started

with hand surgery, as opposed to dealing primarily with established hand surgery organizations. For example, the Association was very helpful in organizing the first international meeting for the Hungarian Society for Surgery of the Hand and the first one for the Romanian Society, and the New Zealand Society, helping the Guatemalan Hand Society get started, and working to rejuvenate—perhaps it isn't too strong a word—the Mexican Society for Surgery of the Hand. I think this is something that the AAHS really has an interest in, appears to have a talent for, and has a very, very useful role to play around the world. Not many other national hand surgery societies are as interested in this kind of international outreach to organizations and

countries that are just beginning their journey into professional hand surgery organizations. Of course, recently, Nash, you helped to get the Egyptian Society for Surgery of the Hand organized. I was very happy to receive an email message just the other day that they are now going to have their third annual meeting, with the first being the one in conjunction with the American Association for Hand Surgery.

Dr. Naam: That's correct, yes. Okay. Allen, do you have anything to add?

Dr. Van Beek: I think that the American Association for Hand Surgery has been at the forefront of establishing training centers and international symposia fostering hand surgery and hand therapy. I think that the next step that we should look at is actually doing hands-on educational services combined with the educational piece that Peter has already mentioned. I certainly agree that the Association has had a major leadership role in



WHILE ON THE VARGAS AWARD TRIP IN 1999 [KATHERINE SCOFFIELD] BROUGHT SPLINT MATERIAL AND MADE SPLINTS.... NOW THERE ARE SOME HAND THERAPISTS AND THEY ARE WORKING TOGETHER WITH THE HAND SURGEONS.

NASH NAAM, MD



Dr. Nash Naam (front row, fourth from left) with participants at the Egyptian Hand Surgery Association Conference in 2009, in Egypt.

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that regard, and you can add to that list, Peter, the Peruvian Hand Society.

Dr. Naam: Great. Miguel?

Dr. Pirela-Cruz: I echo everything that has been said and certainly I've just been happy to work with the Association. I think it is really important to let the world know what we are about and how we would like to treat our patients. It's about really helping others to understand the role that hand surgeons play in the value of their lives.

Dr. Naam: How about you, Lynn, with respect to hand therapy around the world?

Ms. Bassini: Every country brings a unique perspective to hand therapy. Both their culture and education influence their level of hand therapy. We need to work together in order to achieve the common goals in hand surgery and therapy. It is not easy for the local hand therapists to do it alone. They need role models, partners and leaders and mostly their local hand surgeons to encourage them to grow together.

Dr. Naam: I must echo that with respect to hand therapy. For example, in Egypt, it was the first time that the Egyptians were made aware that there is something called hand therapy. We went with the Vargas Award in 1999. Katherine Scoffield was with us, and she brought actually splint material and made splints. It was the first time ever that the concept of hand therapy was even known in Egypt. Now there are some hand therapists and they are participating with the hand surgeons in working together. So the AAHS has been really very influential in starting that in their communities in their own country.

Ms. Bassini: During the 2004 AAHS Vargas trip to Guatemala, the local therapists became inspired to develop their own Guatemala Hand

Therapy Association. One year later, upon our return, it became a reality. Now, 6 years later, they continue to grow and improve their educational and clinical skills on their own and as part of a team with the Guatemala Hand Surgery Association. The Guatemala Healing Hands Foundation continues to be part of this process and AAHS has contributed on a yearly basis to the educational goals of this joint venture.

Dr. Naam: Thank you. Dr. Van Beek, you have extensive experience with volunteering overseas in different countries in different capacities and with different organizations. How do you determine the location of an international mission and what's the process of setting up such a mission?

Dr. Van Beek: I would just herald what Lynn has said, that in almost all of the emerging economies, there



Lynn Bassini (center) at splint conference while on Vargas Award trip to Guatemala in 2004.

is really no hand therapy readily available. Hand therapy is emerging but just as at our own national meeting where we partner with the hand therapist, our international educational processes should partner with hand surgeons to focus on developing hand therapy to improve outcomes.

The best thing when planning to go to an international site is to first

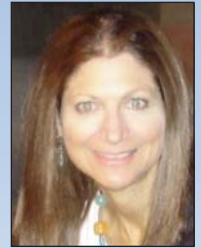
be invited by a host. If you just show up, most of the time that doesn't work very well because there are politics in emerging countries, just as there are politics in medicine, where everyone goes. Being invited by a host is the number one thing. It is important to be educational, to respect the culture and their systems while trying to learn from them and to provide help in some areas. On most of the mission trips I help with, there's a lack of hand therapy. We don't have hand therapists coming along on our trips to do the educational piece, and remember the educational piece is usually hands-on, one-on-one teaching. That gets into the whole problem in the emerging economies: the cost of supplies, the cost of introducing hand therapy and how the cost can be funded in some economies is problematic.

Dr. Pirela-Cruz: Allen, you bring up a really important point. Right now I'm working with the

active duty military. The feedback I'm getting from some of the military physicians who were my former residents and are now coming back from Afghanistan and performing hand surgeries, is that they don't have the support, such as a hand therapist. Patients have considerable stiffness and a lot of problems that we typically don't see in the U.S. because they just don't have the necessary support.

Dr. Naam: Actually, we see that all over the world. I definitely agree with you and it seems like the surgeons in the developing countries are, if I may say that, interested more in learning new techniques

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IT IS NOT EASY FOR THE LOCAL HAND THERAPISTS TO DO IT ALONE. THEY NEED ROLE MODELS, PARTNERS AND LEADERS AND MOSTLY THEIR LOCAL HAND SURGEONS TO ENCOURAGE THEM TO GROW TOGETHER.

LYNN BASSINI, MA, OTR, CHT

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without really getting the whole aspect of hand surgery such as therapy. I don't see that being fostered or encouraged. The emergence of hand therapists in their own countries is really very important.

Dr. Van Beek: Because of your contacts at IFSSH, what do you think is the best plan to facilitate the beginning of hands-on hand therapy in the emerging economies? What do you think our solutions are there?

Dr. Amadio: Well, I'm not exactly sure because IFSSH is hand surgery and then there's the IFSSH, which is hand therapy. The last meetings were separate. As you know, the IFSSH had its meeting recently in Orlando, and the IFSSH is meeting in Seoul a few months from now. So the two organizations don't always work together. They will be together in India in 2013. That's a country where hand therapy is a new organization, and so there certainly are some opportunities in that location



Dr. Peter Amadio on location. "It's not all hard work!"

to talk about hand therapy and hand surgery working together.

From my perspective, there hasn't been a strong commitment from the IFSSH to bring in the hand therapists and integrate the hand therapy meeting together. The one where it was closest to being integrated I guess was way back in Vancouver. So really it is a challenge. Hand

therapists, as you know, are always very energetic and eager and enthusiastic, but they can't do their good work if there's not a hand surgeon who's willing to include them. So that can be an issue and you really have to, as it's been suggested, get the hand surgeons to see the importance of hand therapy.

This is another area where I think the AAHS has an opportunity over and above what the IFSSH can do. The IFSSH has not been as willing to do this kind of one-on-one outreach with therapists, as our Association has been with the Vargas program, for example. So I think more things like that would be helpful. Hopefully, every year the Association will continue to do this and they'll all be like the Guatemala situation. In that case, we went down there officially one time with the Vargas program and then Lynn came along and set up a program that goes on year after year after that, more or less independently. So I'm hoping that the Association can keep it up and search out new opportunities to spread the word about the importance of hand surgeons and hand therapists working together. I really think it is a unique mission for the AAHS.

Ms. Bassini: Over the last seven years I have worked very closely with the Guatemalan Hand Surgery and Hand Therapy Association. Every hand surgery and hand therapy mission is developed in partnership with them.

Our first trip consisted of a 2-day bilingual conference, and 5 days of surgery and therapy. We have grown from 17 volunteers on that first trip to almost 50 on our next 2011 trip. We are now scheduled to give 3 days of courses at the local university, in addition to 3 bilingual conference days, 3 days of splinting labs, 5 surgery days, and 5 therapy days in a variety of institu-

tions. Our conference will cover congenital and pediatric topics.

We visit a local orphanage and deliver donations. We are planning on participating in a construction project following the devastating rains of 2010. We offer an annual scholarship, "The Freeland Award", sponsored by Dr. A. Freeland, for a Guatemalan therapist to attend the AAHS meeting and travel to various hand therapy sites in the US. This person then returns to Guatemala with newly acquired skills to share with others. We offer a \$250 prize for a research project or case presentation. Every year we continue to learn, grow and develop ways to best exchange information and reach out to patients, students, therapists and surgeons interested in hand surgery and therapy.

Dr. Amadio: This is exactly what I would like to see happening, and I think it is happening to a large extent in the countries that the Association has visited. It is just something that we need to keep up. I think the more we can do to carry this message of the importance of hand surgeons and hand therapists working together and showing what kind of wonderful results that you can get, the better. I think that's what you need to do to convince the local community—that if you are going to get good results in hand surgery then you have to have good hand therapists.

Dr. Naam: That's why when we went to establish a conference in Egypt, we introduced to them the concept of hand therapy and we had hand

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I'M HOPING THAT THE AAHS [CONTINUES TO] SEARCH OUT NEW OPPORTUNITIES TO SPREAD THE WORD ABOUT THE IMPORTANCE OF HAND SURGEONS AND HAND THERAPISTS WORKING TOGETHER. I REALLY THINK IT IS A UNIQUE MISSION FOR THE AAHS.

PETER C. AMADIO, MD

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therapists with us. There is a cultural barrier to integrate therapy within the realm of hand surgery. I really agree with you, Peter, that we need to integrate hand surgery with hand therapy when we present any conferences in developing countries.

Miguel, with all the missions, how do you think we can secure the funding for those missions? What's your idea?

Dr. Pirela-Cruz: I think Lynn is probably the expert on this but certainly you have to have several methods of trying to allocate funds to make a mission successful. Certainly, if you have unlimited funds, your mission can really do quite well. But, obviously, it is important to gather sponsors and then you may have to have fundraisers as well. And, for example, ask the physicians if they can sponsor themselves and perhaps maybe get the therapist or a nurse or anesthesiologist to be sponsored by a company. This is one way that we actually did try to achieve some of the funds that we needed for our missions. Certainly, being able to incorporate and have a non-profit organization helps. These are some of strategies to try to achieve the funds if necessary to



Surgical case on a mission trip in Guatemala.

make the mission and project successful.

Dr. Naam: Do you take instruments with you?

Dr. Pirela-Cruz: I do, but I think this year we are concerned about the change in the political climate of Guatemala. Now they are charging a tax for some of the instruments that we have taken along. So we are trying to see what we can do to address this concern. In the past, we've had some politicians that have been able to work with us and we've told them exactly what we were bringing and they have pretty much paved the way for us. But now with a change of presidency and different politicians in office, sometimes things change along with their perspective. So we have to also try to adapt what we need. We make sure that when our equipment goes out there, we don't have problems like getting hung up in Customs and having to pay large sums of money to get it in and out of country. These are things that we are certainly concerned about that are some of the challenges. It's really helpful if you can go down a few times beforehand and maybe even have a trial run. Maybe take something along that's not really too valuable and just see how much of an obstacle it is going to be if you are not familiar with the terrain. I think these little exercises may be quite useful for when you bring others along, and may help to make things a little easier.

Dr. Van Beek: I'd also like to address funding of the teams because it's something dear to my heart. The Hand Surgery Endowment's goal has become sponsorship for an AAHS mission trip or an educational service, combined with a service trip through the Association using Association members. It seems difficult to get members to donate their time and skill just now. I think it's because of the economy and perhaps some fear of what to expect. The Hand Surgery Endowment is a 501(c)3 organization which means it can raise contributions for this type of humanitarian effort. I urge

AAHS members to continue their contributions to the Hand Surgery Endowment to foster that effort along with providing grants for research and education. Remember we have Ops Smile and the Smile Train who do it very, very well. Is it possible to have HSE do the same for the countless untreated hand problems that exist throughout the world?

Anybody who has gone on a service trip knows that the number of hands problems seen outnumber the number of clefts seen on trips. Birth defects that are untreated, burned hands that are terrible.... Anyone who has been on our trips—I'm sure Lynn has seen the same thing—they just aren't cared for, partly because of the emerging economy situation, and partly because they live in remote areas. When they do get care, there is no hand therapy afterwards because they go back to a remote village. So you have to teach the family to be the hand therapist and at that point in time, you become an educator of the family because the family is going to go away from access to knowledgeable medical advice.

It's a whole different cultural change when you do go to emerging economies. Lynn might address how she does it. She is facing the same circumstances to some extent I assume. One has to prepare for special circumstances and it's becoming much more difficult to provide services because of local issues. Going through customs is more difficult. You can't bring special equipment with you. You have to bring medications and materials, as they may not be available in appropriate amounts. In many countries, you now have to have a temporary

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**THE HAND SURGERY
ENDOWMENT'S GOAL
HAS BECOME
SPONSORSHIP FOR AN
AAHS MISSION TRIP
OR AN EDUCATIONAL
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ALLEN VAN BEEK, MD

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Dr. Miguel Pirela-Cruz examines a patient's hand while on a surgical mission trip in Guatemala.

license that you get from the country you are going to before you are allowed to practice medicine. That's going to become required to assure individuals on the trip are knowledgeable and safe.

One thing I'm excited about is that through the Volunteers in Plastic Surgery Committee, principles of mission team safety have been established. By using some guiding principles, along with the help of plastic surgeons, hand surgeons, maxillofacial surgeons, pediatric anesthesiologists, Interplast, Smile Train and others, concise guiding principles of safety and planning have been delineated. They are going to be published in the *Anesthesia Journal* and probably in the *Plastic Surgery Journal*. These guidance points relate to safety. I think most hosts are going to look at those safety points and ask, "This is what you have to do when you care for our patients on a mission trip so that you're safe, and if you don't follow these guidelines then we would really prefer that you delay until the guidelines are met." It is hoped these guidelines are going to become the beginning point of safety and become widely recognized. Team safety is the highest priority.

Ms. Bassini: I go down to Guatemala to work on the hand surgery and therapy missions because I am part of this culture and have a large network of contacts. Every team that comes down to Guatemala is invited by a host institution. Detailed applications and paperwork is submitted by all participants and the host then transfers this paperwork to the Department of Health. A fee is paid per US surgeon in order for them to operate legally in Guatemala.

I also travel to Guatemala several times that year to perform site visits. I discuss the details of the upcoming mission, which may include reaching out to patients, evaluating the existing equipment, securing appropriate transportation and housing, medications, reviewing safety procedures, educational opportunities and more!

The team's commitment to a mission includes follow up of these patients and training of the professionals that will care for the patients once we have left. Follow up of these patients is also attempted every year by Guatemala Healing Hands Foundation. The local physicians and therapists are asked to become partners in this care.

Dr. Pirela-Cruz: I'd like to add to what Allen said about safety. In Guatemala when we do screening, we have a day set aside just for screening of the children. These kids have been screened already by pediatricians and maybe social workers—we do a second screening. We don't operate and provide surgical treatment on any child that we just don't feel safe with. The pediatrician, the surgeon, and the anesthesiologist all have to agree that we can get it accomplished and it's going to be safe. If you have any doubts or if anyone is concerned, then we just don't do the particular

surgery, or we may select something else that is a lot safer and that's doable. So we are pretty critical in the way we screen the kids and I think that certainly has helped us and has given us a good track record. We have had some concerns about some of the anesthesia machines, for example, and we've had to maybe change them out and that sort of thing. So we try to be our own stewards of what we do and, certainly, we want to make sure that we have reasonable standards to get the job done. We certainly won't do anything that we don't think is safe.

Dr. Naam: So, Miguel, how do you select the patients? How do you really let the patients or let the community know that there will be a mission coming to this locality?

Dr. Pirela-Cruz: Well, again, we work with groups in the country and this is one thing that we had to establish. When we started doing the Vargas trips we tried to partner up with people in the country. These included The Pediatric Foundation, Social Workers, Hospitals, the Medical School and the local physicians. It is important to follow-up. We know it is important to have some degree of infrastructure to try to help us and so we've partnered up with one of the pediatric organizations, for example. With them we were able to select a mission date. They also helped us with some of their advertisements and letting the social workers know to put the word out that we would be able to provide service. We also do some advertisement on our own.



WE PARTNERED UP WITH THE MEDICAL SCHOOL [FOR] A FORMAL EDUCATIONAL PROGRAM AND LECTURES THAT WERE GIVEN BY THE AMERICANS AS WELL AS GUATEMALANS, WITH TRANSLATORS [BOTH WAYS], THAT WORKED OUT QUITE WELL.

MIGUEL PIRELA-CRUZ, MD

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Ms. Bassini: We work with different groups in Guatemala who reach out into various parts of the country looking for patients in need that otherwise would not have access to hand surgery and hand therapy care, or do not have the economic means to receive the service. Word also gets around, through the local newspapers, radio, churches, and community organizations, that our group will be arriving. Patients are pre-screened by the local host and we perform a one-day screening to select candidates that are appropriate and safe to operate.

Although I believe that it is through educating the local professionals that hand surgery and hand therapy can be improved in Guatemala and other countries, there is still a very needy population of patients that would never receive care unless voluntary surgeons and therapists reach out to care for these patients. I believe that a combination of both education

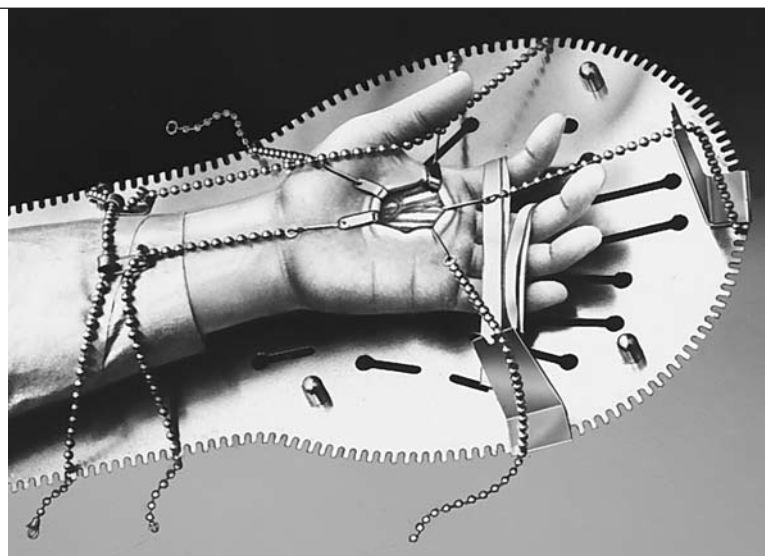
and service to the patients needs to be provided in order to improve the care of hand surgery and therapy patients in countries such as Guatemala. Education is at times a very slow process and poverty and culture may slow it down even more!

Dr. Naam: Let me ask Dr. Amadio, how do you balance education versus service in missions like that? Are we really helping people by just going and operating and leaving and maybe come back in a few years? That's different than what Lynn is doing. Or do we really need to educate the public, the patients and the physicians there to continue the mission?

Dr. Amadio: Well, I think that there is definitely a role for both and it sounds like there's increasing difficulty in providing the service. Maybe education is something that is a little bit more lasting that can be done with a little bit less difficulty. It's like that old saying, you know, give a person a fish and they eat for a day, but teach somebody how to fish and they eat for a life-

time; it's the same sort of thing. So you come in and do some surgery and maybe you've helped 20 or 30 children but if you teach people how to take care of the children and to do the surgery and to do the aftercare, then they can take care of all the children. So I do think that education is a very, very important component and maybe it's, in some ways, more important than the surgery because, again, we are only going to be able to go down there on missions occasionally, and that's not going to satisfy the need. Now, of course, in some countries there's just no possibility of developing any sort of local infrastructure, but in a lot of countries there is that possibility. We can just give the inspiration and the education and provide some opportunities there, as opposed to forcing them to come to the United States to get the education. This is something that we should perhaps put a little bit more emphasis on than what we have done in the past.

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Dr. Naam: Allen? When going for a mission, how do you balance education versus service?

Dr. Van Beek: I would like to repeat what Peter said and give an example. I've gone to Lima, Peru 18 or 19 times and the University of Minnesota now has an exchange program where our students go to Lima and their students come to Minnesota for a month on a sponsored student exchange.

In addition, I'll describe another opportunity for the educational piece. I have translators with me all the time and those translators are usually medical students. They are translating and asking questions and learning, and that in itself is an educational piece. You have to pay them a little bit of money but it's well worth it because they go away with their eyes open saying, "Oh, my goodness! We didn't know about this or we didn't know about that." So remember the education is not only didactic education in the classroom, it's education through translators, and it's education by people who just want to come and watch. By the way, they also can educate us and teach us many things in clinical medicine that we don't see or haven't seen just because of the nature of the emerging economies. So think "exchange", and think of using medical students and nursing students as translators when you can because it's another educational piece that ties service and education together.

Dr. Naam: Allen, how can the AAHS help with that kind of program, you know, getting physicians here to be trained, sending people to be trained there? Do you see a role for AAHS to play in that interchange?

Dr. Van Beek: For me, the role would be for the hand surgeon to be dominant and AAHS to target certain countries where we know there's a lack of hand therapy and hand teaching. Then find a host who is

willing to sponsor us, find a medical school that we can partner with and put together those kinds of outreaches—and do it more than just one year. If you are going to have an impact and develop trust, you probably have to go onsite for three or four years on an annual basis. Have our Association partner with a local host, particularly medical schools and educational hospitals like the Mayo Clinic or University of Minnesota, whoever would want to partner and do exchange with students. That could be set up too because most medical schools like to partner. I would see that as a great opportunity for some symbiosis, maybe even some funding if we did it right.

Dr. Pirela-Cruz: I'd like to just follow up on that. In Guatemala, we did partner up with the medical school and that has really worked out quite nicely. We've had a formal educational program and lectures that were given taught by the Americans as well as Guatemalans, with translators for English-to-Spanish and Spanish-to-English, and that worked out really quite well for the educational mission. On another note, I don't know if Dr. Van Beek knows of this, but in El Paso we had an intern that came from Peru and he was staring inside my room in hand surgery and I invited him in and I got to talk to him. It turns out it was actually someone that initially saw you in operating, Allen, and then got an interest in hand surgery and came up and was learning in the States.

Dr. Van Beek: Wow.

Dr. Pirela-Cruz: So it's really amazing, you never know what influence you are going to have on people. It's just really tremendous to see this sort of thing happen.

Dr. Naam: That's great. So for all of you, how do you get volunteers to volunteer for such mission? Any ideas?

Dr. Van Beek: You can help me with that because I've had people volunteer and then back out. People say,

"Oh, I want to do that," and, "I'll do it," but when the time comes and you've got to give away ten days out of your practice and pay your own airline ticket, a lot of people just can't do it financially. So that's the hard part. I'm looking for suggestions on how we get volunteer surgeons to contribute their time and efforts.

Dr. Naam: Any suggestions?

Dr. Pirela-Cruz: One thing that Lynn has done is ... we have sort of like a contract. It's more like a commitment. It's not really binding but, nevertheless, it kind of just lets everyone know that this is a popular mission that we have now established and there are others that are really eager to participate. Many times it fills up within a year and it's really tough to get in. So people understand that and it helps to some degree. However, things come up over and over and sometimes it is important just to have others that can step up and actually fill the shoes of vacancy.

Dr. Van Beek: You think if they knew a year and a half in advance that we were going to sponsor a trip that was going to be educational and hands-on, that that would get people to sign up or, or do people want to sign up on shorter notice? What are your thoughts on that?

Ms. Bassini: Just about the day after one mission ends the planning of the next mission begins. Many times we are full within the first few days. Probably what has helped us is that we encourage volunteers to bring family members. They all fill out a long application and submit a deposit early on. Many questions are answered early on and we send emails throughout the year with updates on the upcoming mission. We do have many return participants. Our 12-day missions are filled with work but also enjoyable activities! There is much structure to our days and the group remains close during the process. No one is left on their own. It is a team experience.

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Dr. Naam: Peter, since you are a past president of AAHS, do you suggest or think that in our annual meeting we should do something for our international guests to reduce the cost for registration? What can we do to really allow our annual meeting to reflect our interest in the outside world?

Dr. Amadio: One thing I think we can do is put on some presentations about it. They are always interesting, and they help to get people interested in participating, which is Allen's concern. We'd do

presentations that actually go through everything that is necessary to prepare for a trip and what to do when you are there to stay safe and healthy, and organize it in such a way that it doesn't seem quite so scary—or at least that the mission is organized. I know we've talked about this in other Around the Hand Table discussions in the past, but making sure that there's that kind of resource available is important, because I think many people are uncomfortable in participating because they don't know what all is involved and they are concerned about the logistics of it—and there are considerable logistics. Recognizing the host is wonderful if the host can make it to the meeting.

I'm sure it is nice for the host. I don't know how much that helps or doesn't help either the hand association or the host organization, though. Lynn's got the problem of too many volunteers, but for other countries where the problem is not enough volunteers or not enough on a regular basis, maybe it would help if there were some opportunities for people to participate briefly, say more in an educational role. Maybe they come down the first time and just do some teaching and maybe observe some of the clinical care, and then come back another time for a more extensive stay.

Allen, how long are your mis-

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HAND THERAPY PROFILE

Gail Groth PhD, OTR/L, CMT



Personal: My husband David and I live in Watertown, Wisconsin—a small town halfway between Madison and Milwaukee. It's delightful living in a small town where we wave to one another at the stop signs, trust our fellow Watertown-ian's to help raise our children, and get a real live person on the phone—Matt, who is married to Beth and goes to church at Immanuel Lutheran—when we call the Post Office. Of course the downside in small-town living is that if Merciless Marcie, an extraordinarily dedicated traffic police officer, dings you with a ticket, your transgression will be published in full detail in the Watertown Daily Times.

Education: My undergraduate degree was a BS in Occupational Therapy at the University of Wisconsin-Madison. My master's degree was in health science at Washington University, St. Louis.

My PhD was in Kinesiology (Therapeutic Science track) at the UW-Madison in 2010.

Employer: After being a full-time student for the past five years I'm happy to say I'm gainfully employed as a Faculty Associate at the UW-Madison in the

Department of Kinesiology. This means I teach master's students in the OT Department (e.g. Scientific Inquiry I & II; Assessments; Med Lectures). I also work as a Research Specialist on a federal grant seeking to understand the barriers to underrepresented ethnic groups participating in biomarker research. This means I facilitate community-based key informant interviews and focus groups and manage/analyze data.

AAHS Involvement: Over the past 10 years it has been my extraordinary good fortune to be affiliated with this wonderful organization in many capacities: poster & paper presenter, Vargas Award awardee (Uganda), Affiliate Director.

Best Part of My Job: Translating my unending love for clinical work, especially hand rehab, into a language and a series of learning activities that lights my students passion for enabling occupational participation, in whatever client population they choose to serve.

Major Accomplishments: Being healthy and watching our children (Emily, 18; Stephanie, 16; Jonathan, 11) grow into responsible learners, caregivers and citizens. Another accomplishment was successfully harvesting 42 pounds of honey this fall as a first-year beekeeper.

Clinical Specialties: Development of tailored programs (esp. exercise and activity); facilitating behavioral change; translating evidence into practice and vice versa; outcomes measurement & management; flexor tendon rehab (of course)

Greatest Professional Challenge: Winning federal funding for my research programs

Three Words That Describe Me: Blessed, grateful and indebted.



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sions typically? I'd like to discuss how long a "typical" mission might be, and what's a good amount of time to devote if you are going to be doing this kind of work?

Dr. Van Beek: Peter, I think it's pretty much an eight- to nine-day commitment. We will typically fly down on a Friday, get there and screen patients on Saturday, probably do some sightseeing on Sunday and then operate Monday, Tuesday, Wednesday, Thursday, Friday and probably on Wednesday evening. The complexity of the things that we are participating in and being asked to help with are beyond the typical things. So it's both service and education in that instance, but it's not long. I tend to think of it as a Friday to Saturday commitment. If somebody wanted to come down and just do the educational piece to see how the organization works, usually the logistics are all taken care of. It might cost you \$1,500 or \$2,000 for your hotel room and for the air flight down and so forth, but then everything down there is sort of arranged. One of the things that we always talk about is the safety of the people we are providing care for, but you also have to be concerned about your team's safety. When you go to a metropolitan area, this is one of the things that the volunteers worry about. It is particularly true for senior surgeons because sometimes the senior surgeon volunteers a little bit more than the younger surgeon who is developing his career. So they have some of those issues sometimes too.

Dr. Naam: I raised a point about the annual meeting: should we try to reduce the cost for registration for international visitors? I would like to go to the Hand Surgery Endowment and maybe to some of our vendors for help because some of the surgeons I work with are so poor that they don't have the means to even come to the meeting. Even

IN MEMORIAM

Henry Burns, MD



Dr. Henry Burns was born in Antwerp Belgium on August 20, 1929 and he was a Holocaust survivor. He went to Medical School in Switzerland and became a Surgeon whose specialty was Hand Surgery. He practiced at Brookdale Hospital in Brooklyn for 31 years & was head of Hand Surgery there. He also was a co-founder of the American Association for Hand Surgery: and was its president in 1973. Dr. Burns retired to Arizona in 1997 and was very happy living there with its many

days of sun and great weather. All his life he was an avid walker and swimmer. He had many talents; among them he did wonderful pen & ink drawings, wood sculptures and photography.

He passed away peacefully on October 30, 2010 with his loving wife of 40 years, Cathleen and son Shawn at his side. He was a wonderful husband to Cathleen and so proud of his son Shawn's accomplishments. He is survived by his brother Murray and a large extended family. Dr. Burns was laid to rest at Mariposa Gardens Memorial Park in Mesa, Arizona.

In lieu of flowers please send donations to East Mesa Health Care Center 51 S. 48th St. Mesa, AZ 85206 Attn: Administrator, as they cared for him so well. He is resting in a quiet place where the sun shines on him all day; we know he will love that. He is not gone from us only waiting to be with us all again. Arrangements entrusted to Mariposa Gardens Memorial Park & Funeral Care, Mesa. To offer condolences visit www.mariposagardens.com. **H**

when I'm down there they are so cooperative and so helpful to get things put together for the patients that we are working with. I would like to take one of those hosts—or maybe two of those hosts, whatever would be decided on—and actually pay their way, give them a hotel stay for three or four days. It would be nice to have them come to the meeting, and particularly if they had the ability to speak English so that we don't have the translation issue.

Ms. Bassini: Dr. A. Freeland funds a therapist to attend the AAHS meeting and to travel to different hand therapy sites in the US. Without this "Freeland Award" it would be impossible for these therapists to get the appropriate permits to leave Guatemala, finance their trips and gain this type of experience. This therapist then returns to Guatemala

inspired and with freshly gained knowledge ready to share with others back home.

Dr. Naam: So, Lynn, it's almost like a kind of Vargas Award, correct?

Ms. Bassini: Yes.

Dr. Naam: But it's not advertised a whole lot. Most of the people don't know anything about it.

Ms. Bassini: The Freeland Award is given to one Guatemalan therapist a year. This person attends the AAHS annual meeting and spends time in the United States traveling, visiting and learning about hand therapy.

Dr. Naam: I know but I'm just thinking that it should be advertised somehow. Maybe it should be mentioned in our program book. But

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should we establish something similar to the Vargas Award but traveling the other way, and rather than just from Guatemala but also other countries? As an organization, we could sponsor one hand surgeon and one therapist from different parts of the world—at least maybe one or two—and make this go through the Endowment. But we have not established anything like that. Do you think that there is room for that?

Dr. Amadio: I think that is an interesting idea, especially the way you said it—a hand surgeon and a hand therapist. In other words, in order to be eligible for the award, a surgeon and a therapist from the country would need to be identified and that would underline the importance of hand surgeons and hand therapists working together. I think that is a very, very interesting idea. I don't know how we would actually select the recipients: whether people would have to submit their names, how we would get names and so forth. But it is an interesting thought because it would be a way of encouraging the very thing we have been talking about, which is to get hand surgeons and hand therapists to work together in other countries.

Dr. Van Beek: When I look at it, compared to the number of teams that are just hand teams, there are a lot of plastic surgery teams, general surgery teams, hernia teams, orthopedic teams. It is apparent that there are not very many hand teams per se. I think you could probably count the number of hand teams that I'm aware of on one hand and so it would be a small group to invite initially. I think that it is something that we should explore maybe at the upcoming meeting.

Dr. Naam: Great. Do you see any need for the AAHS to establish something similar to the Bunnell Traveling Award for a surgeon from our membership? We've been talking about how we can help in other countries, but on the other hand, other countries sometimes have very advanced hand surgery. Do any of you see a need to establish something like a traveling fellowship award for a surgeon to go and travel around the world? Peter?

Dr. Amadio: I think that that would be expensive and I'm not exactly sure it's necessary or practical. It would be something different than the Bunnell Award, where typically they go to Europe, Japan and so forth: this would be more focused on outreach. The hand association is not a rich organization. We have a lot of volunteers, which is wonderful. I think it is important to encourage that. I'm not so sure to what extent we need to have awards in order to encourage volunteering in other countries. I think we need to try to set up as many opportunities as possible, where people can put their toe in the water a little bit, with education for a few days instead of jumping right in to a surgical mission, and see how they like the idea and then move on from there. I also like the idea of trying to help support the growth of hand surgery and hand therapy in other countries. I just wonder whether we should be focusing more on the surgeons and therapist elsewhere than on the members of the Association, but that's just my perspective.

Dr. Van Beek: I would herald what Peter just said. I would be in favor of a fellowship if you'd sponsor it in the reverse. You would sponsor a fellow from an international country, and a therapist maybe, to come to the United States instead of just the opposite of us sending someone to an international country. Bring the international people here to teach us and to teach them.

Dr. Van Beek: And there are two international scholarships. I'm sure the Orthopedic Academy has some, and the Plastic Society has international scholarships where they do exactly that. They pay someone to come for a month, but it is a little bit of an expense.

Dr. Naam: Lynn, from your experience—you've had a wealth of experience in Guatemala—how do you get the maximum bang for the buck with these missions?

Ms. Bassini: Volunteering, donations, reaching out to the Guatemalan community are all ways to get more "bang for the buck". For example, the Rotary Club of Guatemala supports us with their computers, secretarial assistance, printing, spreading the news. TACA Airlines assists us with a reduced rate in transporting supplies. Corporate support at times has helped by donating instruments, supplies or providing meals. Lawyers provide a minimal charge for legal services and hotels offer a reduced rate to our volunteers. During the year, many of our volunteers, therapists and surgeons, offer courses and donate the proceeds for mission purposes. Everyone that comes down plays an important role in one way or another. Everyone steps up and does more than expected. In summary, by reaching out to others in a variety of ways, one can hopefully build enough to carry on with a safe and successful mission.

Dr. Naam: It's time to wrap. Thanks so much to each and every one of you. It has been a very interesting discussion. **H**

AAHS Mentoring Program Volunteers

Below is a list of AAHS members who have generously offered to teach their expertise in specific areas, letting our members continue to learn the way we were taught, as residents and fellows, in the clinic and oper-

ating room with a surgical mentor. For more information, please contact the AAHS Central Office. [H](#)

NAME	EMAIL	PROCEDURE(S)
R. D. Beckenbaugh, MD	beckenbaugh.robert@mayo.edu	Technique of pyrocarbon arthroplasty of the thumb carpometacarpal; and metacarpophalangeal and PIP joints of the digits
Richard Berger, MD, PhD	berger.richard@mayo.edu	Wrist surgery
Kyle Bickel, MD	kbickel@sthand.com	Vascularized bone graft reconstruction for carpal pathology; complex fracture management in the hand and wrist; and arthroscopic wrist ganglion excision
Allen Bishop, MD	bishop.allen@mayo.edu	Brachial plexus reconstruction; carpal vascularized bone grafts; and microvascular free tissue transfers
James Chang, MD	changhand@aol.com	Dupuytren's Contracture; thumb reconstruction; flexor tendon surgery; trapezial excision arthroplasty; and medial epicondylectomy
Kevin Chung, MD	kechung@med.umich.edu	Rheumatoid and congenital
Tyson Cobb, MD	tycobb@mchsi.com	Endoscopic Cubital Tunnel Release
E. Gene Deune, MD	egdeune@jhmi.edu	Congenital hand anomalies; upper and lower extremity reconstruction for deficits due to trauma; cancer resection; and neurological disorders (i.e. brachial plexus)
Scott H. Kozin, MD	SKOZIN@shrinenet.org	Pediatrics
Don Lalonde, MD	drdonlalonde@nb.aibn.com	Wide awake approach to hand surgery
W. P. Andrew Lee, MD	leewp@upmc.edu	Post traumatic hand reconstruction; mini incision carpal tunnel release
Susan Mackinnon, MD	mackinnons@wustl.edu	Ulnar nerve surgery
Nash Naam, MD	drnaam@handdocs.com	SLAC wrist reconstruction; vascularized bone graft in treating scaphoid nonunions; ulnar shortening & radial shortening; PIP & MP joint arthroplasty; LRTI; arthroscopy of the CMC joint of the thumb
Daniel J. Nagle, MD	DOGIEN@aol.com	Wrist arthroscopy; endoscopic carpal tunnel release
Michael Neumeister, MD	mneumeister@siumed.edu	Basilar joint arthroplasty; peripheral nerve decompression
Jorge Orbay, MD	jlorbay@aol.com	Wrist fractures
A. Lee Osterman, MD	loster51@bellatlantic.net	Advanced wrist arthroscopy and small joint arthroscopy. Can also mentor a topic such as DRUJ problems, or wrist fracture.
Julian J. Pribaz, MD	jpribaz@partners.org	Soft tissue reconstruction; microsurgical reconstruction; spare parts surgery and extremity reconstruction
Michael Raab, MD	mikeraab1@earthlink.net	Corrective osteotomy (volar or dorsal) of distal radius malunion with iliac crest bone grafting
Jaiyoung Ryu	jryu@adelphia.net	Wrist reconstruction; distal radius fracture; and scaphoid fracture/nonunion
David Slutsky, MD	d-slutsky@msn.com	Use of volar wrist portals for wrist arthroscopy and arthroscopic repair of dorsal radiocarpal ligament tears; nonbridging external fixation of intra-articular distal radius fractures; nerve conduction studies for hand surgeons; and comparison of NCS and PSSD for the diagnosis of CTS
William Swartz, MD	william.swartz@verizon.net	Tendon transfer and ulnar nerve
Thomas Tung, MD	tungt@wustl.edu	Brachial plexus and nerve transfers
Joseph Upton, MD	jupton3@earthlink.net	Congenital hand surgery
Elvin Zook, MD	ezook@siumed.edu	Fingertip reconstruction