

Spring
2014

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HAND SURGERY

Q U A R T E R L Y

MESSAGE FROM THE PRESIDENT

The Fab Five

Summer has settled in Pittsburgh. I have taken a moment to think about our fantastic annual meeting in Hawaii and the many successes our organization had last year under the leadership of Don Lalonde. It is a tough act to follow. We've identified several initiatives that we feel are important for the coming year. My Fab Five are:

1. The success of the Hand Journal;
2. The "Hands at Work" campaign;
3. A Research Dream Team;
4. "The Lean and Green Initiative"; and
5. Next year's annual meeting.

The Hand journal was, at one time, a controversial issue for our organization. With the guidance of Mike Neumeister and the editorial board, the journal is now a quality periodical that is financially successful and continues to grow. This year we should see the release of the android version of the Hand App. We are committed to supporting this important element of our association.

"Hands at Work" is the theme of our capital campaign for the Hand Surgery Endowment. Our organization has been very fortunate to have first, Ron Palmer and now, Jeff Greenberg retool the Endowment. It is our goal to have the AAHS become a leader in facilitating outreach programs throughout the world. We hope to raise one million dollars in order to offer 10 scholarships to young surgeons and therapists to travel to sites in the US, Africa, Haiti and Guatemala. To date approximately \$850,000 has been raised and pledged. Please consider a donation to this important effort.

With limited resources we want to grow the association's support of research in the most cost-effective manner. David Ring has assembled a research committee Dream Team. The first big play is the launching of a research list-serve. This is a means for researchers to vet ideas, enlist collaborators and trouble-shoot in the planning phase of projects to save time and heart ache on the back end. Open discourse will accelerate our ability to answer the questions that vex our practices.

(continued on page 4)



Mark E. Baratz, M.D.



FROM THE EDITOR'S DESK



Thomas Hughes, MD

Welcome to Paradise!

This year's annual meeting will be held on Paradise Island, Bahamas at the Atlantis Resort. It is a tremendous venue for what will hopefully prove to be an equally tremendous educational experience. We have invited the British Society for Surgery of the Hand to be our guest nation this year and look forward to a great collaborative experience with them at the meeting.

This year, I am fortunate enough to be one of the program chairs. Along with Christine Novak, PT, PhD we have put together a jam-packed program with learning opportunities in every field of hand surgery. The meeting begins on Wednesday with Specialty Day, which will be lead by Jane Fedorczyk, PT, PhD, CHT, ATC. The morning will conclude with our Guest lecturer, Dr. Michael Hayton who will speak on the treatment of hand injuries in professional and recreational athletes. The afternoon will include the hands on course (one for surgeons and one for therapists) followed by the mentors reception and then the general meeting reception in the evening.

Thursday will begin with a wide spectrum of instructional course lectures followed by several lectures and the scientific paper sessions. In the afternoon, there will be a special symposium on "Love's Labor Not Lost: Perspectives On Life And Career". This symposium, lead by Amy Ladd and Julie Adams, will investigate a variety of issues that affect a woman's career in hand surgery.

On Friday, the instructional courses and scientific papers will continue, as will the Danyo lecture, given by Dr. Scott Kozin. The afternoon will have two separate special symposia. Our yearly Comprehensive Review Course is headed up by Dr. Sanjeev Kakar and Alex Spiess and will provide case based discussions in order to provide a comprehensive review of hand surgery. Additionally, we will have another concentrated course on nerve transfers, being chaired by Dr. Susan Mackinnon, and Christine Novak, PT, PhD. Leaders from the field will review the latest approaches to complex nerve reconstruction.

Finally, on Saturday we will have our combined meeting with the ASPN and ASRM. In addition to combined instructional course lectures, there will be a panel discussion on The Affordable Care Act. This will be followed by the Presidential Keynote Lecture by Ramez Naam.

So plan your travel early and re-establish old friendships, expand your surgical repertoire, and enjoy the beautiful setting of the Bahamas! We hope to see you soon.

2015 Vargas Award Recipient

Adam Crelling, MS
Oregon Health & Science University

Calendar

2014

October 15, 2014

AAHS/AACM Pre-Course
Surgical Advances In
Elbow, Wrist And Hand
Surgery
Buenos Aires, Argentina

October 16-18, 2014

Congress Asociacion
Argentina de Cirugia
de la Mano
Buenos Aires, Argentina

November 8-10, 2014

Hong Kong International
Wrist Arthroscopy
Workshop
Prince of Wales Hospital,
Shatin, New Territories,
Hong Kong

2015

January 21-24, 2015

AAHS Annual Meeting
Atlantis Resort
Paradise Island, Bahamas

June 17-20, 2015

XX FESSH Congress
Milan, Italy

2016

January 13-16, 2016

AAHS Annual Meeting
Westin Kierland Hotel
Scottsdale, Arizona

Additional information on these and other upcoming meetings can be found on the AAHS website: handsurgery.org

HAND THERAPISTS CORNER: 2014 AAHS Meeting in Review

The courses dealt with smashed elbows, the DRUJ, skin lesions, flaps, distal radius fractures, failed CMC arthroplasty, proximal forearm compression, and boutonniere and mallet fingers.

Every year the first day of the AAHS annual meeting is designated as Specialty Day. This year the meeting was held in beautiful Kauai. Most of the attendees attended the early instructional course because of Hawaii is 5 hours different than Eastern Standard Time. The courses dealt with smashed elbows, the DRUJ, skin lesions, flaps, distal radius fractures, failed CMC arthroplasty, proximal forearm compression, and boutonniere and mallet fingers.

The ASHT President for 2014, Maureen Hardy gave a thought provoking talk entitled

“When is the Therapist the Surgeon’s Best Friend in Hand/Finger Fracture Management.” She highlighted the importance of a close working relationship between the hand surgeon and hand therapist to maximize patient outcomes.

The 2013 Vargus winner, Julianne Howell, presented a beautiful slide show highlighting some of the experiences she had

participating in the Guatemala Healing Hands Mission.

All attendees gathered useful practical information from three lively surgeon/therapist panel discussions regarding Dupuytren’s management, therapist knowledge that may provide useful information to the surgeon, and aggressive tendon management that may result in better results.

The theme of the therapist program was “Moving Evidence on Active Motion into Practice” was designed to provide participants and opportunity to learn

techniques when implementing tests, practices, and interventions that have supporting evidence while adding clinical pearls that have arisen from the expert panelists clinical experience. Gwendolyn van Strien MSc, PT provided some new information to therapists and emphasized the importance of not following set protocols when dealing with tendon repairs. She also emphasized the importance of an early motion program. Aviva Wolfe OTR, CHT and Lynn Feehan BScPT, MSc, PhD worked together to teach therapists how to fabricate a dart throwers motion orthotic device following Aviva’s explanation of wrist kinematics and carpal motion. Lynn Feehan got therapist up on their feet to teach balance assessments and a simple home program to regain balance suitable for patients recovering from a distal radius fracture.

Kristin Valdes OTD, OT, CHT

Amanda Higgins BSOT, OT provided valuable information regarding the use of relative motion flexion and extension orthoses for a variety of diagnoses commonly seen by therapists.

The surgeon attendees participated in the AAHS Principles of Internal Fixation in the Wrist and Hand Workshop. The Workshop allowed surgeons to learn techniques for internal fixation and technical pearls in wrist and hand fractures as well as fusion options from an expert faculty panel including: David Dennison MD, Greg Rafijah MD, Jason Ko MD, Jerry Huang MD, John Capo MD, Ryan Calfee MD, and Thomas Hughes MD. The participants were able to put their learning into practice in a hands-on sawbone model workshop.

Overall the day, and the entire week, was packed with fast paced, stimulating, and thought provoking materials. No less important were the numerous opportunities available for members to gather and exchange ideas in more informal venues. We all look forward to continuing these personal and professional growth experiences in the Bahamas in 2015.



From the President *(continued from page 1)*

The "Lean and Green" effort was inspired by the work of Don Lalonde's "Wide Awake Surgery" and the book "The Infinite Resource" by author Ramez Naam. The goal is to lead the way in modifying our practices such that we reduce cost and waste, while improving patient safety and satisfaction. The presidents of all four hand organizations: myself, Scott Kozin, Allan Bishop and Nash Naam are working together with Loree Kalliainen and Don Lalonde to gather data on the costs and waste inherent in hand surgery. By year's end we plan to present a position paper that shows hospital systems and insurers a new paradigm for care.

With the leadership of Program Chairs, Tom Hughes and Chris Novak we are laying the brick and mortar for a fantastic annual meeting at

The "Lean and Green" effort was inspired by the work of Don Lalonde's "Wide Awake Surgery" The goal is to lead the way in modifying our practices such that we reduce cost and waste, while improving patient safety and satisfaction.

the Atlantis Resort in Nassau, Bahamas. Our guest speakers will blend the themes of the hand, the brain and music. Novelist Ramez Naam will talk about the scientific basis for his science-fiction trilogy on the compound Nexus which allows individuals to share thoughts and experiences. Charles Limb, MD will show us functional MRI of the musician's brain (check him out on YouTube). Dr. Scott Kozin will give the Danyo lecture on volunteerism and Dr. Mike Hayton from the UK will talk about accelerated rehabilitation and return to play in professional and amateur athletes. Throughout the meeting we'll have performances

by our own hand surgeon musicians. I'm looking forward to sharing this with you.

Finally, in a challenging monetary climate there's nothing more important than the viability of our organization. We've been extremely lucky to have Peter Murray guide us through these uncertain times. With his leadership as Treasurer our organization is on a strong financial footing. In the wings, John Lubahn is poised to take us to the next level. We have a gifted, dedicated staff in Sarah Neece, Crystal Beatrice, Toni Bolger and Cindy VerColen. Think not what your association can do for you... Consider donating your time. Consider donating to the "Hand at Work" campaign. Help us build something that you will be proud of. Please join us January 21-24th, 2015 in Nassau.

HAND SURGERY Quarterly

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Hand Surgery Quarterly is a publication of the American Association for Hand Surgery and is published strictly for the members of AAHS. This publication is designed as a forum for open discussion and debate among the AAHS membership. Opinions discussed are those of the authors or speakers and are not necessarily the position, posture or stance of the Association.

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AAHS Poster Accepted for Orthopedic Research Society 2014

Dr. Kristofer Matullo's "***Distal Radius Traction Views: Inter- and Intra-observer Reliability with Comparison to Computed Tomography***" was selected to participate as "best" poster at the Orthopedic Research Society Annual Meeting held March 15-18, 2014, in New Orleans, Louisiana, at the Hyatt Regency.

Kristofer Matullo, MD, attended with co-author, Dr. Daniel Avery, both from St. Luke's University Hospital and Health Network, Bethlehem, Pennsylvania.

CODING CORNER: ICD-10

SEC. 212. DELAY IN TRANSITION FROM ICD-9 TO ICD-10 CODE SETS.

The Secretary of Health and Human Services may not, prior to October 1, 2015, adopt ICD-10 code sets as the standard for code sets under section 1173(c) of the Social Security Act (42 U.S.C. 1320d-2(c)) and section 162.1002 of title 45, Code of Federal Regulations.

On January 15, 2009, the Department of Health and Human Services published a final rule requiring health care providers to comply with new code set regulations for ICD-10. Healthcare entities are expected to hit the ground running on October 1, 2014. Since there is no grace period associated with these new regulations, it behooves the practicing physician to prepare for these changes beforehand. Practices that are poorly prepared will see their denials increase and their revenues decrease precipitously.

Before discussing the potential pros and cons of ICD-10 coding, it helps to understand the limitations of ICD-9 codes. Firstly, ICD-9 provides a minimal level of detail. It lacks specificity, uses terminology inconsistently, and limits the precision of diagnosis-related groups (DRGs). The ICD-9 code for thumb carpometacarpal osteoarthritis is 715.04, regardless of the side involved. Laterality is not specified. This code broadly defines generalized osteoarthritis of the hand. Despite the fact there are approximately 13,000 ICD-9 codes in use, there are not enough permutations available to accommodate additional codes, particularly for preventive services.

ICD-10 features approximately 69,000 diagnostic codes and provides a specific diagnosis for each code. Potentially, it may ensure more accurate payments for new procedures and result in fewer rejected claims due to the fewer non-specific diagnoses. Fewer denials from payers could result in a significant reduction of adminis-

trative expenses for physician offices. With increased specificity, ICD-10 may also facilitate the monitoring and research of diseases, including those that are reported world-wide. Over 100 countries already utilize ICD-10, some as early as 1994. A significant number use ICD-10 for physician reimbursement and resource allocation in their health system. Our Canadian neighbors to the north adopted ICD-10 in 2000.

Hand surgeons should review the clinical documentation required for the most common ICD-9 codes used in their practices. They should then review the ICD-10 code descriptions for these diagnoses and identify the changes that need to be made in documentation. Only about 5% of all codes will map accurately from ICD-9 to ICD-10.



Eon K. Shin, MD

The bottom line is this: Physicians will have to increase the level of medical record documentation across all places of service. Nachimson Advisors, LLC, provided a report to the American Medical Association in February, 2014, examining the costs of implementing ICD-10 for physician practices. The report suggested that the more extensive documentation requirements of ICD-10 would result in a 3-4% increase in the time a physician spends on documentation.

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TABLE 3: ICD-10 CODING FOR THUMB OA

M18—OA of the first carpometacarpal joint (fourth character required)
M18.0—Bilateral primary OA of the first carpometacarpal joints
M18.1—Unilateral primary OA of first carpometacarpal joint or primary OA of first carpometacarpal joint NOS (laterality required)
M18.10—Unilateral primary OA of first carpometacarpal joint, unspecified hand
M18.11—Unilateral primary OA of first carpometacarpal joint, right hand
M18.12—Unilateral primary OA of first carpometacarpal joint, left hand
M18.2—Bilateral posttraumatic OA of first carpometacarpal joint
M18.3—Unilateral posttraumatic OA of first carpometacarpal joint or post-traumatic OA of first carpometacarpal joint, NOS (laterality required)
M18.30—Unilateral posttraumatic OA first carpometacarpal joint, unspecified hand
M18.31—Unilateral posttraumatic OA of first carpometacarpal joint, right hand
M18.32—Unilateral posttraumatic OA of first carpometacarpal joint, left hand
M18.4—Other bilateral secondary of first carpometacarpal joints
M18.5—Other unilateral secondary OA of first carpometacarpal joint or secondary OA of first carpometacarpal joint NOS (laterality required)
M18.50—Other unilateral secondary OA of first carpometacarpal joint, unspecified hand
M18.51—Other unilateral secondary OA of first carpometacarpal joint, right hand
M18.52—Other unilateral secondary OA of first carpometacarpal joint, left hand
M18.9—OA of first carpometacarpal joint, unspecified

AMA RESIDENT REPRESENTATIVE: Eric R. Wagner, MD

The opportunity to serve as a delegate representing the AAHS at the American Medical Association's (AMA) annual meeting was an invaluable experience. The meeting provides a rare opportunity to listen to, speak with, and learn from the leaders of medicine, all of whom are actively collaborating across disciplines to institute changes beneficial to all members. The AMA is the pre-eminent medical organization with a strong presence in Washington, all over the country, and throughout the world. From the politics involved in the AMA's failure to repeal the sustainable growth rate to the AMA's successes both past (e.g., smoking regulations) and present (e.g., student loan reform), it is an invaluable experience for a young hand surgeon to be involved in an organization that shapes our medical landscape. As an

... I hope to contribute to improving the opportunities for my colleagues to take the best care possible, while maintaining a quality of life commensurate with their noble efforts.

aspiring hand surgeon, I could not have asked for a better forum to further my passion in health policy.

Having a resident representative at the AMA has the potential to be extremely valuable to the AAHS and its members. A resident is able to provide a voice on behalf of fellow hand, orthopaedic, and plastic surgeons. Moreover, through networking, getting to know other future leaders, and becoming familiar with the inner-workings of how to make an impact within the AMA, an aspiring hand surgeon will learn and gain experience early in his/her career and ensure that our member's collective voice will be heard. My path navigating through the ranks of the AMA will be guided by the mentorship provided by Dr. Amadio (the AAHS faculty delegate) and Dr. Lichtman (the ASSH faculty delegate), which began at our

annual Hand Caucus meeting. With their expertise and guidance, I expect my voice and impact within the AMA will continue to increase.

In addition to taking care of patients with simple and complex hand pathologies, I hope to contribute to improving the opportunities for my colleagues to take the best care possible, while maintaining a quality of life commensurate with their noble efforts. This is the ideal time to become involved in health policy, with the new policies issued by Washington, the Affordable Care Act, and the significant changes we will undoubtedly experience in the next decade. As medicine evolves, hand surgeons (as well as orthopaedic and plastic surgeons) deserve a place at the table and a loud, influential voice to be heard. Through your sponsorship,

I was able to set the groundwork for giving our collective concerns and contributions fuller expression and consideration within our nation's evolving healthcare system.

Thank you for the opportunity.

Coding Corner

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For example, the range of codes for osteoarthritis runs from M15 through M19. Osteoarthritis codes, as other codes, are further subdivided into specific locations, laterality, and types of arthritis. Thumb carpometacarpal osteoarthritis is covered by category M18. M18.0 describes bilateral primary osteoarthritis of the thumb carpometacarpal joints. M18.1 describes unilateral primary osteoarthritis, and a fifth character is used to specify laterality in situations where only one hand is affected. M18.11 codes for right hand involvement, while M18.12 codes for left hand involvement. Post-traumatic osteoarthritis at the thumb carpometacarpal joint is also

described by code set M18.2 and M18.3 (see table). The treating provider should be familiar with the nuances of these code sets for high-volume diagnoses in his or her practice.

Unfortunately, productivity losses should be expected for three to six months during the transition to ICD-10. Here are several recommendations to stem the tide:

1. Again, learn the nuances of common diagnoses and how they are applied in ICD-10 code sets.
2. Identify all areas where your practice utilizes ICD-9. This should include clinical documentation, electronic health records, electronic

claims, and paper claims. Since these are all areas where ICD-10 codes will need to be used instead, identifying these areas now will help to solidify transition plans and personnel education.

3. Update the practice management software and contact your software vendors for ICD-10 modifications. Extensive retraining for clinical and front-office staff will be critical to ensure a smoother transition.

4. Finally, communicate with the coding personnel. ICD-10 codes will require increased knowledge of anatomy and surgical procedures on the part of the coding staff.

A REPORT FROM GUATEMALA

Guatemala Healing Hands Foundation

Lisa M. Cyr, OTD,OTR
Norwalk, Connecticut

The following article originally appeared in the February issue of Connections, a publication of the Connecticut Occupational Therapy Association.

This past October I had the privilege of being a first time participant on a mission to Guatemala as part of the Guatemala Healing Hands Foundation. The mission consisted of a group of 35: 10 OT and PT hand therapists, 2 OT students, surgeons, and other volunteers, many who've been going to Guatemala for the past 6 years to perform hand surgery and therapy on children. It was an incredible experience and I took much more away from it than I was able to give!

We arrived on a Thursday and travelled to Antigua to explore and become oriented to the culture for 2 days while the core team did preliminary set up and preparations for an international upper extremity conference in which we all participated on Friday and Saturday.

While some may have perceived this as wasted time, a closer look revealed it for the necessary team building opportunity that it was, prior to the intense experience that began on Sunday. On that morning we were escorted to The Pediatric Foundation at 7am where we found a room crowded with

many families already waiting. Our team of 20 therapists and doctors were divided into 5 stations within a ~30x30' space and proceeded to screen 160 children from 2 months-18 years old until 8pm. Many kids had congenital deformities such as biphid thumbs, syndactyly and other deformities that most of us rarely or never see in our clinics. Others had severe burn contractures from candle burns since many of them didn't have electricity in their homes.

There were many other deficits/deformities that were a result of being unable to attain proper medical care at the time of injury. We divided each child into groups: 'surgery', 'therapy only', or 'no intervention'. The people from the surgery group patiently waited all day, in extremely cramped quarters in a ~90+ degree building. They waited in near pitch darkness during a 90 minute citywide power loss (we screened kids by camera flash) until we screened every child to determine if and when they would be scheduled for surgery. Many had come last year and returned again because others took precedent.

No one complained, no one grumbled and kids sat quietly with their family without video games or cell phones. One farmer came with his 17 and 18 y/o sons who both had bilateral thumb problems. We discussed surgery options on both hands on both boys. We spoke explicitly to the dad because he relied on the kids to help him manage his farm, so he would have to manage without the boys for a while, and he'd have to help them with personal hygiene. He told us to do whatever we could: "They're my sons, I'll do whatever I need to". The day was controlled chaos at its finest, and could not have flowed any better if we were orchestrated (other than the power glitch). We were all exhausted, but pumped when we hit our pillows later that night.

During the following 5 ½ days, the surgeons performed 60 surgeries! We 10 therapists were divided into groups that were rotated through the Hospital to see kids post-op for splinting, treated the 'therapy only' kids, or travelled to several local hospitals to do com-

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AAHS Capitol Hill Days

Physician representatives from 11 sub-specialty societies, representatives from the American Academy of Orthopaedic Surgeons, and 21 patient advocates participated in Research Capitol Hill Days 2014. The purpose of this annual event was to raise awareness of the need for increased funding to treat the ever-increasing burden of musculoskeletal disease on our society. Advocates urged Congress to increase National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS) funding for fiscal year 2015 to \$536.6 million. The NIAMS budget for 2013 and 2014 had been reduced due to the Budget Control Act (sequestration).

Musculoskeletal diseases and disorders cost the United States economy and estimated \$950 billion. Despite this enormous burden, funding for musculoskeletal research accounts for only 2% of the \$30 billion annual NIH budget. Physician and patient advocates attempted to increase

awareness of the importance of funding basic science research to stimulate innovation in the treatment of musculoskeletal disease. Representatives visited with Congresspersons and Senators from their home states and districts.

I had the opportunity to meet with staff members for Pennsylvania State Senators Robert Casey and Patrick Toomey. Senator Casey sits on the influential Senate Finance Committee and Senator Toomey serves on both the Senate Finance Committee and the Senate Banking Committee. Both senators expressed support of increased NIH and NIAMS funding for fiscal year 2015. I also had the privilege of meeting with staff members for Congressmen Charlie Dent, Michael Doyle, and Chaka Fattah. Congressman Doyle serves on the House Energy and Commerce Committee and Congressman Dent and Fattah on the Appropriations Committee. Congressman Dent submitted a recommendation from



John Fowler, MD
University of Pittsburgh Physicians
Department of Orthopaedic Surgery

the Appropriations Committee to increased funding to the desired levels for 2015.

It was a great experience to participate in the advocacy process and to represent the American Association for Hand Surgery. I am very thankful for the support of the Association.

Guatemala

(continued from previous page)

munity outreach with the local therapists. Splinting material is extremely expensive in Guatemala, so it is rarely used. We brought donated thermoplastics and worked with the local therapists to screen their patients and fabricate splints as appropriate, or brainstorm alternative treatment plans based on our experiences. It was impressive to observe the creativity and ingenuity of these therapists who lacked resources that we take for granted. I spent a morning at a private burn clinic where they fabricate Jobst garments on site! The OT there, Otty, is incredibly skilled, and introduced us to many children with horrific burns who could not have received better therapy care in the US.

I came home after the trip exhausted but renewed. Watching the families interact with so much love for each other and their children was heartwarming. Watching a kid's face light up when he saw his fingers separated and 'normal' for the first time in his life was exhilarating.

The teamwork and bonds that are formed with each member on the team will never be forgotten.

The GHHF plans to return to Guatemala in 2011. It relies on donations to fund these missions. Please contact them @ www.guatemalahands.org to learn more or make a donation.



Highlights from *HAND*

HAND continues to develop into one of the leading peer-reviewed publications on hand surgery and therapy. In the first issue of *HAND* for 2014 (Volume 9, Issue 1) a number of provocative original articles, unique case reports, therapy articles, multimedia presentations, and insightful review articles are presented. A sample of the review article topics discussed in this issue include:

- ◆ Dupuytren's disease: current state of the art.
- ◆ Metacarpal fractures: treatment and complications.
- ◆ A hand surgeon's guide to common onychodystrophies.

Highlights of the original surgery articles include:

- ◆ Surgeon perspectives on alternative nerve repair techniques.
- ◆ Prospective randomized comparison of single versus two incision carpal tunnel releases.
- ◆ Importance of proximal A2 and A4 pulleys to maintaining kinematics in the hand.

Among the various provocative articles presented in this issue, Aliu and Chung report on their web-based survey of the entire membership of the American Society for Surgery of the Hand and American Association for Hand Surgery. Web-based surveys have recently become more commonplace and their participation is encouraged by all members. Although survey results cannot provide true scientific evidence or best practice guidelines, they can provide useful information in analyzing our collective experience and tendencies to guide treatment or fuel areas of further research and development.

Aliu & Chung analyzed disparities in knowledge and skills among graduates of plastic surgery (PS) versus orthopaedic surgery (OS) accredited hand surgery fellowships. They identified a number of significant disparities. Overall, PS graduates reported inadequate exposure for proficiency in 22% of knowledge topics compared to 10% among OS graduates. For example, 11% and 21% of PS graduates reported no exposure in distal radius and forearm conditions, respectively, compared to 1% and 2% of OS graduates, respectively. In short, the authors found significant variation in exposure to different knowledge topics during hand surgery fellowships, depending on their PS or OS accreditation. Moreover, the authors noted a subsequent trend for surgeons to subsequently focus their practices to areas they achieved adequate exposure for proficiency of in fellowship.



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HAND is the official journal of the American Association for Hand Surgery. *HAND* is an international peer reviewed journal which combines multidisciplinary expertise from surgical, medical, hand therapy and other specialties to advance the quality of care and health of patients with hand and upper extremity pathologies.

Download the *HAND* journal mobile app! The app is available to AAHS members for download on Apple devices in the App Store by searching for "HAND Journal" or "AAHS Journal", and provides instant access to all current and past issues of the journal.

Once the app has downloaded to your device, you will need to login with your personal AAHS username and password once for authentication (contact the AAHS administrative office to obtain your personal username and password).

Members can use the app functions to browse volumes and full text articles, search for work by specific authors, and more.

An Update from HSE *HANDS at WORK*

Jeffrey Greenberg, MD, HSE President

I am happy to provide you with an exciting update on the Hand Surgery Endowment's HANDS AT WORK PROJECT which was launched during the AAHS Annual Meeting in Hawaii this past January.

The HANDS AT WORK PROJECT was initiated to build the Endowment's capital to be able to expand support for outreach projects that foster hand health around the world and support the Endowment's mission to promote global hand health.

Our goal is to reach \$1,000,000 and I am happy to report that as of March 31st, we are 85% to our goal thanks to generous contributions and pledges from our Association, AAHS members and our affiliates.

Details of the HANDS AT WORK PROJECT campaign can be found online at <http://handsurgery.org/endowment/hands-at-work.cgi>, and the campaign encompasses many multi-year pledge levels and associated premiums.

Our highest level donors at the Pollex and Digi Secundus Manus levels will have the opportunity to be a part of a book of hand photography. More detail will be shared with the membership shortly and this initiative will be debuted in the Bahamas in January, 2015.

Please be sure to contribute to the AAHS's Hand Surgery Endowment in 2014. Thank you for your consideration and generosity.

HANDS AT WORK PROJECT MULTI-YEAR PLEDGE LEVELS AND PREMIUMS

POLLEX LEVEL: \$20,000 pledge over 5 years (includes artistic rendering of contributor's hands at work, preferred housing and free guest/spouse registration for Annual Meetings, a gold HSE pin, and an invitation to the President's Reception & Dinner at the Annual Meeting)

DIGITI SECUNDUS MANUS LEVEL: \$10,000 pledge over 5 years (includes artistic rendering of contributor's hands at work, preferred housing and free guest/spouse registration for Annual Meetings, and a gold HSE pin)

DIGITI MEDIUS MANUS LEVEL: \$5,000 pledge over 5 years (includes preferred housing and free guest/spouse registration for Annual Meetings, and a silver HSE pin)

DIGITI ANNULUS MANUS LEVEL: \$2,500 pledge over 2 years (includes a bronze HSE pin)

DIGITI MINIMUS MANUS LEVEL: \$1,500 pledge over 2 years (includes a bronze HSE pin)

HAND SURGERY ENDOWMENT

The Hand Surgery Endowment has adopted a primary mission to promote global hand health. The Endowment's initiatives to support this mission include providing research grants, supporting international volunteerism activities in collaboration with Guatemala Healing Hands Foundation and Health Volunteers Overseas, and granting the AAHS Vargas International Hand Therapy Teaching Award. The HSE Board of Governors hopes to expand on its offering in the years ahead.

Please consider making a contribution to HSE and its primary mission to promote global hand health at <http://handsurgery.org/endowment>. Contributions are tax deductible and donors are acknowledged annually for their generosity at the AAHS Annual Meeting.

DONATE ONLINE

LEADERSHIP PROFILE: Loree K. Kallinen, MD

I am a current Senior member-at-large on the Board of the AAHS. I became a member of the AAHS in 2004. I was drawn to the association because of its inclusiveness of all hand surgeons and the willingness to include novel, innovative, and sometimes even slightly quirky papers on its programs. I am a native of Chassell, a small town in Michigan's Upper Peninsula and did my undergraduate work at Michigan Technological University (one of the rare non-engineers) before moving to Ann Arbor for medical training at the University of Michigan. My post-graduate training included three years of general surgery at the University of Iowa, two years in the Muscle Mechanics lab in Ann Arbor doing muscle and nerve research, three years of Plastic Surgery training at University of Michigan, and a combined hand fellowship in the Ortho and Plastic Surgery Departments at the University of Virginia.

My first faculty job was at the Ohio State University where I was the only hand-fellowship trained surgeon in the hospital. As a first job, it was a fascinating opportunity with rapid growth and steep learning curves. While at OSU, I was active in teaching and research and served on the IRB, first as a committee member then as chair. This experience led to a love of reviewing papers for journals, abstracts for meetings, and grants for funding; it is a great way to keep on top of current research and knowledge trends.

After four years at OSU, my husband, Kevin Clemens, and I moved northward when I accepted a job offer in the Twin Cities. I currently work for HealthPartners, a consumer-owned multispecialty integrated health care system, in a department with seven other Plastic Surgeons and two Orthopedic Hand Surgeons.

Growing up in a small town and attending a very small school led me to be an active participant in many activities. I am fascinated by how systems work and figuring out how to change them if they aren't working well. I believe that if you aren't willing to put in the work to try to make changes, you have no standing to complain about how something is being run. To that end, I was excited to accept the opportunity to become Chief of Staff of my hospital. My goal was simple: to promote ongoing quality improvement work as a part of our routine practices within the hospital. Working with motivated people who were interested in improving patient care was gratifying, and I was proud of my physician colleagues in all departments for implementing dozens of Triple Aim projects during my Chief of Staff tenure.

As the current Program Director of the Hand Surgery Fellowship, I continue to work with my faculty in both Orthopedic Surgery and Plastic Surgery across the Twin Cities to strengthen the program and

be innovative in education, QI, and research. My current quality and research interests include optimization of postoperative opioid prescriptions, improving peripheral nerve outcomes, and decreasing postoperative wound complications.



After moving to St. Paul, I started a master's in Philosophy at the University of Minnesota. I discovered the word 'epistemology' and love the idea that we can study the nature of knowledge. It was also fun to be around people who think in completely different ways from surgeons. My thesis was titled: "The Ethics of Evidence Based Surgery". I've enjoyed participating in multiple national organizations include AAHS, ASPS, ASPN, and PSRC. Last year, I was made a Senior Board Examiner for the American Board of Plastic Surgery.

My husband and I love travel. In addition to spending a week at the Bonneville salt flats racing and setting land speed records with his home-built electric motorcycles each August, we have spent extended time living and working in New Zealand. I have done three surgical trips to Guatemala and now focus most of my overseas efforts on trips to a convent hospital in northeastern India every other year. If anyone wants connections, please call me.

I've enjoyed being on the AAHS board and am grateful to have had the chance to learn more about how the association works. I encourage all members to seek out opportunities to become more active!

AAHS Job Board

Job Title: Hand Surgery Practice Job

Date Available: July 2014 **Location:** Brooklyn, NY

Description: Hand surgery practice position in Brooklyn, New York. Busy established private practice. Early partnership track. On site certified hand therapist, Hologic Floroscan, EMG, ultrasonography. Opportunity to teach residents, academic rank at University, publish book chapters, and clinical and basic research. **Contact:** Orthopedic Hand Surgery, P O Box 60280, Staten Island, Ny 10306, 718 435 4944, mukund.patel@me.com.



To include your job posting on the AAHS website and in the next issue of Hand Surgery Quarterly, please visit <http://handsurgery.org/job-board.cgi>.

LEADERSHIP PROFILE: Joshua Abzug, MD

Joshua Abzug, MD is currently one of the members at large on the Board of the American Association for Hand Surgery. Dr. Abzug received his Doctor of Medicine from the Pennsylvania State College of Medicine as part of a combined BS/MD program associated with York College of Pennsylvania. Subsequently, Dr. Abzug completed his orthopaedic surgery residency at Drexel University College of Medicine. Dr. Abzug then went on to complete two fellowships; the first was his hand surgery fellowship which he completed at Thomas Jefferson University Medical College as part of The Philadelphia Hand Center and the second was a pediatric upper extremity/pediatric orthopaedics fellowship at Shriners Hospital for Children Philadelphia and St. Christopher's Hospital for Children. Since completing his training, Dr. Abzug has been employed by the University of Maryland School of Medicine as an Assistant Professor in the Department of Orthopaedics.

Dr. Abzug currently focuses the vast majority of his practice on the pediatric upper extremity and is the Director of the University of Maryland Brachial Plexus Clinic. He is actively involved in medical student, resident, and fellow education.

Josh's interest in the AAHS stemmed from both of his fellowship directors, A. Lee Osterman, MD and Scott H. Kozin, MD – both of whom are past Presidents of the association. Since joining the AAHS, Josh has been an active member of numerous committees including the membership, journal, and nominating

committees. He has taken a special interest in our association's journal, *Hand*, and is currently an Associate Editor for the section of Pediatric Upper Extremity.

As a new member to the Board, Josh has been quite engaged and suggested some new ideas for our society to pursue. Most notably, Josh and Warren Hammert, another current member at large on the Board, have gotten

approval from the Executive Committee to develop and promote free webinars about various hand surgery topics. Following the new mission of AAHS, global hand care and education, three free webinars will occur over the following year in hopes of educating, not only our membership, but for physicians caring for hand issues all over the world. The webinars will be promoted via various cooperations with mission organizations and overseas societies. One of the webinars will even be translated into Spanish and posted on the AAHS website in hopes of spreading the education even further.

Josh is married to his wife, Laura, who is a dentist that is currently at home with his two sons, Noah who is 6 years old and Benjamin who is 4 years old. One very fascinating thing about Josh, is his somewhat unique hobby of collecting antique firefighting apparatus. After being a volunteer firefighter and EMT in high school and college, Josh began collecting the historical memorabilia. He currently has two real working motorized fire trucks, a 1955 Maxim pumper and 1968 Maxim ladder truck, as well as a horse drawn fire pumper from the late 1890s from Budapest Hungary, and two small hand drawn pieces of fire equipment. Additionally, he has numerous other pieces of memorabilia including helmets, fire extinguishers, fire buckets, and much more.



...Josh and Warren Hammert, another current member at large on the Board, have gotten approval from the Executive Board to develop and promote free webinars about various hand surgery topics.

**In the next issue, meet new
Junior Affiliate Director at Large: Lisa Cyr**



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