MESSAGE FROM THE PRESIDENT

Who would NOT want to go to Hawaii in January?

Most of us do. We actually have a great reason (excuse)! We have excellent education in hand surgery and therapy lined up with great front edge of the wave speakers. You will learn all the latest tricks in Dupuytrens treatment with collagenase, needle aponeurotomy (with and without fat grafting), and stretching of cords with digit widget, splinting and stretching. The latest in wide awake hand surgery and true active movement in flexor tendon repair. What about boutonniere and extensor tendon with relative motion splining, or chronic paronychia busting with gentian violet? Great tips in hand surgery and hand therapy from the best? Bill Magee will give a heartwarming talk of interest to all. All this and more in the paradise setting of Kauai.

New simplified Mission Statement for AAHS

Your Board met in Quebec City (surgeons covered their own flights) to discuss where AAHS should be headed in a strategic planning session July 12 and 13, 2013. We simplified the mission statement to its new form: Working together to advance Global Hand Care and Education. This is who we are and what we do. Our new mission works hand in glove with the new mission of the Hand Surgery Endowment which is “To promote global hand health”.

(continued on page 6)
ASSI® Instruments Are Like Diamonds...

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FROM THE EDITOR’S DESK

Thomas Hughes, MD

Those of us who spend our days taking care of hand and upper-extremity problems know how rewarding and fulfilling our jobs can be. We deal with complex problems, a significant variety of pathologies and treatment options, and similarly varied patient populations.

How great a job this is, has become more apparent recently, as the numbers of applicants to hand fellowship training have continued to rise. Last year, for the 160 ACGME certified hand fellowship training positions, there were 223 applicants. Only 4% of positions did not fill though the match while 25% of applicants were initially unable to find a spot.

There has been a steady rise in applicants over the last several years. In 2008, there were approximately 0.9 applicants per position. This has gradually climbed to 1.3 per position this past year. There are many factors involved in this trend. In orthopaedics, at least, more and more residents are pursuing fellowship training. This number is now exceeding 90%. The significant job opportunities across the country for hand surgeons also creates greater appeal for residents considering their future “marketability.”

Other factors, such as case variability and complexity, are not new. However, younger trainees may not feel as comfortable addressing some of these disease processes right out of residency. With the implementation of work hour restrictions, case volumes have typically decreased in training programs, leaving residents feeling slightly less prepared for these challenges without additional training.

Whatever the reasons, it is clearly a trend that is likely to continue in the future. Hand surgeons are still hard to come by outside of many metropolitan areas and this increase in trainees will hopefully distribute surgeons to areas with more need. In the meantime it has the by-product of bringing many more dynamic thinkers into our field, propelling it forward in the years to come.

AAHS Announces LinkedIn Group

The AAHS Technology Committee recently announced a new feature: the AAHS LinkedIn Group.

The Group was created to serve as a secure discussion forum for the AAHS membership.

If you belong to LinkedIn, please search “American Association for Hand Surgery” within the Groups Directory and request to join.

Note that access to the AAHS LinkedIn Group is only available to members of the Association, so once your membership is verified by our administrative staff, you will have access to the Group page.

If you do not belong to LinkedIn, please consider joining, as becoming a member of the LinkedIn community is free. This is a great opportunity for AAHS members to discuss and interact through an online medium - please participate!

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Hand Surgery Quarterly

President
Donald H. LaLonde, MD, FACS

Editor
Thomas Hughes, MD

Managing Editor
Lorraine M. O’Grady

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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HAND THERAPISTS CORNER: The Value of Inclusivity

Rebecca von der Heyde, PhD, OTR/L, CHT

“A narrow vision is divisive, a broad vision expansive. But a divine vision is all-inclusive.”

HH Swami Tejomayananda

The word inclusive comes from the Latin inclûdere: to contain or encompass as part of a whole. With regard to the American Association for Hand Surgery (AAHS), inclusivity refers to the invaluable opportunity for hand surgery and therapy professionals to share membership, leadership, and educational initiatives. With the opportunity to write this piece, I hope to elucidate the value of this inclusivity and of AAHS membership from the perspective of a therapist, both professionally and personally.

AAHS has historically embraced a culture which allows professional discourse and relationships to evolve with the ultimate goals of advancing our profession and providing optimal patient care. These goals are evident in the educational programming that encompasses the totality of upper extremity care, from injury to surgery to rehabilitation to outcomes. From resident papers to surgeon and therapist panels, our meetings provide a continuum that respects contributions at all levels. For many therapists and surgeons within our membership, this has led to continued collaboration and education both nationally and internationally, including the Egyptian Society for Surgery of the Hand and Microsurgery, the National Congress of the Romanian Society for Hand Surgery, and the Congreso Internacional de Cirugia de la Mano in Guatemala. As a therapist, the value of working alongside visionary members such as Nash Naam, Alexandru Georgescu, and Lynn Bassini cannot be understated, as they are certainly role models within our ranks who embrace the importance of education in our global community.

The mission and vision of AAHS are also fundamentally noted in the composition of the board of directors. The prospect of members of multiple disciplines with a shared vision for leadership is absolutely unique to this organization. From a therapy perspective, the chance to contribute to board meetings and collaborate on inclusive programming for the annual meeting provides notable professional benefits, both tangible and intangible. By serving on the board of directors, I was afforded the opportunity to create a national network of colleagues who have become trusted resources and dear friends. I could not have been more fortunate than to have planned the 2009 meeting with Scott Kozin and Miguel Pirela-Cruz, who I have also worked with on numerous medical missions and who have taught me the values of integrity and servant leadership.

In my experience, the true value of AAHS is inclusivity. A shared and collaborative vision. A culture that embraces all members and respects their unique contribution to the holistic care of patients with upper extremity injuries. As time goes on, as we continue to grow and change in membership and leadership, it is my hope that this value will remain.

ACTIVE
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Glen Jacob, M.D.
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Takehiko Takagi, M.D., Ph.D.
New opportunities for AAHS members to speak at international meetings

Your Board also gave the green light for an AAHS pre-course for the Argentine Association of Hand Surgery (Asociacion Argentina de Cirugia de la Mano Y Reconstrucitiva del Miembro Superior) meeting to be held Oct. 15, 2014 in Buenos Aires. Those of you who are interested in speaking at the pre-course as well as possibly the rest of the Argentine meeting Oct. 16-18 please contact Dr. Julie Adams at adams854@umn.edu if you have not done so already. Although your expenses are not covered, the presenters at the pre-course in Rio de Janeiro, Brazil this past April really enjoyed the opportunity to share knowledge with hand surgeons of South America.

Want to volunteer overseas?

AAHS is making it easier for you than ever. All you need to do is contact us and we will give you all the information you need so you can see your choices. We will also set you up with a mentor who has been there and done that so you feel comfortable if this is your first shot at it.

Reverse fellowship in Kumasi Ghana opportunity for AAHS surgeons and therapists

We have started having a teaching roster for AAHS surgeons and therapists in Kumasi Ghana, and we have openings for you to go there to teach hand surgery and therapy. If you are interested, please contact Dr. Don Lalonde labtrio@nbnet.nb.ca.

Calendar of Events

2014
January 8-11, 2014
AAHS Annual Meeting
Grand Hyatt Kauai Resort & Spa, Kauai, Hawaii

May 18-21, 2014
XIX FESSH Congress
Paris, France

October 16-18, 2014
Congress Asociacion Argentina de Cirugia de la Mano
Buenos Aires, Argentina

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

To list your event or meeting here and on the AAHS website, please contact the AAHS Administrative Office, (978) 927-8330 / admin@handsurgery.org.

AAHS New Mission Statement: Working together to advance Global Hand Care and Education.

2013 and 2014 AAHS Vargas Award Recipients

2013
Julianne Howell

2014
Gayle Severance, MS, OTR/L

Learn more about the AAHS Vargas Award, mission sites, and view other Vargas Award recipients and mission sites at http://handsurgery.org/volunteerism/vargas.cgi.
HAND continues to develop into one of the leading peer-reviewed publications focusing on "clinically-oriented" hand surgery and therapy. In the second issue of HAND for 2013 (Volume 8, Issue 2) a number of provocative original articles, unique case reports, and insightful review articles are presented.

A sample of the original article topics discussed in this issue include:

- Identification of three movement phases of the hand during lateral and pulp pinches using video motion capture.
- Validity of the Patient Specific Functional Scale in patients following upper extremity nerve injury.
- The range of movement of the thumb.
- Resolution and recurrence rates of idiopathic trigger finger after corticosteroid injection.
- A radiological sign in chronic collateral ligament injuries of the thumb metacarpophalangeal joint.
- Suture button suspension following trapeziectomy in a cadaver model.
- Anatomical evaluation of a cortical button for distal biceps tendon repairs.
- Fluoroscopy-assisted stress testing of the thumb metacarpophalangeal joint to assess the ulnar collateral ligament.
- The comparison of paper and web-based questionnaires in patients with hand and upper extremity illness.

Two articles this issue have particularly focused on the thumb ulnar collateral ligament:

Patel et al examined the baseline ulnar collateral ligament laxity differences of thumbs among asymptomatic patients to better assess normal ligamentous laxity in order to aid in comparative testing of an injured thumb for a possible ligament injury. They examined 100 hundred asymptomatic patients clinically and fluoroscopically identifying a difference of 5.6 degrees between clinical and fluoroscopic stress-testing differences. Absolute variability from left to right was 4.5 degrees, without correlation to age, gender, or BMI. This study identifies that the clinician should take into account that there may be a normal differential in thumb ulnar collateral ligament laxity when comparatively assessing ligament function.

Hunter et al examined the radiologic signs of chronic collateral ligament injuries of the thumb metacarpophalangeal joint. Their retrospective radiographic review of 14 chronic and 8 acute collateral ligament injuries undergoing surgical repair identified a consistent radiologic sign of a neck exostosis in the cases with chronic collateral ligament injuries. The presence of this radiographic finding can assist clinicians in the assessment and diagnosis of a chronic collateral ligament injury of the thumb metacarpophalangeal joint.

Hand is the official journal of the American Association for Hand Surgery. The American Association for Hand Surgery is a unique organization of hand surgery and therapy professionals and the focus of the American Association for Hand Surgery is primarily educational.

The purpose of Hand is to provide an international peer reviewed journal which combines multidisciplinary expertise from surgical, medical, hand therapy and other health care professional specialties to advance the quality of care and health of patients with hand and upper extremity pathologies.

AAHS Members can access their online, full-text subscriptions, where they can read both online first articles and those in print publication by logging into the AAHS members only webpage.
Current Challenges with Building and Maintaining a Hand Transplant Program

There are challenges from both an institutional and logistical standpoint. Beginning a program may take a significant financial commitment from the sponsoring institution. In addition, it requires partnerships from multiple disciplines including a transplant immunologist such as a solid organ transplant surgeon, transplant nephrologist, or other person who is capable of managing immunosuppression and the complications and challenges that are associated with it. It requires partnership with psychiatry, psychology, social work, infectious disease, occupational hand therapy and PM&R, pathology, and a well-established immunophenotyping/immunogenetics laboratory.

Logistically, the biggest challenge in creating and maintaining a program is the cost of such a program. Currently, most programs are funded by federal or private grants (Such as Department of Defense and congressional directed awards) and institutional support. There is currently no reimbursable CPT code for hand transplantation. Therefore, most of the surgeons involved are considered volunteers and the institution may have no other way to recoup the expenses incurred for the original operation. It is possible with some insurance products to get pre-approved for coverage of maintenance medications and therapy following the transplant, but this is also not yet universal.

In regards to our program here at Johns Hopkins, we’ve been very fortunate to have incredible support from the Institutional leadership and all disciplines we’ve reached out to. In addition, we’ve had tremendous success achieving collaboration with surgeons from outside institutions (such as the Curtis National Hand Center, Walter Reed National Military Medical Center, UCLA and UPMC) to assist us with this complex operation requiring significant time commitments from a large group.

As hand transplantation becomes more common, there will be a need to begin participating within a regional/national organ sharing network. Work is currently being performed towards including VCA under the United Network for Organ Sharing (UNOS), which will bring about a regulatory structure that doesn’t currently exist, but with it further challenges in becoming compliant with the constraints inherent to any regulatory body.

Pre-Planning for Transplant

Pre-planning for transplant is a broad, all encompassing evaluation of the patient that considers their physical, medical, psychological, social, and immunological needs.
and resources. Screening for this operation is probably the most difficult and critical part of a successful program. The anatomic aspects of the surgical plan are different for each case. Every patient gets a customized surgical plan for both the donor and recipient operation that is usually practiced and perfected in the cadaveric laboratory with the surgeons and hardware to be used. Multiple sessions are usually required for any case that represents a new level or new anatomic issue for any patient. We find that once we’ve developed what we think is a very concrete plan and then practiced it in the laboratory a few times, the end result can have some significant differences after we’ve refined it over and over. The importance of the “practical” aspect of pre-transplant planning cannot be over-emphasized. Each surgeon should practice the role they will take during the surgery and a procedural manual with team assignments and step-by-step instructions is created to be used for subsequent rehearsals and during the transplant itself. In our most recent case, we’ve had the luxury of teaming with the very capable Hand Surgeons from the Curtis National Hand Center who offer not only experience, energy, and expertise, but also a first-rate anatomy lab where we have done most of our surgical planning and rehearsals. In the case of our last transplant, we had approximately 5 group rehearsals and several smaller anatomy sessions working on particular anatomic challenges the transplant recipient presented due to his injuries.

**Transplant Day**

Transplant day requires a substantial amount of coordination between the surgeons, organ procurement organization, operating room personnel, anesthesia, surgical ICU, and the patient. In most instances, 24-48 hours notice is given for an available donor which begins the process or organizing all of these groups and bringing the patient in for admission and immediate serologic re-testing. The procurement team is dispatched and must coordinate and work together with all other organ procurement teams, which will be present. In our experience of 6 procurement procedures of hands/arms, this has been a professional interaction without problems and is typically choreographed by the organ procurement organization. Constant communication is necessary between the procurement team and the recipient surgical team back at the home institution so that the patient and OR can be appropriately prepared for arrival of the procurement team without unnecessary extension of cold-ischemia time. The patient is prepared for induction and indwelling peripheral nerve block catheters are placed but not dosed. We begin our induction therapy upon verification of arrival of the procured limbs within the city and the patient is taken to the OR at that time as further preparation for arterial and central venous lines will be necessary.

All surgeons begin to work simultaneously on both donor limbs and recipient limbs. We use 3 surgeons per station requiring an upfront presence of 12 surgeons. This then condenses to half after osteosynthesis. If timely surgery is commenced, we prefer to do as much bone, tendon, muscle, and nerve work as possible before reperfusion as the bloodless field makes things significantly easier and faster in addition to preventing additional blood loss via a longer surgery with open, bleeding fields. In our most recent case, we felt the proximal level of nerve coaptation mandated a bloodless field to maximize our chances of the best possible neurorrhaphy.

Reperfusion is established with direct communication with anesthesia so that adequate volume and blood products are circulating prior to removing the clamps and expanding the patients empty intravascular space. One limb at a time is reperfused and the patient monitored carefully. We prefer to allow egress of a few hundred mL’s of blood from each limb on initial reperfusion and this can be collected and processed in a “cell-saver” if desired. The patient is monitored closely during this time for adequate blood volume, acidemia, hyperkalemia, and coagulopathy. Clamps are removed from any coapted veins and return

(continued on next page)
venous flow is permitted. At this time, any remaining deep or superficial veins which can be identified and anastomosed are performed. Hemostasis is achieved and the skin flaps are then trimmed and inset over drains.

The patient is then taken to a warm SICU room. We prefer to monitor the limbs with a combination of implantable venous Doppler, pulse-oximeter probes on a radial digit and an ulnar digit, comparing these to each other within each hand as well as to the opposite hand AND a 3rd reference site on the patient's body somewhere. Hand held Doppler examination is also performed in addition to standard clinical examination of the limbs.

**Early Post-op Challenges**

These operations are large and complex and complications may be inherent. Complications our group has experienced over 10 hand/arm transplants performed in 6 patients in the immediate and early post-operative setting have included bleeding/hematoma, seroma, tip necrosis of skin flaps, etc. One should keep in mind that every therapeutic intervention may have an untoward consequence so all these things should be considered when contemplating any testing or procedures.

Patients who are also lower extremity amputees present additional challenges as mobilizing them is more complicated. They may have significant lower extremity edema that prohibits adequate fitting of their stump sockets for their prosthesis. Deconditioning may occur that makes initiating ambulation with prostheses more difficult as well.
AAHS Job Board

ORTHOPEDIC HAND SURGEON
Indianapolis, Indiana
Date Available: 06/30/2013

Franciscan Physician Network (FPN)-Central Indiana, located on the south side of Indianapolis, is seeking an orthopedic hand surgeon to join its growing orthopedic group. The ideal candidate will be fellowship trained in hand surgery. It is anticipated that this will become a 100 percent hand opportunity, but as the practice builds, it may be necessary to do some other orthopedic procedures. The group has four physicians now with potential to grow to six by the end of 2013. This is an employed position with FPN, which provides a competitive salary, generous sign-on bonus, full benefits package, retirement options, paid time off, and separate CME days (5) with allowance.

Contact: katherine.sinclair@franciscanalliance.org / 317 528-8776 www.franciscandocs.org (info only)

ORTHOPEDIC HAND SURGEON
Largo, Maryland
Date Available: 08/01/2013

WE STAND FOR TOTAL HEALTH
When you join the Mid-Atlantic Permanente Medical Group (MAPMG), you’ll be able to get more out of your life and your career. As a physician-owned and managed multi-specialty group with over 1,000 physicians serving 500,000 patients at 30 medical centers, we know firsthand what it takes to advance professionally and thrive personally.

We’re currently looking for a Hand Surgeon, preferably with additional elbow expertise, to join our Orthopaedic Surgeons group in Largo, Maryland. The team consists of 6 MDs, 2 NPs, 4 Ortho Techs-General. Call is 1:11 and surgery is at Washington Hospital Center located in suburban Washington, D.C.

Here, you’ll enjoy a satisfying practice without the hassles of running an office, developing a patient base or insurance billing. You’ll also experience an excellent team approach to providing care, fully integrated EMR including PACS (with remote access), robust compensation and excellent benefits, including pension plan, 100% paid occurrence-based malpractice coverage (no tail), 100% paid licensure, DEA, hospital privileges, 100% paid health insurance and the opportunity to become a shareholder.

Established over 50 years ago, Kaiser Permanente is the largest and most experienced integrated healthcare system in the country and our programs continue to receive national awards of excellence. Living and working in the Mid-Atlantic Region offers you all the convenience of two major metropolitan areas with easy access to the Chesapeake Bay, Shenandoah Mountains and Atlantic Ocean. The region is great for families: the local public schools are considered among the finest in the country. Best of all, you are just minutes away from the cultural, historical and entertainment venues of our nation's capital.

Contact: To apply, please contact Kat Eide, Physician Recruiter, at: Katherine.Eide@kp.org or call (240) 585-3463. You may also apply online at: http://physiciancareers.kp.org/midatl/ EOE

HAND SURGEON
Minneapolis, MN
Date Available: IMMEDIATE

The Orthopedic Department at Park Nicollet Health Services is seeking a fellowship trained hand surgeon to join its collegial practice of 21 surgeons, 4 medical orthopedists, 6 certified physicians assistants, and experienced support staff. Our growing department currently has specialists in sports medicine, shoulder, joint replacement, trauma, pediatrics, and hand surgery. We provide clinic services at several sites in the western Twin Cities. We provide surgical services at two hospitals and two ambulatory surgery centers in the area.

Enjoy the benefits of a large primary care referral base and working in a well respected multispecialty group practice. Call is divided equally among the surgeons. The compensation package is extremely competitive.

We believe outstanding health care is delivered when we merge the science and intellect of medicine with the compassion, spirit and humanity of our hearts. We refer to this as “Head + Heart, Together,” and it exists to inspire constant improvement and lasting success. We achieve this by partnering with patients and families in everything from care decisions to service and facility design. As we work together as a unified team, we engage patients, families and the community, and put them at the center of everything we do.

Park Nicollet Health Services, which includes Park Nicollet Clinic and Methodist Hospital, has been repeatedly recognized nationally for quality improvement and care activities. Park Nicollet clinic is one of the largest multispecialty clinics in the United States, with over 700 clinicians providing care in 45 medical/surgical specialties and subspecialties. The Twin Cities are vibrant communities with excellent schools, parks, lakes, theater, professional sports and an international airport.

Contact: For immediate consideration, please submit letter of interest and CV to Missy Fisher, Director of Clinician Recruitment, Park Nicollet Health Services, 3800 Park Nicollet Boulevard, Minneapolis, MN 55416; email: melissa.fisher@parknicollet.com; phone (952) 993-6025. We are proud to be an EEO/AA employer M/F/D/V.

(continued on next page)
HAND SURGEON
Milwaukee, WI
Date Available: 7/1/14

Hand Surgery Ltd.
Seeking a fellowship trained hand surgeon to join our busy practice beginning July 1, 2014. We are a successful private practice of six hand surgeons in a metropolitan market. Three full-time offices with onsite certified hand therapists at each location.
Contact: Lisa Klimczak, Hand Surgery Ltd., 2500 N. Mayfair Rd. Suite 670, Milwaukee, WI 53226, Phone: 414-453-7418 x2121 / Fax: 414-453-7420 / manager@handsurgeryltd.com

HAND SURGEON
FACULTY MEMBER
Milwaukee, WI
Date Available: 7/1/14

Department of Plastic Surgery / Hand Surgery Faculty Position

The Department of Plastic Surgery at the Medical College of Wisconsin is recruiting a board certified or board eligible plastic surgeon to join our eight plastic surgeons and twelve faculty members in Milwaukee. The Medical College features a top-ranked children's hospital, a major university hospital, a VA hospital, and two level one trauma centers. The Department features a well-established hand practice with a separate and distinct dedicated hand center that provides hand rehabilitation with our own plastic surgery based therapists.

The Medical College of Wisconsin is a nationally respected, private medical school and major research center where our commitment to quality patient care and ongoing medical education began over 115 years ago. We remain poised to continue our mission of educating the next generation of physicians and scientists; discovering and translating research knowledge, providing high quality patient care and improving the health of the communities we serve.

Milwaukee is a vibrant city in southeastern Wisconsin located directly on the shores of Lake Michigan, about 90 miles from Chicago. Milwaukee offers a myriad of recreational opportunities year round with an abundance of parks and lakes. It is home to Summerfest, the world's largest music festival. There is something for everyone in Milwaukee - enjoy old world charm, diverse cultures, and a wonderful work environment – it is a great place to raise a family.

Interested applicants submit their CV, a letter of interest with career objectives.
EOE M/F/D/V
Contact: Robert J. Havlik, M.D., George Korkos Professor and Chair, Department of Plastic Surgery, Medical College of Wisconsin, 8700 Watertown Plank Road, Milwaukee, WI 53226

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.

Click here to DONATE ONLINE
Now Accepting Applications for the 2014 AAHS Annual Research Grant

The American Association for Hand Surgery awards Annual Research Grants to clinicians and therapists in private or academic practice for small clinical studies focused in hand care, or for pilot studies leading to a more major hand care study. 1 award in the amount of $10,000 will be granted for a 1 year period. Grant applications are judged not only on scientific merit, but also on whether the project can realistically be completed in 1 year and on the quality and practicality of the budget. All AAHS members and applicants for membership are eligible to apply. Non-member residents and fellows are also eligible. There may be up to 3 co-investigators and at least 1 must be an Active or Affiliate AAHS member in order for an application to be considered for funding.

To view additional guidelines and to apply, please visit http://handsurgery.org/grants/research.cgi. The deadline for all 2014 AAHS Research Grant applications is October 1, 2013. Only electronic submissions will be accepted.

2014 AAHS/PSF Combined Pilot Research Grant

The AAHS/Plastic Surgery Foundation (PSF) Combined Pilot Research Grant may be another funding opportunity of interest to you. All ASPS and AAHS members and applicants for membership (including orthopedic surgeons and therapists) are eligible to apply. Projects submitted to the AAHS Annual Research Grant are eligible for submission to the AAHS/PSF Combined Pilot Research Grant, although a project will only be funded through one grant. The application deadline for the AAHS/PSF Combined Pilot Research Grant will be December 2, 2013. Instructions and applications will be available at http://www.thepsf.org/research/grant-applications/combined-research-grant. Note that at least 1 investigator on AAHS/PSF Combined Pilot Grant applications must be an ASPS member for applications to be eligible for funding.

Download HAND on Your Mobile Device

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”, or by scanning the QR code below, 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.
Green and Lean – The Future of Hand Surgery

Rafael J. Diaz-Garcia and Mark E. Baratz

It is no secret that health care in America is approaching a financial crisis. Health expenditures in the United States are over $2.6 trillion a year, which represents over 100% increase over the past three decades. Our country is spending almost 18% of the gross domestic product on health care an amount that many consider unsustainable. With the Balanced Budget Act of 1997, Congress attempted to curtail Medicare expenditure with the Sustainable Growth Rate and Conversion Factors. These methods have come under fire by physician advocacy groups, including the AMA, as these conversion factors have threatened cuts as high as 27.4% in physician reimbursement. There are many drivers in the cost of healthcare, and addressing them all is beyond the scope of this article, yet we can agree that physician reimbursement represents a small portion of overall cost. However, individual surgeons can make an impact by joining a grassroots movement to be greener and leaner.

What does it mean to be “green” and “lean”? These words have been popularized in the business lexicon over the past decade as new perspectives on efficiency, and addressing them all is beyond the scope of this article, yet we can agree that physician reimbursement represents a small portion of overall cost. However, individual surgeons can make an impact by joining a grassroots movement to be greener and leaner.

There are ways to make your practice “greener” and more environmentally friendly. Mini-instrument sets for smaller procedures such as carpal tunnel releases and trigger finger releases reduces the number of instruments that need to be washed and autoclaved. This can save time and a precious resource: potable water. Small block drapes can reduce both cost and the amount of paper waste; waste that is both expensive to dispose of and an environmental burden.

Expanding the number of cases that can be done under local anesthesia is a cost-saving multiplier. It eliminates pre-operative testing, pre-operative clearance and anesthesia while increasing throughput by eliminating extended recovery times. Lalonde has shown significant evidence that using local anesthesia with epinephrine in hand surgery is not only safe, but provides excellent visualization without the use of a traditional tourniquet. Leblanc et al demonstrated that carpal tunnel release in the OR is almost 4x more expensive than in the ambulatory setting under local anesthesia while increasing throughput by eliminating extended recovery times. Lalonde has shown significant evidence that using local anesthesia with epinephrine in hand surgery is not only safe, but provides excellent visualization without the use of a traditional tourniquet. Leblanc et al demonstrated that carpal tunnel release in the OR is almost 4x more expensive than in the ambulatory setting under local anesthesia while increasing throughput by eliminating extended recovery times. Lalonde has shown significant evidence that using local anesthesia with epinephrine in hand surgery is not only safe, but provides excellent visualization without the use of a traditional tourniquet. Leblanc et al demonstrated that carpal tunnel release in the OR is almost 4x more expensive than in the ambulatory setting under local anesthesia while increasing throughput by eliminating extended recovery times. Lalonde has shown significant evidence that using local anesthesia with epinephrine in hand surgery is not only safe, but provides excellent visualization without the use of a traditional tourniquet.

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There are obstacles to change. Hand surgeons are, by the nature of our practices, uniquely suited to be at the forefront of healthcare reform. With modest changes in our behavior we can demonstrate to our medical colleagues the path to a leaner, greener style of practice.

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