MESSAGE FROM THE PRESIDENT

A year goes by quickly. That usually means there is so much activity that time passes us by. It is certainly true, though, that the board, committees, and our managing group PRRI have been busy to make sure that as we enter 2016, the AAHS is poised for growth and success.

Set in beautiful Arizona, our annual meeting has been teed up by our program committee to provide the latest and greatest educational material for all. Members will be pleased at the program’s diversity and breadth. Drs. Chris Pederson and Michael Sauerbier have worked tirelessly to

(continued on page 3)
I am sure this year’s program chairs are putting the finishing touches on the Annual Meeting. And I am equally sure that it will be an exciting curriculum. Beginning with Don Lalonde’s WALANT (Wide Awake, Local Anesthesia, No Tourniquet) pre-course, until the joint meeting on Saturday, a multitude of opportunities will be available to advance your knowledge, improve your practice, and add to the health of your patients.

While they have been working on that program, I have been working on the program for this year’s “specialty day” at the AAOS annual meeting in Orlando. For the last several years, that meeting has been co-branded between the AAOS, ASSH, and AAHS. This year, upon the suggestion of my co-chair L. Scott Levin, we have developed a program entitled “Disasters of the Masters”.

The theme of this one-day learning extravaganza (which is positioned at the tail end of the AAOS annual meeting in Orlando on March 5th) is designed to raise-the-bar on this meeting to the highest level of learning opportunity. We have asked experts in hand surgery to describe the complications they have experienced with the procedures that they helped to develop. In addition, we have asked them to provide the solutions to these problems that they have found most useful in these stressful situations.

So I encourage all of you to come support the AAHS and benefit from this exciting learning opportunity. Once the Northeast’s Indian summer has passed, and the annual meeting in Scottsdale is a distant memory, come enjoy one last dose of winter sun in Orlando and join us for what I hope will be a worthwhile event.

For additional information, please visit:

http://www.assh.org/Courses/ASSH-Courses/2016-Specialty-Day
PRESIDENT’S MESSAGE  (continued from page one)

populate panels and courses with experts from around the world. Our hand therapists will provide insight into new techniques and modalities to improve outcomes and restore function in all aspects of hand surgery and trauma.

This year, our first full day pre-course will be highlighted with an international expert faculty delivering state of the art procedures with wide awake surgery.

I am delighted to host the DGH (Deutsche Gesellschaft für Handchirurgie), The German Society for Hand Surgery and their delegates to be our partnering society for the annual meeting. They bring with them an added perspective and expertise that can only enhance our educational program this year. To reciprocate, the DGH will host the AAHS September 22-24, 2016 in Frankfurt, Germany for an enriched and fun filled scientific hand program.

Please enjoy this year’s meeting at the gorgeous Kierland Resort in Scottsdale, Arizona this January. It promises to be spectacular.

Michael Neumeister, MD, FRCSC, FACS
President, AAHS

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HAND THERAPISTS CORNER: A HELPFUL TIP

Patients who have had a digital nerve injury, either from a nerve laceration or a severe compression of a nerve, have difficulty picking up objects or manipulating objects in their hand.

We talk to our patient’s about a change in sensation that they are not able to feel objects as well due to the nerve injury and they need to rely on visual cues to help with object manipulation.

I was recently reminded about the inability of the finger to sweat following a nerve injury. Moisture on the finger tips plays a huge role in being able to hold onto, grasp, pinch and manipulate objects. With this in mind, we (hand surgeons and hand therapists at our hospital) have been telling patients to purchase rubber thimbles to slide over the impaired finger to help with object manipulation. Funny enough bank tellers and receptionists have been doing this trick for a long time. Instead of moistening the finger by licking the finger tip to separate bills or to flip quickly through papers, a rubber thimble is placed onto the finger. Why I did not think of this before is beyond me, and perhaps many of you have already been using this trick with your patients.

This trick seems to also work for those patients who have a hard time re-incorporating an injured finger (fracture, tendon, skin laceration) into normal daily routine. They hold the healed finger out in extension when they zip up their jacket or rummage in their purse for a pen. We have suggested to patients who struggle with using an injured finger to purchase one of these rubber thimbles and wear it throughout their day. We have several patients who have returned to tell us that they are using their finger more when the rubber thimble is in place and their active ROM of the finger has improved when measured with goniometry.

If anyone has any other tricks or tips they would like to share please send to grashay@nb.sympatico.ca attention Amanda Higgins.

Visit the AAHS website www.handsurgery.org for updated information on Association activities, including:

- Annual Meeting Program
- Hand Surgery Endowment
- Job Board
- Hand, the AAHS journal
- Annual Meeting Archive
- Grant Applications
- Award Announcements
Tuesday January 12, 2016

8:30 - 9:00 Continental Breakfast
9:00 - 5:00 Comprehensive Wide Awake Hand Surgery Course

Wednesday January 13, 2016

Specialty Day Programming
6:30 - 8:00 Continental Breakfast
7:00 - 8:00 Instructional Courses
Use of Vascularized Bone Grafting in the Wrist and Hand
Forearm Flaps for Hand Reconstruction: Choosing the Best Option
Brachial Plexus Injuries: How a Team Approach Can Help You Maximize Treatment
Arthroplasties of thePIP-Joint
Optimizing Treatment of Elbow Acute Fractures and Failed Surgery: Surgical and Rehabilitative Options
Current Concepts in Dupuytrens Disease: Removal of Affected Tissue or Treatment of Contracture?
Reconstruction of the Burned Hand in Adults and Children

8:15 President and Program Chairs Welcome
8:30 Invited ASHT President
8:45 2014 Vargas Award Presentation
9:05 2015 Vargas Award Presentation
8:55 Panel I: What Were You Thinking? Difficult Cases Transferred from OSH...
10:05 Coffee Break
10:30 Panel II: Myth Busters 101
11:30 Invited Guest Lecture: W.P. Andrew Lee, MD
A Multidisciplinary Approach to Hand Transplantation: Surgery, Therapy, and Immune Modulation

Thursday January 14, 2016

6:30 - 8:00 Continental Breakfast with Exhibitors
6:30 - 8:00 MOC Instructional Course: Flexor Tendon
7:00 - 8:00 Instructional Courses
Small Joint Arthroscopy: What is Practical and Predictable Role, Rationale and Results of Extended Periarterial Sympathectomy in the Vasospastic and Ischemic Hand Flaps and Nerve Transfers for Severe Compressive Neuropathies
PIP Central Slip and Fracture Lesions: Many Different Approaches
Procedures I No Longer Do
8:15 Presidential & Program Chairs Welcome
8:20 DGH President Welcome
8:25 ASSH President Welcome
8:30 Panel III: Finger Amputation: Replant or Toss
ANNUAL MEETING PROGRAM (continued)

9:15 Presidential Address: Michael W. Neumeister, MD
Innovation & Education in Hand Surgery

9:45 Danyo Lecture: Robert C. Russell, MD

10:30 Coffee Break with Exhibitors

11:00 Concurrent Scientific Abstract Session I & II

12:00 Concurrent Scientific Abstract Session III & IV

1:00 Industry Lunch Symposium

2:30-4:30 Hands-On Skills Labs: AM Surgical, Integra Lifesciences, MicroAire

3:00 – 5:00 Hands-On Skills Lab: Axogen

Friday January 15, 2016

6:30 - 8:00 Continental Breakfast with Exhibitors

6:30 - 8:00 MOC Instructional Course: Basal Joint

7:00 - 8:00 AAHS/ASPN Instructional Courses
  Nerve Transfers: New Techniques and New Applications
  Diagnostic & Interventional Ultrasound of the Wrist & Hand
  Complications of Distal Radius Fractures: How to Avoid and Solve Pitfalls
  Targeted Muscle Reinnervation
  Scratch Collapse Test

8:10 Annual Business Meeting

8:50 Awards & Announcements

9:15 Invited Guest Speaker: Charles D. Callahan, MD, PhD, MBA, FACHE

10:00 Coffee Break with Exhibitors

10:30 Concurrent AAHS Scientific Abstract Session V & VI


12:30 Lunch with Exhibitors

1:30 Comprehensive Hand Review Course

5:45 TriMed Children’s Workshop

7:00-10:00 Annual Meeting Dinner Dance

Saturday January 16, 2016

6:30 - 8:00 Continental Breakfast with Exhibitors

6:30 - 8:00 MOC Instructional Course: Carpal Tunnel Syndrome

7:00 - 8:00 AAHS/ASPN/ASRM Instructional Courses
  Decision Making in Lymphatic Surgery
  Complications of Mangled Extremities
  Use of Peripheral Nerve Transfers in Tetraplegia, Transverse Myelitis and Other Central Nervous Syndrome Diseases
  Sensory Innervated Flaps
  Complications in Nerve Reconstruction

8:15 AAHS/ASPN/ASRM President’s Welcome

8:30 AAHS/ASPN/ASRM Combined Panel: “Mind the Gap”

9:30 Coffee Break with Exhibitors

10:00 Joint Presidential Keynote Lecture:
  Rick Searfoss, retired United States Air Force colonel, NASA astronaut and test pilot

11:00 AAHS/ASPN/ASRM Joint Outstanding Paper Session

12:00 AAHS Annual Meeting Adjourns

Hand Surgery Endowment (HSE) Golf Tournament: Wednesday, January 13, 12:30

Join the AAHS at the Westin Kierland Golf Club for the first HSE Golf Tournament at the 2016 Annual Meeting. The registration fee of $300 for the HSE Golf Tournament will be considered a tax deductible donation to the HSE in support of its mission to promote global hand health.

Register for the tournament with your AAHS Annual Meeting registration at meeting.handsurgery.org
MISSION TRIP: HAITI

In October I had the opportunity to participate on the Touching Hands Project Trip to Port Au Prince, Haiti. Through the leadership of Dr. Gelfand and Dr. Dyer, along with a talented team of anesthesiologists, hand therapists, and nurses, we provided upper extremity care to patients at the Adventist Hospital in Port Au Prince over the course of 6 days.

The team met briefly at the Miami airport prior to our flight to Haiti. It was great to meet such an enthusiastic group of people, which shared the common goal of providing care to an underserved country, much in need since the January 2010 earthquake. After our arrival in Haiti, we dropped off our supplies at the Adventist Hospital and toured the operating rooms and wards. We noted the efforts that had taken place to rebuild the hospital since the 2010 earthquake and we were pleased to see the enormous progress and quality of the renovations.

On our first day, we were warmly greeted by our hosts at the Adventist Hospital. We spent the entire day seeing patients in clinic. In a single day, we saw numerous congenital cases (radial club hands, arthrogryposis, complex syndactylys), more than I had seen in an entire year of fellowship! Sadly, due to limited access to acute primary care in Haiti, there were also many sequelae from neglected hand burns and upper extremity trauma. Though we could not operate on all patients, many were great candidates for hand therapy and we provided long term treatment plans. Orthopedic residents from Port Au Prince joined us throughout the week to learn about upper extremity care. Their thirst for knowledge and their enthusiasm for learning was contagious. We spent three hours that evening teaching the residents and answering questions about upper extremity care.

For the next three days we performed upper extremity surgeries. Throughout the entire trip, Dr. Dyer and Dr. Gelfand were true mentors, sharing not only their clinical and surgical knowledge, but also their valuable experience from multiple previous missions. Notable cases included a radial club hand centralization; multiple burn syndactyly releases, severe burn elbow contracture release with a pedicled radial forearm flap for soft tissue coverage, big toe polydactyly reconstruction, thumb reconstruction after mass excision, scaphoid non-union ORIF, Zancolli lasso for ulnar nerve palsy to name a few. It was a true privilege to operate alongside such skilled and knowledgeable surgeons.

On the final day we rounded on our post-operative patients and said our good-byes to the Adventist Hospital team. Throughout the week, I was impressed by the resilience of the Haitian people and their warm welcome. The Adventist Hospital has a strong community feel and a true commitment to improving their hospital in order to provide quality care to their patients.

Without a doubt, this trip to Haiti was the highlight of my fellowship. I am so grateful to have worked and learned from such a talented group of people. The lessons learned in just 6 days will have a profound impact on the rest of my career. Though this was my first surgical mission trip, it was certainly not the last! I look forward to other trips in the future.
Education and the sharing of knowledge are the fundamental objectives of The Vargas International Hand Therapy Teaching Award offered by AAHS. As the 2015 recipient of the award, I was able to help fulfill these objectives during my 2 week visit to Komfo Anokye Teaching Hospital (KATH) in Ghana.

With the generous support of AAHS's Vargas Award funds and guidance from the Health Volunteers Overseas (HVO) staff, the planning and coordinating phase of the trip begin in the later part of 2014. The trip was then successfully completed in October 2015. My visit was set as a follow-up to an initial site assessment of KATH completed the year before by volunteer hand therapists Gayle Serverance MS, OTR/L, CHT (2014 AAHS Vargas Award recipient) and Heather Wood, OTR/L, CHT. At the conclusion of their visit, the need to help establish a sustainable hand therapy program was determined and HVO's Hand Therapy Ghana project was created.

With the hopes of providing a more dynamic team approach, Dr. Lana Kang, an orthopedic hand surgeon from New York City, and I were able to arrange travel times to visit KATH that were overlapping. Dr. Kang’s participation was significant in helping achieve the trip’s objectives. Being at KATH at the same time allowed us to simultaneously educate and reinforce new practices and procedures across the local care team (surgeons, residents and physiotherapists). Additionally, we were able to model effective collaboration between the surgeon and therapist.

The focus of my trip was to help continue to educate the local physiotherapists on evaluation and treatment techniques of hand and upper extremity cases. Initially, I observed that patients were most often referred to therapy from both plastics and orthopedic surgeons and most referrals were secondary to a traumatic event (e.g. MVA, table saw, falls). A majority of patients required surgery and amputations. The age range of patients being referred to therapy was across the lifespan although most were 18-59 years.

In order to help local therapists better understand alternative therapeutic techniques, emphasis was placed on “co-treating” patients. Significant time was spent reviewing the mechanism of injury, the structures involved, neuro-anatomy, surgery performed, treatments and goals. A variety of custom orthoses were fabricated. Local therapists were able to observe the construction and application of these devices.

My thanks to NCM for the generous donation of supplies. The development of a Hand Therapy program at Komfo Anokye Teaching Hospital (KATH) in Ghana is in its beginning phase. Volunteer hand therapists, like myself, are traveling to Ghana to focus on educating local physiotherapists on evaluation and treatment of hand and upper extremity related injuries. The items provided as donations have a positive and profound effect on both the patients receiving treatment and therapists who are providing care.

Adam Crelling, MS, OTR/L, CHT
Portland, Oregon
AROUND THE HAND TABLE

One of the most popular features in Hand Surgery News is the panel discussion where a group of experts in a particular topic are gathered together for a comprehensive and enlightening discussion. The diversity of the panelists and the timeliness of the topics ensures a lively conversation.

Below is a summary of the last five panel discussion published in Hand Surgery News. We welcome you to take a second (or maybe first) look at these interesting and thought-provoking discussions. To access the entire discussion, please click on the title.

If you have an idea for a future topic to appear in Hand Surgery News, please let us know by emailing: admin@handsurgery.org.

Managing a Hand Surgery Practice in a Changing Healthcare Landscape

Raymond Raven, MD, MBA, Moderator
Brian Divelbiss, MD, Lana Kang, MD, Adam B. Shafritz, MD, Jonathon Tueting, MD

Dr. Raven focused the discussion on the challenges faced by hand surgeons over the next three to five years and queried the group on which are the most distressing. Panelists addressed Medicare and how physicians respond to the changes in Medicare cuts and the concerns about ICD-10; “there are a lot of scary numbers out there about how much extra time it’s going to take you and how much money it will cost your practice.”

Representing several different practice arrangements, the panelists were able to provide unique perspectives to the advantages of being an employed physician and the downsides of the loss of autonomy and the inability to control the patients you see.

Several approaches are being taken by the panelists to mitigate the effects of these changes and include learning to manage expenses in a strategic way, becoming more efficient, measuring quality, and understanding what patients expect and managing their expectations.

Resident/Fellow Education in the 21st Century

Asif Ilyas, MD, Moderator
Kevin Black, MD, Glenn Buterbaugh, MD, Rafael Diaz-Garcia, MD, Dawn Laporte, MD, Peter Stern, MD

The panel began by reviewing some very generic issues relative to the changes in residency education including how residencies have adapted to the 80 hour resident work restrictions; the utilization of surgical simulation in residencies and fellowships; and what resources residents use to obtain their knowledge.

The discussion then focused on hand surgery training specifics and the nuances for hand surgery fellow education, including the incorporation of surgical milestones and their relevance to fellowship training. “I do that think that conceptually it makes good sense to have milestones that you would expect a graduating resident to demonstrate a certain level of competency. I think the milestones are limited in that it focuses on specific areas, but if we were to develop more milestones I think it would really push residency educators a little bit over the edge, because of the amount of work that is required.”

The group also talked about providing the opportunity to train in microvascular and soft tissue coverage cases and the potential benefits and drawbacks of incorporating shoulder and elbow surgery within the hand surgeon fellowships?.

(continued on next page)
Research Mentoring

David Ring, MD, PhD, Moderator
Kevin C. Chung, MD, MS, John R. Fowler, MD, Jonathan E. Isaacs, MD

Following a desire to participate in the national discussion on health policy and outcomes research, AAHS is focused on developing young investigators and strongly encourages seasoned investigators to become mentors to support hand and upper extremity research.

Dr. Ring began the discussion with a broad overview of “What is science, why did humans invent it, and why do we use it?”

To be a successful researcher, the group focused on the significance of having a true passion for research and the critical importance of mentors to fuel that passion. “The main job of the research mentor—to encourage an undying love of the scientific method.” Mentors are also fundamentally necessary to assist with grant funding opportunities; how to balance your career with the time needed for research; and how to deal with rejection.

In a personal review, the panelists also talked about the people who influenced their interest in research and what they did to inspire them.

Finger Arthritis

Moderator: Marco Rizzo, MD

Steven Haase, MD, Jerry Huang, MD, John Lubahn, MD, Kristin Valdes, OTD, OTR, CH

Dr. Rizzo prodded the panelist by throwing out variable statements focused primarily on finger arthritis, from proximal distal starting with the MP joint. “As you know, rheumatoid arthritis is much more common than osteo. In terms of non-operative intervention. As I look at my own practice I find that I use Voltaren Gel more and more.” From this point, the conversation veered to different approaches to rheumatoid arthritis; osteos with regard to injections; Dexamethasone, DeQuervain injections, and Kenalog; what kind of splint works best for arthritis for the MP joints; and MP arthroplasty, index finger PIP, and preferred method for fusion.

Hand Transplant Program

Gerald Brandacher, MD, W. P. Andrew Lee, MD, Jaimie T. Shores, MD, Alexander M. Spiess, MD

From some of the top transplant programs in the country, these leaders provided a comprehensive look at the challenges associated with building and maintaining a hand transplant program. The discussion included the financial commitment required from sponsoring organizations, the importance of developing working partnerships with multiple disciplines, and the need for individuals who are capable of managing immunosuppression and its complications. The discussion covered the steps for pre-planning for the transplant and the total evaluation of the patient, the need for multiple group rehearsals, the actual coordination necessary on transplant day, and how to deal with the multiple 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 postoperative setting have included bleeding/hematoma, seroma, tip necrosis of skin flaps, etc.”
Although there were several challenging cases, I chose one unique patient to use as a teaching highlight. The individual was a 40 year old male with a partial hand amputation involving the dominant side. The local physiotherapist and I reviewed the importance of addressing and treating such things as phantom pain, ROM of his unaffected joints, decreased functional independence with ADLs and discussing patient’s personal therapy goals. The patient worked as a driver of heavy/large trucks and since his accident (8 months) was unable to drive any type of vehicle. The patient hoped to have a prosthetic hand but due to limited resources for upper extremity prosthetics at KATH this was unlikely. As an alternative, we fabricated a custom thermoplastic orthotic that included a thumb post that would help with operating a manual transmission. In its completion, the orthotic allowed the patient to hold/carry a light bag in his affected hand. He was instructed to try and practice shifting gears with the orthotic donned and vehicle stationary. His response was positive and hopeful.

With the Vargas International Hand Therapy Award offered by AAHS, the Ghana Hand Therapy Program as well as other international missions they support will continue to successfully grow. It was an honor and true pleasure......

Download the AAHS HAND Journal on your Mobile Device

The HAND journal mobile app is available for download for Android devices in Google Play and on Apple devices in the App Store by searching for “HAND Journal” or “AAHS Journal.” The app provides instant access to all current and past issues of the journal dating back to its inception in 2006. Once the app has downloaded to your device, you will need to login with your personal AAHS username and password once for authentication. Then you can use the app functions to browse volumes and full text articles, search for work by specific authors, and more.

Contact the AAHS administrative office at contact@handsurgery.org if in need of your username and password.
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Orthopedic Surgeon - Hand and Total Joint
Houston Methodist St. John Hospital
Houston, TX

Houston Methodist St. John Hospital is seeking a fellowship trained, Board Certified or Board Eligible Orthopedic Surgeon, to join an established group of the Houston Methodist Orthopedic and Sports Medicine program on our campus in Nassau Bay, Texas. The ideal candidate will have successfully completed an ACGME accredited Orthopedic Residency along with appropriate Fellowship training in any program of the following:

- Hand
- Total Joints

Candidate will be Board Certified or Board Eligible through the American Board of Orthopedic Surgery (ABOS) or the American Osteopathic Board of Orthopedic Surgery (AOBOS), or obtain such certification within 5 years of completion of training. Candidate will be willing to take hospital ER and Group call in orthopedics; and interested in working in a vibrant and growing sports medicine style practice.

This is an exciting opportunity for the right Orthopedic Surgeon to be part of Houston Methodist Orthopedics and Sports Medicine and Houston Methodist St. John Hospital.

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Contact: Interested candidates should email CV to Rob Henges at RHenges@HoustonMethodist.org

Associate for Plastic and Reconstructive Practice
New Jersey

Plastic and reconstructive surgery practice in New York and New Jersey looking for new associate. Board Certified or Board Eligible Hand Surgeon with Plastic Surgery training preferred but not required.

Contact: Please email CV to Debbie Amatore @ damatore@theplasticsurgerycenternj.com

Calendar

January 13-16, 2016
AAHS Annual Meeting
Westin Kierland Hotel
Scottsdale, Arizona

March 5, 2016
2016 ASSH/AAHS Specialty Day: “Disasters of the Masters”
Orlando, Florida

May 26-28, 2016
36th Brazilian Congress of Hand Surgery
São Paulo, Brazil

September 22-24, 2016
AAHS/DGH Joint Congress
Frankfurt, Germany

October 24-28, 2016
IFSSH-IFSHT Joint Congress
Buenos Aires, Argentina
Save the Date

2017 AAHS ASPN ASRM
ANNUAL MEETINGS

January 11-14, 2017
American Association for Hand Surgery

January 13-15, 2017
American Society for Peripheral Nerve

January 14-17, 2017
American Society for Reconstructive Microsurgery

Hilton Waikoloa Village
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