

HAND SURGERY

Q U A R T E R L Y

Autumn
2009

- 3 From the Editor
- 5 President's Message
AAHS Calendar of Meetings
- 6 Hand Therapy and Affiliates' Corner
Hand Therapist Profile
- 7 2010 Annual Meeting Program at a Glance
- 9 AAHS Leadership Profile: Historian
- 10 Around the Hand Table: Wrist Replacement Arthroplasty
- 17 Coding Corner
- 18 New Members
- 19 Mentor Program
- 20 AAHS 2009 Review DVD



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2008 VARGAS INTERNATIONAL HAND THERAPY TEACHING AWARD

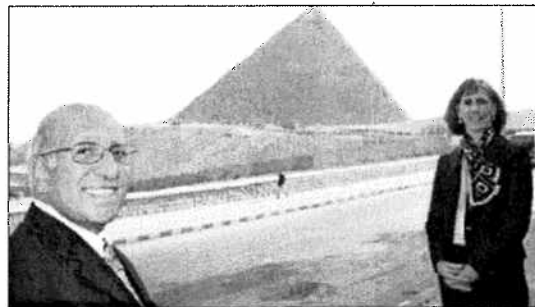
Working as a Cohesive Team

Mary Nordlie, MS, OTR/L, CHT

Destination EGYPT: What comes to mind? Camel rides to the pyramids and sphinx, belly dancers on a Nile cruise, gorgeous sunsets while camping Bedouin style in the desert, shopping in the crowded bazaar...all wonderful activities that I experienced before my most memorable week began.

The 2008 Vargas trip was

to specialize in this area. In my research before going, I was surprised to learn that currently there are only 10 OTs in Egypt and none work with hands.



Dr. Nash Naam and Mary Nordlie, MS, OTR, CHT

lowed by his introduction of me, the "highly valued hand therapist." I defined what the hand therapist provided for the team's follow-up care. This method of

lecturing proved to be a very successful method of capturing the all male physician audience and gaining respect for the female therapist's contribution.

After a week of sightseeing

and shopping in Cairo, camping in the desert and even attending the wedding of Dr. Naam's nephew, I was feeling quite comfortable with the warm and generous people of Egypt. I was ready to start our purpose for being there.

We started our first talks in Alexandria at the 2nd Annual Wrist Symposium presented by Alexandria University's Department of Orthopedic Surgery and the Egyptian Society for Surgery of the Hand (ESSH) where I was the only attending female.

I was concerned initially about my acceptance until I shared the fact that I have a genetic link to Egyptian ancestors through my father's DNA. I was then introduced as a "cousin" to everyone there and

continued on page 2



Faculty and host committee at the entrance of the conference hall. Naam Nash is fifth from left and Mary Nordlie is in the center.

arranged by Dr. Nash Naam to his homeland, Egypt, in November. His goal for our trip was to share how the surgeon and hand therapist can work as a cohesive team to provide the most effective treatment to patients with hand injuries and to encourage OTs/PTs in Egypt

to Dr. Naam. In order to demonstrate "our team," it was decided that we'd start our education and sharing process by presenting our lectures together instead of separately as had been done by previously. Dr Naam presented what surgical techniques are used for our selected topics fol-

VARGAS AWARD

continued from page 1



I was treated like a special "cousin."



The audience in Alexandria's hospital during our lecture.

was warmly accepted from then on every where I went.

Our next stop was to speak at a local hospital's Scientific Meeting to the surgeons, PTs and students. We were warmly greeted by staff as this was where Nash had worked many years before. I was especially pleased to see the female audience participants here and wished I had more time to answer their eager questions afterwards.

Later that week, in Cairo we spoke to very receptive audiences at the 60th Annual International Congress of the Egyptian Orthopedic Association. I was impressed with the tremendous number of people attending and the expertise of the lecturers. Again, I was the only female presenter and attendee and felt honored to be included this international faculty of nearly 60 physicians.

It was here that I was approached by a vascular surgeon who wanted advice for rehabilitating his recent extensor tendon laceration injury. He had heard that I was there and wanted to learn



Mary consulting with the PT working with the injured surgeon.

about the therapy techniques I would provide for this type of injury. The next day he brought the PT who was treating him to consult with me and to learn what she could from my experience. She explained that she had no experience with tendon injuries and was eager to learn. I was having such a wonderfully intense 1-1/2 hour dialogue with them that I almost didn't make it to the next lecture I was presenting!

Our last stop was at the Cairo University's Department of Physical Therapy. Our first impromptu lecture was to an audience of faculty and a few students. I presented what Hand Therapy was and I was pleased to have a very successful exchange of knowledge with the professors. They expressed interest in including an introduction to hand therapy concepts in their curriculum in the future.

Here I met the assistant Dean of the PT school who had worked in the USA for 4 years and understood the reason for one of my questions: How do the female PTs treat patients when they only have their eyes unveiled and even wear gloves? (see photo)

I learned that nearly 3/4 of the PT students at the University were female and some, due to cultur-



al/religious reasons can only treat females.

During our tour of the classrooms, I was invited in to "pretend I was their new guest speaker".

It was delightful to see the eagerness in the faces of these future PTs and after my sales pitch, I hope there may be a few interested in hand therapy.

Another highlight for me was to be invited to see patients at the only clinic where there is a therapist (PT) working with a hand surgeon. I was amazed that after a day with the MD, the therapist saw patients from 6-10 pm, many of them driving all day from very remote areas! Missing were the typical "therapy" devices, goniometers, hand-related



Only I, a female, was allowed in the classroom where female students were learning how to measure range of motion.

equipment, etc. to use. Any splints he had were very basic commercial splints. The therapist only used his hands and strength (which he used with much more force than we are used to) while treating his patients. He stated his other office had more equipment but time didn't allow me to visit it. When asked to show what I might do for therapy with the 5 children patients with Erbs palsy, one man with a hand replant and a laborer with a severe crush injury, I had to use the creative OT skills I developed 25+ years ago to do "therapy" with common items that a person might have at home. I used what I had in my purse, like a Kleenex, a pen, and stick of gum for coordination activities, an ace wrap for flexion stretches and a heavy book to use for progressive extension stretches!

Here I realized how access to catalog items, expensive equipment and technology is so different for our patients and therapists.

continued on page 3

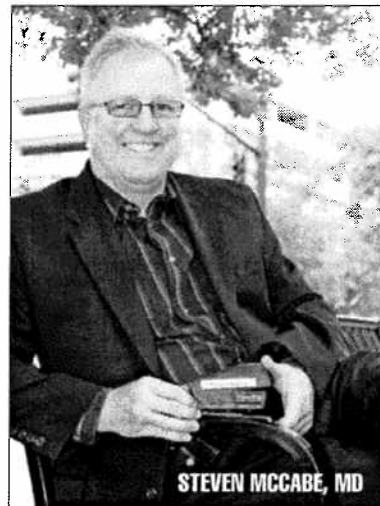
Beware of the Black Swan

This story takes place between 4 and 5 am.

To paraphrase Jack Bauer...Put on your splint! I SAID PUT ON YOUR SPLINT OR I WILL OPERATE! For all of you "24" fans in withdrawal I have tried to live out my own 24 fantasy by renaming our office "Carpal Tunnel Unit Louisville" aka. "CTU Louisville". Like Kiefer Sutherland during the off season for 24, President Obama took some vacation time through the month of August. Maybe he could bring in Jack Bauer during his time off from 24 to shake things up in health insurance reform and help another President out of another bind. I am not sure Jack Bauers' tactics would be well received though, but with the rumors of death panels for granny, and biting off fingers, maybe Jack Bauer can help. You may have seen him on television in a public service announcement talking about medical care and his grandfather. Did I mean to say his father? You know, Donald Sutherland, the doctor of MASH fame. No, I did mean to say his grandfather. As it turns out Kiefer Sutherland's grandfather is the Greatest Canadian of all time! He even beat out Wayne Gretsky, The Great One, a point mentioned in the more recent movie "Sicko". Tommy Douglas, the greatest Canadian, had a daughter, actress Shirley Douglas, who married Donald Sutherland. The result is that Tommy Douglas is grandfather to Donald Sutherland's son, actor Kiefer Sutherland.

A Short History of Socialized Medicine

Tommy Douglas was born in Scotland and moved to Winnipeg. Douglas became a member of the Canadian Parliament and went on to become the Premier of Saskatchewan in 1944, forming the first Democratic Socialist (there's that bad word) government in North America. He was elected with majority governments continuously up to 1960. His number one issue was Medicare. Working against strong tactics put forward by a wary medical profession, Medicare legislation was passed in 1962 by Douglas' successor. It became immensely popular and in 1966 a nationwide public health insurance program was adopted. This has been immensely popular in Canada and forms part of the foundation for Canada's identity and social fabric. Jack Bauer, or I mean, Kiefer Sutherland has spoken out on the need for health care



reform, calling back to the memory of his grandfather who died in 1986. In this sense he is once again fighting for the President, although this time in real life, for his vision of good for the United States. Will Barack Obama be "The Greatest American"?

VARGAS AWARD REPORT

continued from page 2

Documentation was also minimal which made me even more aware of the "red tape" needed for payment in the USA. I have since sent forms I



use for documentation, measurements and patient education at the surgeon's request for his therapist to see and adapt.

Since I have returned, I have been in contact with several therapists in Egypt and I am very pleased to see that there is a seed



planted for more growth in the field of "Hand Therapy". We have recently been invited back to present a full day pre-course workshop at the Egyptian Society for Surgery of the Hand (ESSH) in April 2010.

Being sponsored by AAHS with the Vargas Award has been the pinnacle of my career. I wish to thank AAHS, Dr. Naam, and the wonderful professionals and "cousins" I met in Egypt for this incredible experience. **H**