ANNOUNCEMENTS

continued from page 3

Paul Zidel, MD and Charles Eaton, MD participated in an Instructional Course and presented their work on Dupuytren’s Contracture and Needle Aponeurotomy.

AMERICAN SOCIETY OF HAND THERAPISTS, ASHT
Atlanta, Georgia, September 17 - 16, 2006
The American Society of Hand Therapists held its annual meeting at the Hyatt Regency in Atlanta, GA on September 14-17, 2006.

SOUTH FLORIDA HAND STUDY GROUP
Fort Lauderdale, Florida, September 21, 2006
The South Florida Hand Study Group meets quarterly at the Fort Lauderdale Hand Clinic. This is an opportunity to network and review scientific journal topics relevant to our daily work. All those physicians, therapists and other health professionals interested in participating may email robinmiller@handclinic.com.

FLORIDA HAND SOCIETY
Orlando Marriott Airport Hotel • April 20, 21, 2007
The next annual meeting of the Florida Hand Society will be held in Orlando on April 20 and 21, 2007 at the Orlando Marriott Airport. This year’s invited Guest Lecturer is David T. W. Chiu, MD. Dr. Chiu has written many articles in peer reviewed journals relative to hand surgery. He is a world expert in pediatric hand surgery, microsurgery, peripheral nerve surgery and plastic surgery. He is the past president of the American Society of Reconstructive Microsurgery and Program Chairman at Columbia-Presbyterian Medical Center in New York. He is also an accomplished artist painter and philosopher and his royal Chinese family background makes him an astounding speaker. On Friday, April 20, the meeting will begin with a light lunch buffet at noon, followed immediately with a series of educational presentations. All of those interested in presenting may contact Cecil Aird, MD at cairdm@usl.net. Friday’s events will conclude around 5 p.m. followed by cocktails and a gala dinner social event with music provided by our Program Chair. The meeting resumes early Saturday morning with a buffet breakfast and continued educational presentations. It will conclude around noon with a brief business meeting to discuss plans for the following year. Anyone wishing to present or attend may contact either Dr. Aird for presentations, or the administrative office for membership/attendance information.

JOHN A. MCAULIFFE, MD
Dr. McAuliffe is a very good friend to all of us in the hand surgery/rehabilitation world. While on a home improvement sabbatical, he was sorely missed by all of us who have had the pleasure of working with him. We are pleased to be able to announce Dr. McAuliffe’s return. He will resume his practice of Surgery of the Hand, Wrist and Elbow and Peripheral Nerve Surgery, beginning October 1, 2006. His office will be located at 200 West Commercial Boulevard, Suite 101 Fort Lauderdale, Florida 33309-3060. www.handclinic.com

INSIDE Hands-On®
SEPTEMBER 2006

DUPUYTREN’S NEEDLE APONEUROTOMY
by Paul Zidel, MD, MS, FACS

REHABILITATION FOLLOWING NEEDLE APONEUROTOMY
by Chris W. Smethie, OTR/L, CHT, Tami R. Setlman, OTR/L, CHT, and Robin E. Miller, OTR/L, CHT

Paul Zidel, MD, MS, FACS
Broward Institute of Orthopaedic Specialties
Fort Lauderdale, Florida 954-757-0077
Dr. Zidel received his Bachelor of Science degree from Washington University in St. Louis and then received a Master of Science degree from New Jersey Medical School. He was an intern and resident at Saint Vincent Burlington Medical Center, Rutgers University as well as his M.D. degree from New Jersey Medical School. He was an intern and resident at Saint Vincent’s Hospital in New York in General Surgery. After a Research Fellowship at the Hospital for Joint Disease, Bioengineering, he then did his Plastic and Reconstructive Surgery residency at Wayne State University in Detroit, Michigan and then a Hand Surgery fellowship at New York University. He then was Assistant Professor in Surgery at Wayne State University, Director of the Hand Surgery Fellowship Program, Division Chief of Plastic and Reconstructive Surgery at Detroit Receiving Hospital, Chief in Plastic and Hand at the Veteran’s Hospital, Director of the Burn Unit as well as the Congenital Hand Clinic at the Children’s Hospital of Michigan. He has authored and coauthored several publications, chapters and research articles. Dr. Zidel is presently in the private practice of Hand Surgery in Fort Lauderdale, Florida.

PRESORTED FIRST CLASS MAIL
U.S. POSTAGE PAID FT. LAUDERDALE, FL
PERMIT # 1

Hand On®
A PUBLICATION FROM THE FORT LAUDERDALE Hand CLINIC • SEPTEMBER 2006
REHABILITATION FOLLOWING NEEDLE APONEUROTOMY

Chris W. Smethie, OTR/L, CHT, Tami R. Seltman, OTR/L, CHT, and Robin E. Miller, OTR/L, CHT

As therapists at the Fort Lauderdale Hand Clinic, we have had the honor and pleasure to see patients, referred by Drs. Eaton and Zidel, following needle aponeurotomy. The post procedure rehabilitation is relatively simple when compared to the more traditional post operative treatment following surgical Dupuytren’s release. The aponeurotomy patients are generally sent home with either a very light dressing, or even Band-Aids, covering their minor wounds. They are instructed that the Band-Aids can be removed that same evening and any dressing that becomes wet, should be changed immediately. Dressing changes continue until the wounds are healed. The ones we have seen have no remaining wounds when they present to therapy. The patients are instructed to begin their own therapy one day following the procedure. They are to start working on “making a fist and straightening” their fingers four repetitions, six times each day. They are cautioned to avoid “over-doing it” as this will cause soreness. Therapy referrals are general prescribed for splinting, and instructions for the type of splint needed are given to the patient to give to the therapist. In most cases, we are asked to fabricate a splint with the metacarpal phalangeal joints and the proximal inter-phalangeal joints in maximum comfortable active extension (achieved with the wrist flexed to avoid extrinsic tightness limitations). Patients are instructed to wear the custom fabricated orthosis (splint) while sleeping for the next three months following the procedure. Some patients are also told to use the splint periodically during the day. Sometimes, a single digit is splinted during the day using a finger based extension mobilization orthosis. It is worn intermittently each day. Occasionally a patient is seen for a follow up visit to remold the splint to achieve greater digital extension. We have not yet seen a patient who has required regular supervised therapy visits following this procedure. Most patients are able to do the exercises needed on their own. The patients we have had the opportunity to meet have reported no difficulties during or after the procedure.

Publisher: Robin E. Miller
Design & Layout: Patricia Shetley
Handz-Off! is the official publication of the Fort Lauderdale Hand Clinic. Please send inquiries to Robin E. Miller, Fort Lauderdale Hand Clinic, 2000 West Commercial Boulevard, Suite 101, Fort Lauderdale, Florida 33309-3068. Reproduction of any contents of Hands-On® is prohibited without written consent.

Owner/Clinical Director
Robin E. Miller, OTR/L, CHT
Clinical Operations Director Tami R. Seltman, OTR/L, CHT
Education and Marketing Director Chris W. Smethie, OTR/L, CHT
All therapists at the Fort Lauderdale Hand Clinic are certified by the Hand Therapy Certification Commission (HTCC). Established in 1991, by Robin E. Miller, OTR/L, CHT, the Fort Lauderdale Hand Clinic specializes in upper extremity splinting and rehabilitation.

FLORIDA’S WORKERS’ COMPENSATION INSTITUTE
Orlando World Center Marriott • August 13 – 16, 2006

The Fort Lauderdale Hand Clinic recently participated in the Florida Worker’s Compensation Institute’s 61st Annual Workers’ Compensation Educational Conference at the Orlando World Center Marriott hotel. This event allows participants the opportunity to meet and talk to physicians, case managers, adjusters and various other health professionals involved in the care of a worker’s compensation patient. Winners of our raffle include Kathleen Sobczak, RN, BS.

left to right: Margie L. Archerman, Fort Lauderdale Hand Clinic and Renee Wellman, Orthopaedic Associates USA

left to right: Barbara Ryan, Claude Seltzer and Kathleen Sobczak, RN, BS, CRN, COHNS, CCM, all of Seltzer Associates USA

CRNN, COHNS, CCM, at Seltzer Associates, Mary Lou Nauc, CWC, at the North Broward Hospital District, Renee Wellman, at Orthopaedic Associates USA, Cynthia Wedderburn, RN, at Broadspire, Isabel Lehman, RN, BSN, TNS, PHP, CCM, CDMS, ING, ABDA at Avante Healthcare Services, Inc. and Karyn Scully, RN, BSN, CRNN at Scully Health Management, Inc. Each winner receives a bottle of champagne. Thank you to all of you who participated and congratulations to the winners.

AMERICAN SOCIETY FOR SURGERY OF THE HAND, ASSH
Washington, D.C., September 7 - 9, 2006

The American Society for Surgery of the Hand held its annual meeting at the Marriott Wardman Park Hotel in Washington, DC on September 7-9, 2006.

continued on page 5

DUPTYRREN’S
continued from page 1

It is always an interesting phenomenon after many years you come to realize that . . . there may be a better option. This is the story of that realization. I gave credit to colleague and friend Dr. Charles Eaton in Jupiter, who through a series of events eventually went to Paris to learn a new yet old technique. This needle procedure or ‘spoon aponeurotomy’ (fasciectomy has been done for 30 years in Paris by a rheumatologist Dr. Lermiusau, and more recently by Dr. Bados as well as the remainder of the rheumatology department at the Hospital Lariboisiere in Paris. When Dr. Eaton first told me of his impending adventure, I was obviously skeptical. Yet when he returned and was extremely enthusiastic about the procedure, I was even more skeptical. Knowing his integrity, I went on to spend quite a bit of time and I was very impressed by the potential, so much so that together we went to Paris to introduce me and enhance his splinting and rehabilitation skills. Since that time, two years ago, the technique has evolved into an important tool. Being the second surgeon in the country to learn this I can envision this being a very interesting opportunity and I thank Dr. Eaton for that. The results will be presented at the American Society for Surgery of the Hand this year in September. After appropriate patient selection, basically, under local anesthesia and in the office, using various techniques the cord is released with a 25-gauge needle at various points throughout its course. It is not removed, but stretched making the finger much more functional. The advantage is immediate motion, local anesthesia, minimal recuperation, and is general, except for a particular complication. The disadvantages will range from limited improvement as well as possible complications of skin, tendon, nerve injury, infection, pain, recurrence and patient disappointment. But fortunately so far, the results have been better than expected.

I have reviewed the critiques and skepticism as pseudosurgery, complication and recurrence rates and other concerns, which I had myself. But for those of you who have seen these post needle aponeurotomy patients and their satisfaction and as the numbers grow, we will revisit this procedure. As for the bottom line question of what I would do if it were me, without a doubt for the right patient this is the procedure of choice. I am very happy to discuss this with you.
**Rehabilitation Following Needle Aponeurotomy**

Chris W. Smethie, OTR/L, CHT, Tami R. Sellman, OTR/L, CHT, and Robin E. Miller, OTR/L, CHT

As therapists at the Fort Lauderdale Hand Clinic, we have had the honor and pleasure to see patients, referred by Drs. Eaton and Zidel, following needle aponeurotomy. The post procedure rehabilitation is relatively simple when compared to the more traditional post operative treatment following surgical Dupuytren’s release. The apono- roty om patients are generally sent home with either a very light dressing, or even Band-Aids, covering their minor wounds. They are instructed that the Band-Aids can be removed that same evening and any dressing that becomes wet, should be changed immediately. Dressing changes continue until the wounds are healed. The ones we have seen have no remaining wounds when they present to therapy. The patients are instructed to begin their own therapy one day following the procedure. They are to start working on “making a fist and straightening” their fingers four repetitions, six times each day. They are cautioned to avoid “over-doing it” as this will cause soreness. Therapy referrals are general- ly prescribed for splinting, and instructions for the type of splint needed are given to the patient to give to the therapist. In most cases, we are asked to fabricate a splint with the metacarpal pha- langal joints and the proximal inter-phalangeal joints in maximum comfortable active extension (achieved with the wrist flexed to avoid extrinsic tightness limitations). Patients are instructed to wear the custom fabricated orthosis (splat) while sleeping for the next three months following the procedure. Some patients are also told to use the splint periodically during the day. Sometimes, a single digit is splinted during the day using a finger based extension mobilization orthosis. It is worn intermittently each day. Occasionally a patient is seen for a follow up visit to remodel the splint to achieve greater digital extension. We have not yet seen a patient who has required regular supervised therapy visits following this procedure. Most patients are able to do the exercises needed on their own. The patients we have had the opportunity to meet have reported no difficulties during or after the procedure. 

**FLORIDA’S WORKERS’ COMPENSATION INSTITUTE**

Orlando World Center Marriott • August 13 – 16, 2006

The Fort Lauderdale Hand Clinic recently participated in the Florida Worker’s Compensation Institute’s 61st Annual Workers’ Compensation Educational Conference at the Orlando World Center Marriott hotel. This event allows participants the opportunity to meet and talk to physicians, case managers, adjusters and various other health professionals involved in the care of a work- er’s compensation patient. Winners of our callie include Kathleen Sobczak, RN, BS, and Chris W. Smethie, OTR/L, CHT, Tami R. Sellman, OTR/L, CHT.

CRRN, COHNS, CCM, at Seltzer Associates, Mary Lou Naus, CWC, at the North Broward Hospital District, Renee Wellman, at Orthopaedic Associates USA, Cynthia Wedderburn, RN, at Broadspire, Isabel Lehrman, RN, BSN, TNS, PHIN, at Avante Healthcare Services, Inc. and Karyn Scully, RN, BSN, at Scully Health Management, Inc. Each winner receives a bottle of champagne. Thank you to all of you who participated and congratulations to the winners.

**AMERICAN SOCIETY FOR SURGERY OF THE HAND, ASSH**

Washington, D.C., September 7 - 9, 2006

The American Society for Surgery of the Hand held its annual meeting at the Marriott Wardman Park Hotel in Washington, DC on September 7-9, 2006.

**Dupuytren’s**

continued from page 1

It is always an interesting phenomenon when after many years you come to realize that what you may know or what you have been doing may be wrong or there may be a better option. This is the story of that realization. I gave credit to colleague and friend Dr. Charles Eaton in Jupiter, who through a series of events eventually went to Paris to learn a new yet old technique. This needle procedure or needle aponeurotomy or fasciotomy has been done for 30 years in Paris by a rheumatologist Dr. Lermusiaux, and more recently by Dr. Bados as well as the remainder of the rheumatology department at the Hospital Lariboisiere in Paris. When Dr. Eaton first told me of his preceding adventure, I was obviously skeptical. Yet when he returned and was extremely enthusiastic about the procedure, I was even more skeptical. Knowing his integrity, I went up to him and spent quite a bit of time and I was very impressed by the potential, so much so that together we went to Paris to introduce me and enhance his splinting of the technique. Since that time, two years ago, the technique has evolved into an important tool. Being the second surgeon in the country to learn this avoids error, it was a very interesting opportunity and I thank Dr. Eaton for that. The results will be presented at the American Society for Surgery of the Hand this year in September. After appropriate patient selection, basically, under local anesthesia and in the office, using various techniques the cord is released with a 25-gauge needle at various points throughout its course. It is not removed, but stretched making the finger much more functional. The advantage is immediate motion, local anesthesia, minimal recuperation, and in general, excellent patient satisfaction. The disadvantages will range from lim- ited improvement as well as the usual possible complications of skin, tendon, nerve injury, infection,

It is always an interesting phenomenon when after many years you come to realize that... there may be a better option. This is the story of that realization. 

I have reviewed the criticisms and skepticism as pseudosurgery, complication and recurrence rates and other concerns, which I had myself. But for those of you who have seen these post needle aponeurotomy patients and their satisfaction and as the numbers grow, we will all revisit this procedure. As for the bottom line question of what I would do if it were me, without a doubt for the right patient this is the procedure of choice. I am very happy to discuss this with you.
FLORIDA'S WORKERS' COMPENSATION INSTITUTE
Orlando World Center Marriott • August 13–16, 2006

The Fort Lauderdale Hand Clinic recently participated in the Florida Worker’s Compensation Institute’s 61st Annual Workers’ Compensation Educational Conference at the Orlando World Center Marriott hotel. This event allows participants the opportunity to meet and talk to physicians, case managers, adjusters and various other health professionals involved in the care of a worker’s compensation patient. Winners of our raffle include Kathleen Sobczak, RN, BS.

Publisher: Robin E. Miller
Design & Layout: Patricia Shetley

Hands-On® is the official publication of the Fort Lauderdale Hand Clinic. Please send inquiries to Robin E. Miller, Fort Lauderdale Hand Clinic, 2000 West Commercial Boulevard, Suite 101, Fort Lauderdale, Florida 33309-3060. Reproduction of any contents of Hands-On® is prohibited without written consent.

Owner/Clinical Director
Robin E. Miller, OTR/L, CHT
Clinical Operations Director
Tami R. Seltsman, OTR/L, CHT
Education and Marketing Director
Chris W. Smethie, OTR/L, CHT

All therapists at the Fort Lauderdale Hand Clinic are certified by the Hand Therapy Certification Commission (HTCC).

Established in 1981, by Robin E. Miller, the Fort Lauderdale Hand Clinic specializes in upper extremity splinting and rehabilitation.

The American Society for Surgery of the Hand held its annual meeting at the Marriott Wardman Park Hotel in Washington, DC, on September 7-9, 2006. The results will be presented at the American Society for Surgery of the Hand this year in September.

It is always an interesting phenomenon when after many years you come to realize that what you may know or what you have been doing may be wrong or there may be a better option. This is the story of that realization. I gave credit to colleague and friend Dr. Charles Eaton in Jumper, who through a series of events eventually went to Paris to learn a new yet old technique. This needle procedure or needle aponeurotomy for Dupuytren’s has been done for 30 years in Paris by a rheumatologist Dr. Lermusiaux, and more recently by Dr. Bados as well as the remainder of the rheumatology department at the Hospital Lariboisiere in Paris. When Dr. Eaton first told me of his impending adventure, I was obviously skeptical. Yet when he returned and was extremely enthusiastic about the procedure, I was even more skeptical. Knowing his integrity, I went with an open mind and spent quite a bit of time and I was very impressed by the potential, so much so that together we went to Paris to introduce me and enhance his skill set returned and was very interested in the technique. Since that time, two years ago, the technique has evolved into an important tool. Being the second surgeon in the country to learn this, I am constantly seeking very interesting opportunities and I thank Dr. Eaton for that. The results will be presented at the American Society for Surgery of the Hand this year in September.

After appropriate patient selection, basically, under local anesthesia and in the office, using various techniques the cord is released with a 25-gauge needle at various points throughout the course. It is not removed, but stretched making the finger much more functional. The advantage is immediate motion, local anesthesia, minimal recuperation, and in general, excellent patient satisfaction.

The disadvantages will range from limited improvement as well as the usual possible complications of skin, tendon, nerve injury, infection, pain, recurrence and patient disappointment. But fortunately so far, the results have been better than expected.

I have reviewed the criticisms and skepticism as pseudosurgery, complication and recurrence rates and other concerns, which I had myself. But for those of you who have seen these post needle aponeurotomy patients and their satisfaction and as the numbers grow, we will all revisit this procedure. As for the bottom line question of what I would do if I were me, without a doubt for the right patient this is the procedure of choice and I am very happy to discuss this with you.
ANNOUNCEMENTS
continued from page 3
Paul Zidel, MD and Charles Eaton, MD participated in an Instructional Course and presented their work on Dupuytren’s Contracture and Needle Aponeurotomy.

AMERICAN SOCIETY OF HAND THERAPISTS, ASHT
Atlanta, Georgia, September 17 - 19, 2006
The American Society of Hand Therapists held its annual meeting at the Hyatt Regency in Atlanta, GA on September 14-17, 2006.

SOUTH FLORIDA HAND STUDY GROUP
Fort Lauderdale, Florida, September 21, 2006
The South Florida Hand Study Group meets quarterly at the Fort Lauderdale Hand Clinic. This is an opportunity to network and review scientific journal topics relevant to our daily work. All those physicians, therapists and other health professionals interested in participating may email robinniller@handclinic.com.

FLORIDA HAND SOCIETY
Orlando Marriott Airport Hotel • April 20, 21, 2007
The next annual meeting of the Florida Hand Society will be held in Orlando on April 20 and 21, 2007 at the Orlando Marriott Airport. This year's invited Guest Lecturer is David T. W. Chiu, MD. Dr. Chiu has written many articles in peer reviewed journals relative to hand surgery. He is a world expert in pediatric hand surgery, microsurgery, peripheral nerve surgery and plastic surgery. He is the past president of the American Society of Reconstructive Microsurgery and Program Chairman at Columbia-Presbyterian Medical Center in New York. He is also an accomplished artist (painter) and philosopher and his royal Chinese family background makes him an astounding speaker. On Friday, April 20, the meeting will begin with a light buffet luncheon at noon, followed immediately with a series of educational presentations. All of those interested in presenting may contact Cecil Aird, MD at cairdmd@aol.com. Friday’s events will conclude around 5 p.m. followed by cocktails and a gala dinner social event with music provided by our Program Chair. The meeting resumes early Saturday morning with a buffet breakfast and continued educational presentations. It will conclude around noon with a brief business meeting to discuss plans for the following year. Anyone wishing to present or attend may contact either Dr. Aird for presentations, or the administrative office for membership/attendance information.

JOHN A. MCAULIFFE, MD
Dr. McAuliffe is a very good friend to all of us in the hand surgery/rehabilitation world. While on a home improvement sabbatical, he was sorely missed by all of us who have had the pleasure of working with him. We are pleased to be able to announce Dr. McAuliffe’s return. He will resume his practice of Surgery of the Hand, Wrist and Elbow and Peripheral Nerve Surgery, beginning October 1, 2006. His office will be located at 300 S.E. 17th Street, Fort Lauderdale, Florida, 33316. The office phone number is 954-764-2192. Appointments can be made starting in mid-September. We look forward to having him back in the Hand community.
INSIDE Hands-On®
SEPTEMBER 2006

DUPUYTREN’S NEEDLE APONEUROTOMY
by Paul Zidel, MD, MS, FACS

REHABILITATION FOLLOWING NEEDLE APONEUROTOMY
by Chris W. Smethie, OTR/L, CHT, Tami R. Seltman, OTR/L, CHT, and Robin E. Miller, OTR/L, CHT

Fort Lauderdale Hand Clinic
Upper Extremity Rehabilitation
200 West Commercial Boulevard, Suite 101
Fort Lauderdale, Florida 33309-3060
www.handclinic.com

PRESORTED FIRST CLASS MAIL
U.S. POSTAGE PAID
FT. LAUDERDALE, FL
PERMIT # 1

Dr. Zidel received his Bachelor of Science degree from Weber State University in St. Louis and then received a Master of Science degree from Rutgers University as well as his M.D. degree from New Jersey Medical School. He was an intern and resident at Saint Vincent’s Hospital in New York in General Surgery. After a Research Fellowship at the Hospital for Joint Disease, Bioengineering, he then did his Plastic and Reconstructive Surgery residency at Wayne State University in Detroit, Michigan and then a Hand Surgery fellowship at New York University. He then was Assistant Professor in Surgery at Wayne State University, Director of the Hand Surgery Fellowship Program, Division Chief of Plastic and Reconstructive Surgery at Detroit Receiving Hospital, Chief in Plastic and Hand at the Veteran’s Hospital, Director of the Burn Unit as well as the Congenital Hand Clinic at the Children’s Hospital of Michigan. He has authored and coauthored several publications, chapters and research articles. Dr. Zidel is presently in the private practice of Hand Surgery in Fort Lauderdale, Florida.

We all look at the same condition from a slightly different vantage point. That point of view is colored by our experience, our education, our habits and surgical results. We are all aware of Dupuytren's disease, its usual pathophysiology, treatments, results, variations, and possible complications. The vast majority of hand surgeons have performed the standard palmar and digital fasciectomy with minor variations as they have been taught. There are other options including collagenase to, in essence, dissolve a portion of the cord, although it is not commercially available at this time. This newsletter will introduce some of you to percutaneous fasciotomy or Needle Aponeurotomy.

Next meeting of the Florida Hand Society will be held in Orlando on April 20 and 21, 2007 at the Orlando Marriott Airport. This year’s invited Guest Lecturer is David T. W. Chiu, MD. Dr. Chiu has written many articles in peer reviewed journals relative to hand surgery. He is a world expert in pediatric hand surgery, microsurgery, peripheral nerve surgery and plastic surgery. He is the past president of the American Society of Reconstructive Microsurgery and Program Chairman at Columbia-Presbyterian Medical Center in New York. He is also an accomplished artist (painter) and philosopher and his royal Chinese family background makes him an astounding speaker. On Friday, April 20, the meeting will begin with a light lunch at noon, followed immediately with a series of educational presentations. All of those interested in presenting may contact Cecil Aird, MD at cairdmd@aol.com. Friday’s events will conclude around 5 p.m. followed by cocktails and a gala dinner social event with music provided by our Program Chair. The meeting resumes early Saturday morning with a buffet breakfast and continued educational presentations. It will conclude around noon with a brief business meeting to discuss plans for the following year. Anyone wishing to present or attend may contact either Dr. Aird for presentations, or the administrative office for membership/attendance information.

JOHN A. MCAULIFFE, MD

Dr. McAuliffe is a very good friend to all of us in the hand surgery/rehabilitation world. While on a home improvement sabbatical, he was sorely missed by all of us who have had the pleasure of working with him. We are pleased to be able to announce Dr. McAuliffe’s return. He will resume his practice of Surgery of the Hand, Wrist and Elbow and Peripheral Nerve Surgery, beginning October 1, 2006. His office will be located at 900 S.E. 17th Street, Fort Lauderdale, Florida, 33316. The office phone number is 954-764-2192. Appointments can be made starting in mid-September. We look forward to having him back in the Hand community.