On the Meeting resumes early Saturday
The SURGERY OF THE HAND (ASSH) AND AMERICAN Joint Annual Meeting of American Society for
Place Hotel
Boston, Massachusetts, October 23-26, 2008
The Caribbean Crew’s live music donated by Dr. Aird and to the uniquely per
and widespread testimonials of a “great time had by all” thanks to the
plans for the following year. Anyone wishing to present or attend may
It will conclude around noon with a brief business meeting to discuss
and a gala dinner social event with a lively Latin band provided by our
aol.com.
All those interested in presenting may contact

The next annual meeting of the
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The Hand Rehabilitation Foundation is holding its 2008 Philadelphia Meeting in Philadelphia, Pennsylvania on March 15-18, 2008. The surgeons’ meeting “The Elbow-An Unforgiving Joint: New Thoughts on an Old Hinge” will be held at the Loews Philadelphia Hotel and the therapists meeting “Surgery and Rehabilitation of the Hand with Emphasis on the Elbow” will be held at the Sheraton Philadelphia City Center Hotel.

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Orlando, Florida • May 2 - 3, 2008
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Chicago, Illinois • September 18-20, 2008
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JOINT ANNUAL MEETING OF AMERICAN SOCIETY FOR SURGERY OF THE HAND (ASSH) AND AMERICAN SOCIETY OF HAND THERAPISTS (ASHT)
San Francisco, California, September 2-5, 2009
The ASHH and ASHT will be holding their Joint Annual Meeting at the Parc 55 Hotel in San Francisco, California, September 2-5, 2009.

NEW SURGICAL OPTIONS FOR THUMB BASAL JOINT ARTHRITIS
by Alejandro Badia, MD, FACS

The basal joints of the thumb are the second most common location for arthritis in the hand but the most functionally disabling. It has been theorized that the basal joint of the thumb is what most separates us from other simians and its role in tool making distinguishes us from the remainder of the animal kingdom.

Conservative Management
The treatment of symptomatic basal joint arthritis is most often initially palliative. Anti-inflammatories, splinting or even corticosteroid injections simply give pain relief. They do not alter the often inevitable course of progressive pain and even deformity. Therapy does play a role in conservative treatment but in severe cases it can actually aggravate symptoms. A wide variety of splints are available that allow the joint to rest and may minimize the pain but the role of the function of this joint is important for hand function underscores the need for something other than splinting.

Nonsteroidal anti-inflammatories have only a transient effect and are used simply for marginal symptomatic relief. Corticosteroid injections have a more sustained effect but can have long-term detrimental effects on the articular cartilage or joint capsule. Persistent pain demands that something more definitive be instituted for treatment and for this reason, surgery has generally been the mainstay of treatment in symptomatic cases. The problem is that until recently, there have been few surgical options.

Surgical Options
One of the earliest surgical treatments described was complete excision of the trapezium. This was a simple operation first described by Gervis in 1947. It is ironic that we have come full circle regarding surgical treatment since Meals recently described a similar procedure in the literature 50 years later. A more com continued on page 4...
**HANDS UP NEWS**

Kate Murphy’s article “Straight-line approach gives troubled thumb relief” in New York Times, July 24, 2007 brought attention to a common disorder, Dupuytren’s Disease and a less commonly used procedure, Needle Aponeurotomy. We had previously highlighted this procedure in the September 2006 edition of Hands-Up with a covetous article by Dr. Paul Zidek. We have had the honor and pleasure of treating patients referred by Dr. Eaton (mentioned in the New York Times article) and by Dr. Paul Zidek. The post procedure rehabilitation is relatively simple when compared to the more traditional post operative treatment following surgical Dupuytren’s release. Therapy referrals are given to qualified hand therapists and the patients we have had the opportunity to monitor have benefited from the rehabilitation significantly during or after the procedure.

**HAPPY TIP**

Chris W. Smethie, Assistant Clinical Director, OT/OTR/L, CHT

**WHY GO CUSTOM? - Orthoses right out of the box are easy and convenient but do not fit the patient exactly. Most orthoses do not fit into the small, medium, or large categories. So in the other hand, a custom fabricated orthosis is designed, cut and formed directly onto the skin to fit each individual patient. These low temperature thermoplastics allow for an exact fit particularly for those patients who need it remolded easily or adjusted when needed. They are light-weight, come perforated if necessary, are easy to clean and most importantly they do not agitate the skin and do not elicit any reaction. So the answer is - an orthosis that claims to fit everyone usually does not; therefore, a custom fabrication is a good solution for all of your patient’s splinting needs!**
and tendon interposition or suspensionplasty without tendon interposition, postoperative therapy usually is initiated a few weeks after the surgery. The bundle is removed, a light dry dressing is applied and a custom thermoplastic orthosis is fabricated and applied. The orthosis maintains the wrist in neutral and the thenar eminence is positioned to enable light use of the hand. It does not interfere with the interphalangeal joint of the thumb in order that range of motion (ROM) exercises can be performed at this joint. Some surgeons prefer to apply a short arm cast for immobilization instead of a removable orthotic. At six weeks the cast is removed and a removable orthosis is prescribed. Elevation is initiated. The patient is cautioned not to push the thumb out of the palmar abduction position so that stability is maintained. Generally, the range of motion (ROM) exercises are increased. Gentle ROM exercises are performed at all joints of the hand, wrist and fingers. The orthosis is removed intermittently to allow for range of motion exercises. Recurrences of pain may cause some dissatisfaction but the majority of patients are happy with the results.

HANDS UP NEWS

Kate Murphy’s article “Straighten- ening Bent Fingers, No Surgery Required,” New York Times, July 24, 2007 brought attention to a common disorder, Dupuytren’s Disease and a less commonly used procedure, Needle Arthroplasty. It is a simple procedure that highlights this procedure for treating painful basal joint arthritis. On September 2006 edition of Hands Up with a covet article by Dr. Paul Zidell. We have had the honor and pleasure of treating patients referred by Dr. Charles Eaton (mentioned in the only option.

Total Joint Arthroplasty

For all of these reasons, a variety of different surgical approaches have been suggested to manage this common problem. Like in so many activities, in this case too, different procedures are available and are a good alternative in those who have failed other procedures. Reconstructive surgery is relatively simple when compared to the more traditional postoperative treatment following surgical decompression. The postoperative rehabilitation is relatively simple when compared to the more traditional postoperative treatment following surgical decompression, especially in those situations where the patient is unable to tolerate postoperative pain. Reconstructive surgery is relatively simple when compared to the more traditional postoperative treatment following surgical decompression, especially in those situations where the patient is unable to tolerate postoperative pain.

Summary

As the population ages and continues to be more active, it will be necessary to provide different options for the many patients with painful basal joint or arthritis in the hand. Newer technologies such as small joint arthroscopy or advances in biomaterials will lead to greater treatment options at this small but critical joint. Resection arthroplasty, however, there is no longer needed to perform a different procedure for a painful basal joint arthritis. With the use of smaller implants, the surgery is less invasive and less painful. However, the patient may be more beneficial in the early stages of basal joint arthritis. This relative method combines several prototype procedures described encompassing the offset of the trapezium bone and stabilization of the metacarpal base using a strip of the flexor carpi radialis tendon in order to stabilize the newly formed joint. While reports in the literature are generally favorable in terms of the outcome, there are several problems that remain with this procedure. One is the recovery process is relatively long and can be painful. However, the main problem lies in the fact that there are little salvage options if painful symptoms persist. The reason lies in the fact that the trapezium has been completely excised. Once the bone, the base of the thumb, is removed, there are few ways to reconstruct the thumb. Similar problems are faced in the trunk, adjacent joints, which may occur as well, and the thumb cannot be treated as a whole. Reversing a fusion is a formidable task and any replacement may be the only option.

Joint Arthritis

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Hand In Hand Human Rights
A First Person Perspective

Frayed hands because of "wear and tear" arthritis at the base of the thumb? Conservative treatment often provides little relief to many patients. Hand therapy is prescribed for less severe cases of osteoarthritis or for those fearful of surgery who have had surgery for this problem. Postoperative protocols differ from those for other procedures that support a custom with a thermal plastic insert. The nontherapeutic material provides warmth that soothes the inflamed joint and the thermoplastic material provides support that enables use of the thumb for activities that require a tight pinch. Parallel care can provide heat and is modalities that may be used. When followed by soft tissue massage and gentle ROM exercises and stretching exercises, many feel they can make a better grip. The surgeon is addressed by the hand therapist who listens and understands. There is a significant difference in the way this problem and offers concrete suggestions of what can be done. Adaptive aids and ergonomic tools play a significant role in the treatment of thumb CMC arthritis. Stress needs to be decreased at the base of the thumb by minimizing strenuous pinch activities. Patents are generally prescribed for splinting this small but critical joint. Resection of the trapezium even when the base of the thumb is removed, there are few long-term solutions to reconstruct the thumb. Similar problems are faced, thus the adjacent joints, which are generally not reconstructed in this fashion, may also become symptomatic. Reversing a fusion is a formidable task, and a tendon replacement may be the only option.

Total Joint Arthroplasty
For all of these reasons, a variety of different surgical approaches have been suggested to manage this common problem. Like in so many aspects of medicine, the broad range of options available to hand therapists and the patients we have had the opportunity to meet in this journey have increased this variety during or after the procedure.

In Good Hands
The Fort Lauderdale Hand Clinic announces its participation with Focus On Therapeutic Outcomes (FOTO), a nationwide outcomes database for medical rehabilitation outcome research. The Fort Lauderdale Hand Clinic will regularly submit standard data to FOTO, and every quarter will provide a comparative report on the effectiveness and efficiency of the treatment. Abu Ali, FOTO’s President says, “The Fort Lauderdale Hand Clinic demonstrates its commitment to quality care by agreeing to compare their performance data to the other progressive organizations that have joined FOTO.”

Case at Hand - From the Therapist's Perspective

Joint Arthritis
continued from page 2

Flexion of this procedure has been described as the LRTI (ligament reconstruction tendon interposition). This has been and remains the most commonly used surgical procedure for the first stages of basal joint osteoarthritis. This relatively complex operation combines several procedures described procedures encompassing trapeziectomy, ligament reconstruction, and stabilization of the metacarpal base using a strip of the flexor carpi radialis tendon in order to stabilize the newly formed joint. While reports in the literature are generally favorable in terms of outcome, there are several problems that remain with this technique. There are long-term problems by the patient until several months following surgery. The pain in the initial months may cause some discouragement but the majority of patients are happy with the results.

Hands up News
Kate Murphy’s article “Straightening an ‘Oscillating’ Finger” Required, New York Times, July 24, 2007 brought attention to a common disorder, Dupuytren’s Disease and a less commonly used procedure, Needle Aponeurotomy. We had previously highlighted this procedure in the September 2006 edition of Hands Up with a co-author article by Dr. Paul Zidel. We have had the honor and pleasure of treating patients referred by Dr. Eaton (mentioned in the New York Times article) and by Dr. Paul Zidel. The post procedure rehabilitation is relatively simple when compared to the more traditional postoperative treatment following surgical Dupuytren’s release. Therapy referrals are generally provided by certified hand therapists and the patients we have had the opportunity to meet in this journey have increased this variety during or after the procedure.

Summary
As the population ages and continues to be more active, it will be necessary to provide different options for successful osteoarthritic basal joint of the thumb. Newer technologies such as small joint arthroscopy or advances in biomaterials will lead to greater treatment options at this small but critical joint. Resection arthroplasty, however, there is no true functional replacement at this small or critical joint. Resection arthroplasty, however, there is no true functional replacement at this small or critical joint. Resection arthroplasty, however, there is no true functional replacement at this small or critical joint.
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AMERICAN SOCIETY OF HAND THERAPISTS (ASHT) Long Beach, California • April 10 - 13, 2008 The American Occupation Therapy Association, Inc. (AOTA) will be holding its 88th Annual Imagine the Possibilities Conference & Expo in Long Beach, California on April 10-13, 2008.


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NEW SURGICAL OPTIONS FOR THUMB BASAL JOINT ARTHRITIS by Alejandro Badia, MD, FACS

osteoarthritis of the basal joint of the thumb is the second most common location for arthritis in the hand but the most functionally disabling. It has been theorized that the basal joint of the thumb is what most separates us from other simians and its role in tool making distinguishes us from the remainder of the animal kingdom.

Conservative Management

The treatment of symptomatic basal joint arthritis is most often initially palliative. Anti-inflammatory, splinting or even corticosteroid injections simply give pain relief. They do not alter the often inevitable course of progressive pain and even deformity. Therapy does play a role in conservative treatment but in severe cases it can actually aggravate symptoms. A wide variety of splints are available that allow the joint to rest and may minimize the pain. The importance of this joint is important for hand function underscores the need for something other than splinting. Nonsteroidal anti-inflammatory medications have only a transient effect and are used simply for marginal symptomatic relief. Corticosteroid injections have a more sustained effect but can have long-term detrimental effects on the articular cartilage or joint capsule. Persistent pain demands that something more definitive is instituted for treatment and for this reason, surgery has generally been the mainstay of treatment in symptomatic cases. The problem is that until recently, there have been few surgical options.

Surgical Options

One of the earliest surgical treatments described was complete excision of the trapezius. This was a simple operation first described by Gervis in 1947. It is ironic that we have come full circle regarding surgical treatment since Meals recently described a similar procedure in the literature 50 years later. A more common...
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HANDBALL REHABILITATION FOUNDATION
Philadelphia, Pennsylvania • March 15 - 18, 2008
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by Alejandro Badia, MD, FACS
Deformities of the basal joint of the thumb are the second most common location for arthritis in the hand but the most functionally disabling. It has been theorized that the basal joint of the thumb is what most separates us from other species and its role in tool making distinguishes us from the remainder of the animal kingdom.

Conservative Management
The treatment of symptomatic basal joint arthritis is most often initially palliative. Anti-inflammatories, splinting or even corticosteroid injections simply give pain relief. They do not alter the often inevitable course of progressive pain and even deformity. Therapy does play a role in conservative treatment but in severe cases it can actually aggravate symptoms. A wide variety of splints are available that allow the joint to rest and may minimize the problem. The most important role of this joint is important for hand function underscores the need for something other than splinting.

Nonsteroidal anti-inflammatory drugs may only relieve pain but are used primarily for marginal symptomatic relief. Corticosteroid injections have a more sustained effect but can have long-term detrimental effects on the articular cartilage or joint capsule. Persistent pain demands that something more definitive be instituted for treatment and for this reason, surgery has generally been the mainstay of treatment in symptomatic cases. The problem is that until recently, there have been few surgical options.

Surgical Options
One of the earliest surgical treatments described was complete excision of the trapezium. This was a simple operation first described by Gervis in 1947. It is ironic that we have come full circle regarding surgical treatment since Meals recently described a similar procedure in the literature 50 years later. A more common treatment approach is to remove the trapezium and replace it with a bone graft from the trapezoid, first described by Glickel in 1973. This procedure is called a trapeziectomy and bone graft.

Alejandro Badia, MD, FACS
Hand & Upper Extremity Surgeon
Badia Hand to Shoulder Center
Chair of Hand Surgery, Baptist Hospital
A Miami Hand and Shoulder Center
He is chief of hand surgery at Baptist Hospital in Miami and is on the editorial board of two hand journals, and organizes a yearly Miami meeting for surgeons/therapists that is devoted to upper limb orthopasty and arthroplasty. He is also a co-founder of DaVinci Center, the world's largest cadaver surgical training facility, located in Coral Gables, Florida and is currently building Badia Hand to Shoulder Center, a fully integrated clinical facility for the upper limb.

Continued on page 4

About the Contributor
Alejandro Badia, MD, FACS
Hand & Upper Extremity Surgeon
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Chair of Hand Surgery, Baptist Hospital
Alejandro Badia, MD, FACS is a hand and upper extremity surgeon and co-founder of the Miami Hand Center. He is chief of hand surgery at Baptist Hospital in Miami and is on the editorial board of two hand journals, and organizes a yearly Miami meeting for surgeons/therapists that is devoted to upper limb orthopasty and arthroplasty. He is also a co-founder of DaVinci Center, the world’s largest cadaver surgical training facility, located in Coral Gables, Florida and is currently building Badia Hand to Shoulder Center, a fully integrated clinical facility for the upper limb.