

R.E.A.C.H.

Brought to you by:



Research, Education, Achievement and Clinicians in Hand and Upper limb therapy around the world.

The IFSHT is excited to introduce the new quarterly newsletter namely REACH.

This new publication aims to collate Research, Education, Achievements and Clinician in Hand and upper limb therapy around the world.



INTRODUCTION

IFSHT President, Nicola Goldsmith

It is with delight that IFSHT presents our first edition of R.E.A.C.H. This is the new quarterly newsletter we will be putting together for all hand therapists and friends in our member countries.

IFSHT represents over 10,000 hand therapists in over 50 countries, and we are delighted to bring news and information across a global platform. In this first edition, I would like to especially thank Susan De Klerk, IFSHT Information Officer (from South Africa) and her amazing Publication Committee, Daniel Harte (Ireland), Toni Rippey (New Zealand), Mia Erickson

(USA) and Tsitsi Morove (Zimbabwe) who have all worked so hard to bring our new newsletter to life. We would like to have a logo for R.E.A.C.H and therefore we welcome submissions of ideas (see page 2 for more details). Therapists are wonderfully creative. Who can combine the IFSHT logo and this new concept together?

Each edition of R.E.A.C.H. will be packed with information about education, activity, clinical pearls, research and exciting initiatives around the world. We look forward to hearing from you with contributions.

This past year has been extraordinary for all of us - turning our worlds into dystopian, unrecognisable places and fraught with challenge, fear and loss.

Hearing your stories in the early days of the pandemic really brought us, the global hand therapy community, together. Let's hope that the launch of something new heralds a new beginning for all of us and that 2021 is a better year. Sending you all warm wishes.



NICOLA GOLDSMITH, (PRESIDENT, IFSHT)

☆ COMPETITION ☆

Closing date: 1st August 2021

Design our new REACH logo!

With the new newsletter we introduce a competition for our members to come up with a logo for REACH.

Entries can be emailed to president@ifsh.org by 1st August 2021.

The winner will be announced in Volume 1 Number 3. Good luck!



RESEARCH

Free to Access Research Articles at Your Fingertips

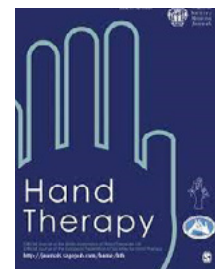
Free Access to a Hand Therapy Journal Article for a Month Every Month

Hand Therapy is a quarterly leading, peer-reviewed journal that is dedicated to the publication of review articles, research articles, audits and case reports covering all aspects of hand rehabilitation and its related fields. *Hand Therapy* is an essential journal for anyone working in orthopaedics, plastic surgery, rheumatology and rehabilitation with a specific focus on the upper extremity. Sage Journals gives free access to a new article for a month every month as part of an initiative which the clinical evidence committee of BAHT organises.

On Twitter follow the handle [#HandTherapyJ](https://twitter.com/HandTherapyJ) for the latest news and updates from the journal from SAGE and the British Association of Hand Therapists [@BAHTHandTherapy](https://twitter.com/BAHTHandTherapy) and look out for the link to each free article!

The Journal of Hand Surgery Global Online (JHS GO) is an open access quarterly journal that is a clinically-oriented, peer-reviewed, international forum for the latest techniques and advances in hand and upper extremity surgery. JHS GO is an open access partner of *The Journal of Hand Surgery*. It is published by Elsevier and free content can be accessed here:

<https://www.journals.elsevier.com/journal-of-hand-surgery-global-online>



NEW AND NOTEWORTHY

Topic: Complex Regional Pain Syndrome

Kotsougiani-Fischer D, Choi JS, Oh-Fischer JS, et al. ICF-based multidisciplinary rehabilitation program for complex regional pain syndrome of the hand: efficacy, long-term outcomes, and impact of therapy duration. BMC Surg. 2020;20(1). doi: [10.1186/s12893-020-00982-7](https://doi.org/10.1186/s12893-020-00982-7)

The purpose of the study was to examine the effectiveness of an inpatient multi-disciplinary treatment program for individuals with complex regional pain syndrome (CRPS) that was based on the International Classification of Functioning, Disability, and Health (ICF). The authors also examined the relationships between improvement in function and pain with duration of therapy. Data from 89 individuals with CRPS were included in the study. Data taken at admission, discharge, and outpatient follow-up visits were collected from retrospective chart reviews. The authors described functional data as range of motion and strength. Pain was assessed using a visual analog scale. Patients were also grouped according to the duration of their therapy (< 3 weeks, 3-6 weeks, 6-9 weeks, >9 weeks).

The multidisciplinary team included physical and occupational therapists, psychologists, neurologists, nuclear medicine, physicians specializing in pain therapy and hand surgeons. Rehabilitation focused on range of motion, strength, proprioception,

desensitization, mirror therapy and massage. Psychological intervention focused on relaxation and cognitive behavioral therapy. ICF-based goal setting was done on a weekly basis.

Results showed significant improvements in range of motion, strength, and pain intensity at discharge from the inpatient rehabilitation program ($P < 0.0001$) but no difference between discharge and follow-up ($P > 0.511$). Range of motion showed a statistically significant correlation ($r = -0.24$ – -0.40 ; $P < 0.02$) with rehabilitation duration; however, there were no significant correlations between strength or pain and rehabilitation duration. The authors concluded the program was effective in improving range of motion, strength, and pain in individuals with CRPS and improvements remained stable between the discharge and follow-up examinations. Limitations included its retrospective nature, inclusion of only injured workers, and the number of patients who participated in the follow-up evaluation (54%).



Take a look at these recent publications on complex regional pain syndrome.

1. Vescio A, Testa G, Culmone A, et al. Treatment of complex regional pain syndrome in children and adolescents: a structured literature scoping review. *Child (Basel, Switzerland)*. 2020;7(11):245. doi: [10.3390/children7110245](https://doi.org/10.3390/children7110245)
2. Duong HP, Konzelmann M, Vuistiner P, et al. Psychiatric comorbidity and complex regional pain syndrome through the lens of the biopsychosocial model: a comparative study. *J Pain Res*. 2020;13:3235–3245. doi: [10.2147/JPR.S278614](https://doi.org/10.2147/JPR.S278614)
3. Alkali N, Al-Tahan A, Al-Majed M, Al-Tahan H. Complex regional pain syndrome: a case report and review of the literature. *Ann Afr Med*. 2020;19(1):68–70. doi: [10.4103/aam.aam_23_19](https://doi.org/10.4103/aam.aam_23_19)
4. Halicka M, Vittersø AD, Proulx MJ, Bultitude JH. Neuropsychological changes in complex regional pain syndrome (CRPS). *Behav Neurol*. 2020;2020. doi: [10.1155/2020/4561831](https://doi.org/10.1155/2020/4561831)
5. Baygutalp F, Kul A. Effect of Early Orthopedic rehabilitation on development of complex regional pain syndrome type 1. *Eurasian J Med*. 2020;52(2):110–114. doi: [10.5152/eurasianjmed.2020.19231](https://doi.org/10.5152/eurasianjmed.2020.19231)



Research in Action – Levels of Evidence

Mia Erickson – PT, Ed.D., CHT. Assistant Director and Professor, Physical Therapy Program, Glendale, Arizona

Evidence-based medicine (EBM) has been defined as the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients/clients¹. Steps in EBM are widely known and include formulating a clinical question around a knowledge gap, accessing and appraising available evidence, integrating research findings with clinical experience and the patient’s unique values and circumstances, and evaluating the result. Evidence-based rehabilitation (EBR) follows a similar process and Law and MacDermid² have described key skills in using EBR. These skills include:

1. awareness of new evidence,
2. consultation, or the ability to communicate research findings with patients or clients,
3. judgement to differentiate how evidence should be applied, and
4. creativity of application of evidence in the light of uncertainty or in situations that are not straightforward.

There are a number of challenges associated with EBR. While there are hierarchies of evidence that categorize research into different levels of quality (lowest being level 5 and the best being level 1. [Table]), classifying evidence into a level can be difficult. Also, it can be difficult to identify bias, or threats to validity, and there is no single “gold standard” tool for critical appraisal, although many have been published in the literature. There may be study limitations which limit the generalizability to certain patient groups or individuals. Clinicians also raise concerns over use of EBR in that it minimizes their experience and doesn’t apply to individual patients. Furthermore, the process of searching for studies and critical appraisal is time consuming.

Regardless of challenges, EBR can provide a model for clinicians for professional development.

One must understand that there is a “fine balance between clinical expertise and external clinical evidence.”^{2,p9}

Additionally, EBR must integrate the patient’s unique circumstances which requires the clinician to weigh benefits and risks of integrating the evidence, adding to the “art” of what we do as clinicians. Pre-appraised evidence, such as meta-analyses, reviews, and clinical practice guidelines, that have been developed by experts in the field can be time savers for clinicians.

With this column, in forthcoming issues, we hope to provide readers with resources for EBR and explore some research concepts.

REFERENCES:

1. Sackett DL, Rosenberg WM, Gray JA, Haynes RB, Richardson WS. Evidence-based medicine: what it is and what it isn't. *Brit Med J.* 312(7023):71-72.
2. Law M, MacDermid JC. Introduction to evidence-based practice. In: Law M, MacDermid JC, eds. *Evidence-Based Rehabilitation: A Guide to Practice.* Slack, Inc. Thorofare, NJ; 2014:1-14.

Table: Levels of evidence for classifying studies related to interventions

| | |
|---------|---|
| Level 1 | Systematic reviews (with or without meta-analyses) of randomized controlled trials Clinical practice guidelines based on systematic reviews and/or randomized controlled trials High-quality, individual randomized controlled trials |
| Level 2 | Systematic reviews of quasi-experimental studies or lesser quality randomized controlled trials Quasi-experimental studies Lesser quality randomized controlled trials Cohort studies |
| Level 3 | Case-control studies Retrospective studies |
| Level 4 | Case series |
| Level 5 | Expert opinion |



Useful links to other sources related to Levels of Evidence:

- [Essential Evidence Plus: Levels of Evidence](#)
- [Centre for Evidence-Based Medicine Levels of Evidence](#)

Ezine

IFSSH publishes a superb quarterly newsletter, Ezine, and IFSSH provides one article to be included each time. In this section we will describe one of the articles and provide Multiple Choice Questions for your professional portfolio.

iSarah Programme

A free online training resource to deliver an evidence-based hand exercise programme for people with rheumatoid arthritis.

February 2021

<https://www.ifssh.info/pdf/issue-41-february-2021.pdf>

Led by Professor Sarah E Lamb and Dr Esther Williamson at the Centre for Rehabilitation Research, University of Oxford, the iSarah programme is an online training resource to provide users with the necessary knowledge and skills to deliver a stretching and strengthening programme to those with rheumatoid arthritis. SARAH stands for Strengthening and Stretching for Rheumatoid Arthritis of the Hand and was part of a large multi-centre randomised clinical trial that was published in 2015. The SARAH programme focussed on the implementation of 11 exercises and behavioural strategies to assist in the management of Rheumatoid Arthritis. This programme was found to improve hand function, was cost effective and safe to deliver.

The development of an online training programme (iSarah) aimed to promote cost effectiveness in time, travel and geographical barriers. It has allowed the programme to train therapists to deliver the SARAH programme in everyday practice and has recently widened its reach to train therapists globally. This has allowed evidence-based education to be freely accessed to promote hand function for people with rheumatoid arthritis for those involved in the management and rehabilitation of Rheumatoid Arthritis of the Hand.

This training can be accessed via:
<https://isarah.octru.ox.ac.uk>



Multiple Choice Questions:

1. What does the 'S' in SARAH stand for?

- a. Strengthening
- b. Stabilisation
- c. Stretching
- d. A and C.

2. When was iSarah launched?

- a. January 2020
- b. May 2018
- c. March 2019
- d. April 2017

3. How many exercises and behavioural strategies does SARAH include?

- a. 7
- b. 9
- c. 11
- d. 15

4. The SARAH programme materials have been translated into the following languages:

- a. Japanese
- b. Tamil
- c. Turkish
- d. All of the above.

5. Following feedback approximately how many of therapists in the National Health Service were prescribing the SARAH programme to their patients?

- a. 2/3
- b. ½
- c. All
- d. ¼

6. How many countries have registered users of the iSARAH?

- a. 90
- b. 64
- c. 38
- d. 59

7. How long does the iSarah training take to complete?

- a. 2-3 hours
- b. 1 day
- c. 5 hours
- d. 1 hour

8. The findings from the 2015 SARAH programme led to an update of the National Institute for Clinical Excellence, UK guidelines for the management of Rheumatoid Arthritis.

True
False

9. The iSarah training programme includes ____ brief modules.

- a. 4
- b. 5
- c. 6
- d. 7

10. Is the iSarah programme now freely available to all health care professionals and students throughout the world?

Yes
No

Answers on page 11

Hand Therapy Events around the World



EUROPEAN FEDERATION OF SOCIETIES FOR HAND THERAPY

📅 January 2021

The European Federation of Societies for Hand Therapy proudly launched their new logo in January 2021!



EUROPEAN FEDERATION OF SOCIETIES FOR HAND THERAPY

📅 16-19 June 2021

FESSH/EFSHT will hold their Congress from 16th to the 19th June 2021. Due to COVID-19, the event will be online. The theme of the Congress will be on the management of complication in common hand and wrist surgery. The organizers have put tremendous effort into creating the best online program which has been carefully selected to provide participants with the best educational opportunity. Visit: <https://fessh2021.com> for more details.



📅 7-10 October 2021

The American Society of Hand Therapists will hold their 44th Annual Meeting from the 7th October to the 10th October 2021 in St. Louis. ASHT will continue to evaluate and monitor conditions to hold an in-person meeting with the health and safety of attendees, vendors and staff at the forefront of planning. Regardless of the final organization of the Annual Meeting, ASHT wants to assure attendees they are planning to have the full set of continuing education hours associated with a traditional conference. For more information, please visit: <https://www.asht.org/education/asht-annual-meeting>



📅 6-10 June 2022

June 2022 will see the 12th IFSHT and IFSSH Triennial Congress hosted in London. This event will be held from the 6th to the 10th June and will be a combined meeting with FESSH, hosted by the British Hand Surgery and Hand Therapy Societies. Visit the website for more details: <https://www.ifssh-ifsh2022.co.uk>

Hand Therapy Education in Covid times

2020 has seen the emergence and development of many online platforms to further access educational opportunities and learning in this Covid and post Covid environment. Many organisations have embraced these platforms and have provided such a high calibre of information and learning in such a short space of time. What an awesome opportunity to learn about some of the world-wide opportunities that exist for therapists worldwide, as well as the learning and growth of organisations and individuals as they stepped into this growing arena.

IN EACH ISSUE OF REACH WE WILL HIGHLIGHT DIFFERENT ORGANISATIONS AND PRACTICES THAT HAVE EMBRACED THIS 'NEW WORLD' AND SHARE WITH YOU PARTS OF THEIR JOURNEYS.



HandSpark was formed by two hand therapists in Darwin, Australia to help ignite therapists' burgeoning passion for Hand Therapy. While both keeping up a busy clinical load in their own practice, both Ngaire Turnbull and Beth Taylor share a common desire to guide therapists new to the field of hand therapy and help those further along in their journeys to dive deep into the intricacies of hand therapy. Together, they bring their skills, experience and authenticity together to form a dynamic team aiming to provide training that's real, practical and accessible. They have both also been the beneficiaries of the wisdom of wonderful, inspiring hand therapists in their own careers.

HandSpark initially had face to face courses but, now into their 6th year the handSPARK programs are expanding significantly. They have primarily been online, which has now become a necessity since COVID. In August 2020 HandSpark ran an Online Summit. Completely online, virtual and at no cost to the attendee. They had high calibre speakers and gave access to all for short period but allowed flexibility in when you could watch each of the presentations.

Beth and Ngaire took the time to answer some questions in regards to HandSpark, Covid, Hand Summit and their learning in 2020.

What was the rationale behind the Online Summit?

This idea was already in the pipeline, but the timing was brought forward as so many conferences were being cancelled due to COVID. The motivation was to give back to the larger hand therapy community in a meaningful and easily accessible way.

The online summit did take some organising but we had been planning for a number of months beforehand. Communication was all personal and we were so encouraged by the very positive responses from the speakers.

What did you learn in the process?

Being organised and having contingencies in place are a necessary part of doing something like an online summit. We've both learned so much about the technical aspects, as well as improved our interviewing style. We were pleased to keep the more informal approach that is authentically us in the sessions and loved having the follow up Facebook live sessions each day. The interaction and feedback during and after the Summit has been quite humbling and very rewarding for us. Of course, we also learned so much from each of the speakers. They all made us think differently about their topics, encouraging us to look critically at what we are doing or giving us a new perspective.

What has the feedback post Hand Summit been like?

The feedback post the Summit has been very encouraging. Nothing negative, but we have some ideas

already to make our next Summit a better user experience. We realise we need to communicate very clearly and provide information in more than one place - website, e-mail, Facebook.

We very much think the event was worthwhile - for everyone. For us, for participants and for presenters. They were amazingly generous and patient. The 2021 Hand Therapy Summit will be run online again.

Beth and Ngaire are very generous with their communication and time. Should you ever want to contact them, explore any learning opportunities or peruse their website, they can be reached via their website at www.handspark.com

Clinical Pearls

In this section we will feature a few clinical pearls which should be applicable to most hand therapists.

We welcome your ideas.



I use this exercise for stability and control of the thumb, to encourage opposition and activity in the first dorsal interosseus. Take a table tennis ball and write numbers on it randomly. Ask the patient to move their thumb up the numbers sequentially.

Sarah Ewald, Clinical Specialist Hand Therapist, Zurich, Switzerland.



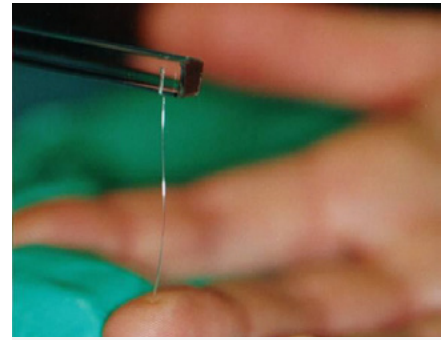
Use a thermoplastic buddy for stable digital or metacarpal fractures or as a step down from controlled mobilisation splinting. Use a thin thermoplastic and ensure skin creases are clear for full flexion. Allow position of slight abduction in finger extension and comfortable full fist.

Sarah Mee, Consultant Hand Therapist, Chelsea and Westminster Hospital, London, UK



Email us

Please send a picture and a short description to secretarygeneral@ifsht.org



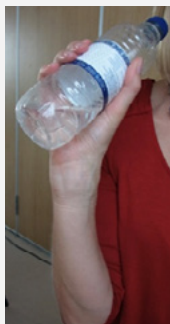
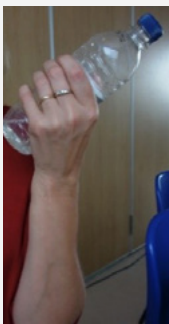
If you have a monofilament which has bent, place filament in hydrocollator for a few seconds to "unbend".

Paige E Kurtz, MS, OTR/L, CHT
Jeff Cowdry, OTR/L, CHT, USA



To make ice for massage at home, take a styrofoam cup, almost fill with water and place in freezer. Use a box cutter / Stanley knife to carefully cut away the base and top.

Paige E Kurtz, MS, OTR/L, CHT
Jeff Cowdry, OTR/L, CHT, USA



To maximise the action of pronator quadratus and thereby improve distal radioulnar joint stability, do active pronation and supination with the elbow fully flexed. This reduces the action of pronator teres and other elbow muscles. Hold a water bottle to add proprioception to improve sensorimotor feedback in unstable wrists.

Sarah Mee, Consultant Hand Therapist, Chelsea and Westminster Hospital, London, UK



Lifetime Achievement Awards: Part One

IFSHT celebrated the careers of a number of Hand Therapists at the 2019 IFSHT Congress. Each of them was presented with the prestigious IFSHT Lifetime Achievement Award for their outstanding contribution to Hand Therapy. This award was created to recognise any person, alive or posthumous, who has made an outstanding contribution to hand therapy internationally. The enormous contribution of the award winner will influence generations of Hand Therapists to come and benefit countless patients into the future. The IFSHT Membership, therefore, expresses its sincere appreciation and gratitude to our pioneers for enriching our passion, Hand Therapy.

The next round of awards will be presented at the IFSHT Triennial Congress in London in 2022 (<https://ifsht.org/congress/12th-ifsht-congress-2022-london>). Nominations for the Lifetime Achievement Award will be accepted from IFSHT Full Member Hand Therapy Societies and will close on the 31st December 2021. Get thinking who you would like to nominate.

In this first issue we profile two of those therapists who, as you will see, have trail blazed and left an enduring mark on the specialism. For full profiles, please see the IFSHT website under "Lifetime Achievement Award".

Find out about our other recipients in future issues.

Shrikant Chinchalkar

SHRIKANT CHINCHALKAR is an occupational therapist and hand therapist from Ontario, Canada who has over 45 years' experience in hand therapy.



Shrikant also has over 35 years of teaching experience, having designed and developed hand and upper extremity programs at four major teaching centres in Canada and in two renowned medical centres in India. He has made over 300 presentations relating to the upper extremity at national and international conferences, workshops and symposiums.

Shrikant has authored six book chapters. Examples of which are in well-known textbooks such as: The Fundamentals of Hand Therapy and Splinting the Hand and Upper Extremity. He has published 39 articles in peer-reviewed journals.

He has been awarded with the following: "Excellence in Professional Practice" (Sisters of St. Joseph's Health Care), "Lifetime Membership Award" (Canadian Society of Hand Therapists), "Best Educator" (Western University), "Award for Leadership in Occupational Therapy" (Canadian Association of Occupational Therapists), "Outstanding Alumnae" (Nagpur University), and "Paul Brand Award of Excellence in Hand Therapy" (American Society of Hand Therapists). In 2017, the Hand Therapy Fellowship program at Roth-McFarlane Hand Upper Limb Centre in Canada was renamed "The Chinchalkar Hand Therapy Fellowship".

Judy Colditz

JUDY COLDITZ is an occupational therapist and certified hand therapist from North Carolina in the USA. She is a Past President of both the American Society of Hand Therapists and the International Federation of Societies for Hand Therapy.



Lifetime Achievement Awards: Part One (continued)

Judy has been the recipient of many significant awards. These include the Dorothy B. Kaufmann Lectureship Award from the Hand Rehabilitation Foundation (2006), Senior Professor at Rehabilitation of the Hand meeting in Philadelphia (2001), the ASHT Natalie Barr Lectureship Award (1999) and she is also a Fellow of the American Occupational Therapy Association (1996). She is an honorary member of the Hand Societies in Argentina, New Zealand, France and Venezuela.

In 1996, she established the company HandLab which offered online video courses and DVD/CD independent learning modules. Judy was also co-author of the CD-ROM: The Interactive Hand – Therapist's Edition. She was a frequent contributor at the ASHT Annual Meetings and also provided

clinical consultancy work across the world.

Judy has published prolifically throughout her career including professional papers, peer-reviewed publications (including articles in the Journal of Hand Therapy and chapters in Rehabilitation of the Hand), over 90 invited professional presentations, holding several patents pertinent to hand therapy and she has delivered over 100 workshops and symposia.

Judy is semi-retired but continues to support the advancement of hand therapy knowledge and skills. Her online video courses are now available free of charge to hand therapists worldwide at BraceLab.com. You may still see her at a selected number of national and international meetings.

Mentoring Project 2020

In 2019, the executive committee of IFSHT started a project to understand the member societies better in order to develop a mentoring project. The mission of IFSHT is "to provide global networking and educational opportunities to develop and enhance the practice of hand therapy". At the core is the desire to encourage each country to grow the recognition and organization of hand therapy as a group of occupational therapists and physiotherapists with an enhanced set of skills and knowledge.

Initially, IFSHT sent a survey to all Full Member Countries to ask about their Society and gather knowledge of each one's strengths. IFSHT received responses from 32 Full Member countries. Next, a similar survey was sent to all Associate and Corresponding Member Countries to understand how they wanted to

progress the development of hand therapy in their country and to see if there was any way IFSHT could support them. Responses from 21 countries were received.

Upon review of the responses and needs, a pairing of Full Member to Associate/Corresponding Member countries was done. Guidelines for the mentoring project were sent out with a request that progress be shared back with IFSHT over the 2021-2022 period.

Each mentee country was assigned two mentor countries. The matching was done by looking at the strengths of the Full Member countries offering mentoring and the Corresponding and Associate Member countries with aspirations to grow and develop.

The guidelines were kept open to allow for maximum flexibility and personalisation of the project but

some general guidance was provided on what needs to be considered by both parties regarding their relationship, their commitment and the fundamental tasks for the project to be effective.

IFSHT wishes to thank all the participating countries in advance. This is an amazing opportunity for development of hand therapy around the world and how each country representative can make such a huge difference.

It is hoped that many of these alliances will be ready to share their stories at the 2022 IFSSH-IFSHT Triennial in London.

For more information, please feel welcome to contact the IFSHT executive at any time via secretarygeneral@ifsht.org

Spotlight on IFSHT Member Society: Japan

The Japan Hand Therapy Society (JHTS) was established in 1988. The Society holds an annual meeting in cooperation with the Japanese Society for Surgery of the Hand. The 31st annual meeting of JHTS was held in Sapporo on 19–20 April 2019 and the participants included 530 therapists and hand surgeons. The 32nd annual meeting was held online from June 28th to August 10th 2020 due to the effects of the new Coronavirus infection (COVID-19). The participants included about 400 therapists and hand surgeons. In this online meeting, nineteen new executive members were chosen, and Dr. Mineo Oyama was elected as the President again. Dr. Hiroshi Yajima is the Executive Adviser (Ex Japanese Society for Surgery of the Hand President), and Ms. Mikayo Omori and Mr. Akio Okano are Vice Presidents, Ms. Kaoru Abe is the Treasurer and Mr. Koji Horaiya is the Secretary General.

Furthermore, we are planning to hold 33rd annual meeting of the JHTS (using a hybrid approach) in Nagasaki on the 24–25th of April 2021. Also, we are planning a foreign invitation lecture by Ms. Sarah G. Ewald (Ex IFSHT President, Switzerland).



The 31th annual meeting of JHTS held in Sapporo on 19–20 April 2019.

We welcome many therapists from the foreign countries.

JHTS has 742 members and we have a system of certified hand therapists in Japan. There are currently 50 certified hand therapists in Japan. It takes about 10 years to obtain the certification after taking lecture training, clinical training, and examinations.

Renewal of certification is required every 5 years. All lecture-based training was canceled last year due to COVID-19, but this year we plan to hold them primarily online in Japanese.

Answers to questions on page 5: 1. D 2. D 3. C 4. D 5. A 6. B 7. A 8. True 9. A 10. Yes



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