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VOLUME 1 , No. 2 - **SEPTEMBER 2021**

R.E.A.C.H.

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

THE IFSHT IS EXCITED TO PRESENT EDITION TWO OF THE NEW QUARTERLY NEWSLETTER, REACH.

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

LETTER FROM THE PRESIDENT

Nicola Goldsmith
President IFSHT (2019-2022)

In exactly one year from now, as I write this editorial, we will be on the final day of the 12th IFSHT congress hosted in my home city, London. I am very much looking forward to welcoming all my international hand therapy friends joining us to learn together, debate and discuss and, importantly, spend social time together as an international community.

At this congress, we will be awarding the **IFSHT LIFETIME ACHIEVEMENT AWARDS** for the second time. This award is an honour bestowed on hand therapists who have made a difference to our world beyond their own country borders, whether it be for teaching, research, outreach or innovation.

Please see the **IFSHT WEBSITE** for full details. Nominations are accepted from full member countries with the assistance of the nominee.

Please start thinking now and discussing with your Executive Board whom, in your country, should be nominated.

We also have the **EVELYN MACKIN GRANT** for emergent therapists from a country without a formal hand therapy association (and not a full member of IFSHT) who may not otherwise have the resources to attend. This is a fully funded grant to give opportunities to expand knowledge and networking within our community.

Please reach out to those therapists you know in these countries as we welcome their applications to us. Both award applications close on 31st October 2021.

Thank you for all the kind messages following the first edition of REACH and a welcome to Corey McGee from Minnesota who is joining the Publications Committee. And another huge welcome to Poland and Fiji who have joined the IFSHT family in the last month. We are very much looking forward to getting to know you.

Have a great summer and start dreaming of London in June 2022.

OBITUARY

It is with great sadness that I learned a few days ago that Susan Weiss (from Florida, USA) passed away following a battle with aggressive glioblastoma. I had a fabulous day with Susan and her husband, Steve, in 2019 when they visited London and will treasure that memory.

She has left a wonderful legacy in hand therapy with herlatest edition of "Hand and Upper Extremity Rehabilitation" and "Exploring Hand Therapy." I know that her resources have helped therapists in all corners of the world to grow in their specialist skills, and I can speak for them in saying "Thank you Susan".

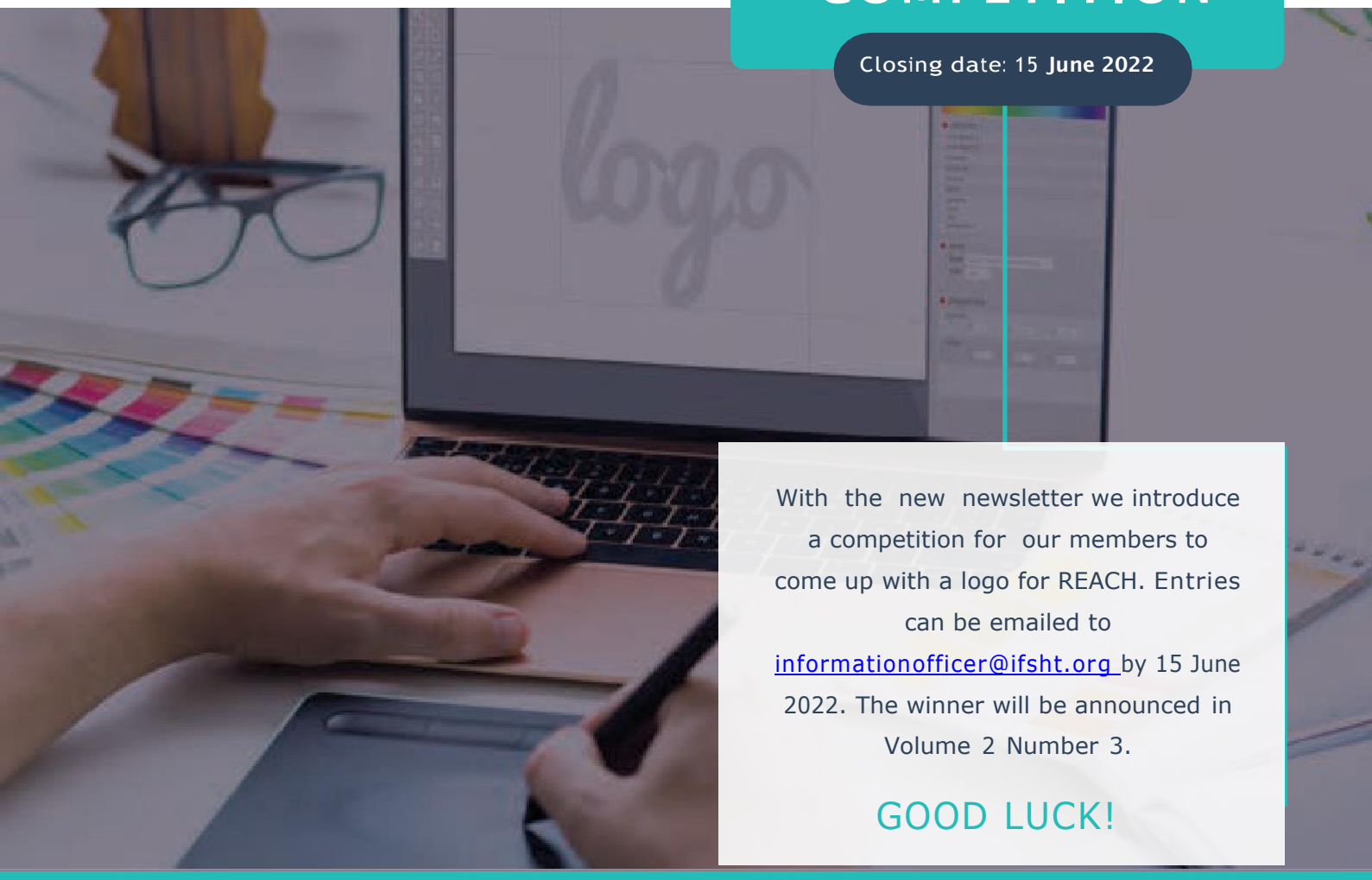
May memories of the warm and generous Susan be a blessing to her family and those who knew her best.

– **Nicola Goldsmith,** President IFSHT

Susan Weiss

COMPETITION

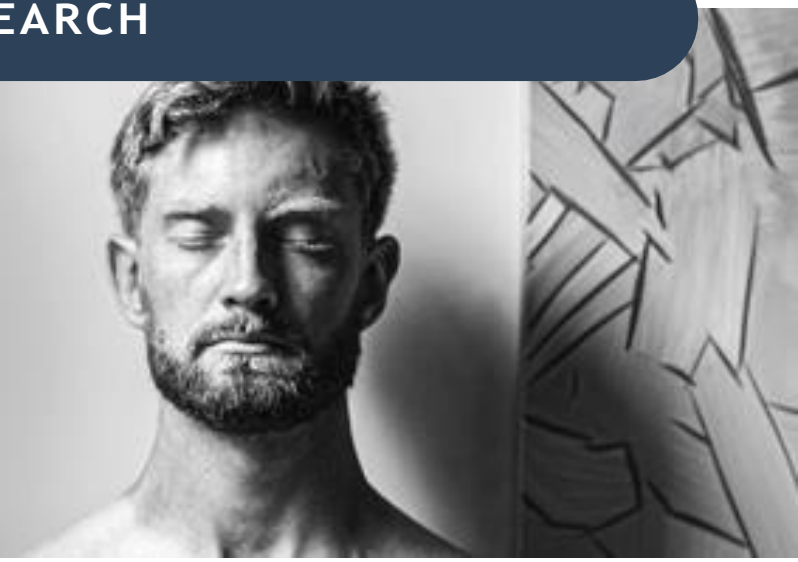
Closing date: 15 **June 2022**



With the new newsletter we introduce a competition for our members to come up with a logo for REACH. Entries can be emailed to informationofficer@ifsht.org by 15 June 2022. The winner will be announced in Volume 2 Number 3.

GOOD LUCK!

Patient Mindset and the Success of Carpal Tunnel Release



Sun PO, Walbeehm ET, Selles RW, Slijper HP, Ulrich DJO, Porsius JT. Patient mindset and the success of carpal tunnel release. Plast Reconstr Surg. 2021;147(1):66e–75e.

The purpose of this study was to determine if aspects of the patient's mindset were associated with outcome following carpal tunnel release (CTR). Data was collected across 18 hand and wrist surgery clinics in The Netherlands. Mindset variables included illness perception, psychological distress, pain catastrophizing, and treatment expectations. Variables were measured using the Brief Illness Perception Questionnaire, the Patient Health Questionnaire-4, the Pain Catastrophizing Scale, and the expectancy subscale of the Credibility/Expectancy Questionnaire, respectively. Linear and hierarchical regression analyses were performed to determine if mindset variables were able to predict scores on the Boston Carpal Tunnel Questionnaire (BCTQ) 6 months following CTR.

Data from 307 patients (91 men and 216 women; mean age 56 years) was included in the study. Data from the BCTQ was similar for the Functional and Symptom scales and total score, so only the results for the total score were reported. Clinical, or patient factors that were negatively associated with BCTQ total scores were hand co-morbidities and concomitant hand surgeries. These factors explained 23% of the variance in the BCTQ scores at 6 months following surgery. With regards to mindset variables, pain catastrophizing, illness concern, and emotional representations were negatively associated with BCTQ score. Treatment expectations and illness comprehensibility were positively associated with BCTQ score. Mindset variables accounted for 13.2% of the BCTQ total score at 6 months following surgery.

In the final multivariate analysis, higher BCTQ scores at intake, hand co-morbidities and concomitant hand surgeries were associated with higher scores following surgery and treatment expectations and illness comprehension were associated with better scores following surgery.

Authors concluded that preoperative mindset variables are important in the outcome following CTR with the most important being treatment expectations and illness comprehension, and therefore should be addressed prior to surgery.

Limitations of the study included attrition and gathering of some comorbidity data retrospectively. There is still a portion of variability unaccounted for and therefore more research needs to be done to determine if other mindset or clinical variables account for the unexplained variability.

Summary prepared by Mia Erickson

TAKE A LOOK AT THESE OTHER ARTICLES.

1. Pardos-Gascón EM, Narambuena L, Leal-Costa C, van-der Hofstadt-Román CJ. Differential efficacy between cognitive-behavioral therapy and mindfulness-based therapies for chronic pain: systematic review. Int J Clin Heal Psychol. 2021;21(1). doi:10.1016/j.ijchp.2020.08.001.

2. Beks RB, Mellema JJ, Menendez ME, Chen NC, Ring D, Vranceanu AM. Does mindfulness correlate with physical function and pain intensity in patients with upper extremity illness? Hand. 2018;13(2):237–243. doi:10.1177/1558944717697429.

3. Takata SC, Hardison ME, Roll SC. Fostering holistic hand therapy: emergent themes of client experiences of mind–body interventions. OTJR Occup Particip Heal. 2020;40(2):122–130. doi:10.1177/1539449219888835.

4. Mosegaard SB, Stilling M, Hansen TB. Higher preoperative pain catastrophizing increases the risk of low patient reported satisfaction after carpal tunnel release: A prospective study. BMC Musculoskelet Disord. 2020;21(1). doi:10.1186/s12891-020-3058-2.

5. Cherif F, Zouari HG, Cherif W, Hadded M, Cheour M, Damak R. Depression prevalence in neuropathic pain and its impact on the quality of life. Pain Res Manag. 2020;2020. doi:10.1155/2020/7408508.

Research in Action – Levels of Evidence

Written by Mia Erickson, PT, CHT, EdD. Midwestern University, Glendale, AZ

LEVEL 1 EVIDENCE

In the last issue of REACH, benefits and limitations of evidence-based rehabilitation were discussed, and an example of an evidence hierarchy for studies related to interventions was provided. The purpose of this article is to discuss the types of studies, or manuscripts included in the Level 1 category.

The randomized controlled trial, or randomized clinical trial (RCT), is often sought after as the gold standard for evidence related to an intervention. The RCT is considered to have the least amount of bias because it is carried out with the highest degree control over the variables. In a RCT participants are randomized into an experimental treatment group or a control or placebo group. In some cases, a new treatment may be compared to a usual, or standard treatment. Participants are then followed over a reasonable time period that would allow the researchers to examine the effects of the interventions being studied.

Kabisch et al [1] provided an overview of the methods and quality requirements for RCTs in clinical research. Besides random allocation of subjects, high-quality RCTs provide specific inclusion and exclusion criteria. This allows the researchers to be sure that only participants with or without certain characteristics are enrolled, and it allows a reader to understand to whom the results can be applied. In addition, researchers should implement specific standards for carrying out the intervention, and the participants and researchers should be blinded to the group assignment. The sample size should also be large enough so that the researchers are able to detect a true difference between groups when one exists. The CONSORT 2010 statement provides a comprehensive set of guidelines for reporting randomized controlled trials, serving as a guide for authors to make sure that all necessary elements of the trial are reported and for clinicians to assess the reported methods and the results.[2]

Other examples of Level 1 evidence include systematic reviews, meta-analyses, and clinical practice guidelines. These can be very useful for clinicians because experts in the field review and appraise RCTs for quality and bias and then synthesize the results into one manuscript often providing specific recommendations. In some ways, these can be more valuable to clinicians than finding an individual RCT. Also, an individual RCT does not provide the entire story for a particular treatment as there may be other studies available with conflicting results. The Physiotherapy Evidence Database provides a database of trials, systematic reviews, and clinical practice guidelines for rehabilitation.

In considering implementing results of a Level 1 study or synthesis of Level 1 studies, one must consider the individual patient, the benefits versus the harms, and other available treatments.[3] RCTs and syntheses of RCTs are only considered the highest level of evidence for intervention studies. Level 1 studies that examine prognosis and accuracy of diagnostic tests and measures have different research designs. Those will be presented in future issues.

Research

1

Kabisch M, Ruckes C, Seibert-Grafe M, Blettner M. Randomized controlled trials. *Deutsches Ärzteblatt International*. 2011;108(39):663–668. doi:10.3238/arztebl.2011.0663.

2

Schulz KF, Altman DG, Moher D, Group C. & reporting CONSORT 2010 Statement: updated guidelines for reporting parallel group randomised trials. *BMJ*. 2010;340(march). doi:10.1136/bmj.c332.

3

Howick J, Chalmers I, Glasziou P, Greenhalgh T, Heneghan C, Liberati A, Moschetti I, Phillips B, Thornton H. The 2011 Oxford CEBM Evidence Levels of Evidence (Introductory Document)". Oxford Centre for Evidence-Based Medicine. http://www.cebm.net/index.aspx?o=5653. Accessed June 4, 2021.

IFSHT Ezine Hand Therapy

MINDFULNESS, HEALTH COACHING AND HAND THERAPY

November 2019

ezine ifssh
CONNECTING OUR GLOBAL HAND SURGERY FAMILY

Debbie Larson highlights the effectiveness of health coaching and mindfulness within Hand Therapy programmes.

She highlights the enhancement of her own skills to support patients especially those with psycho-social risk factors within her role as a Hand Therapist.

A more supportive approach may be suggested for those with multiple pain sites, pain for longer than one year, anxiety, or depression.

These supportive approaches, with patients, may require a more psychosocial approach such as Cognitive Behavioural Therapy or Mindfulness Based Interventions that is enhanced by a Health Coaching perspective.

The addition of these extra skills of Health Coaching, Mindfulness, and Cognitive Behavioural Therapy has certainly assisted Debbie in both assisting more people to live a more fulfilling life and made her job more enriched and rewarding.

These skills are something that all Hand Therapists may consider to add to their arsenal of treatments and interventions in their day to day practice.

CLICK HERE FOR THE FULL ARTICLE

Questions:

1. Health coaching is used in primary care to:
   a. make patients better.
   b. support patients to develop health behaviours to improve their prognosis.
   c. increase profits of private industry.
   d. give patients a robust home exercise regime to incorporate into their recovery.

2. What are not some of the signs that a patient may benefit from a more support approach instead of standard treatment?
   a. anxiety and/or depression
   b. pain for more than one year
   c. a single pain site
   d. a lack of confidence in performing activities

3. Are hand therapists and surgeons trained to support patients with psychosocial challenges?
   a. Yes
   b. No
   c. To a certain extent, but further development of our skills to support complex patients would be of greater value.

4. Health coaching recognizes that a t herapy programme is far more effective if it is _____ to the patient.
   a. meaningful
   b. educational
   c. painful
   d. achievable

5. Grading goals can be valuable due to:
   a. tasks always become easier over time.
   b. tasks feel more achievable when measured in increments.
   c. tasks being expected to be painful.
   d. tasks taking longer amounts of time.

6. The first step in learning how to incorporate mindfulness into clinical practice is to complete an 8-week mindfulness course.
   True or False

7. Self efficacy is (definition in relation to this article):
   a. motivation to do good.
   b. belief in efficiency.
   c. attainment of excellent performance.
   d. confidence in performing a task in the presence of pain.

8. Mindfulness based interventions sits underthe umbrella of:
   a. Primary Care
   b. Nursing
   c. Acceptance and Commitment Therapy
   d. Academic achievement

9. Evidence is emerging that mindfulness based interventions are equivalent to cognitive behavioural therapy.
   True or False

10. Which statement describes the process of Mindfulness based intervention and its outcomes?
    a. Patients learn to accept thought feeling and sensations around pain to shift focus to their present.
    b. Reduces distress and enables them to gain calm and balanced perspective on their health.
    c. Engage in meaningful activities to give them a sense of pleasure and accomplishment.
    d. All of the above.

Answers on page 15

BAHT education during COVID-19

In 2020, the world faced an unprecedented year. One in which that saw organisations display out of the box thinking in order to continue to meet the aims and objectives of their organisations.

The committee overseeing the British Association of Hand Therapy (BAHT) did exactly this. The 2020 BAHT annual conference was offered 100% online and free.

The recognition of hand therapy skills in the United Kingdom began during the second world war in the 1940's when servicemen sustained injuries to their hands.

This required the establishment of specialist rehabilitation units. Occupational therapists and physiotherapists worked within these specialist units and improved their knowledge and skills in management of the hand. The British Association of Hand Therapy was formed on 4th February 1984. The formation of BAHT was described as a 'crucial step in the development of hand surgery facilities in the United Kingdom'.

The aim of BAHT in these early days was to provide the means for acquiring Hand Therapy skills. There are now set pathways for therapists to gain the award 'Accredited Hand Therapist' following development of standards, educational opportunities and research. These early aims of BAHT have not diverged far, as BAHT still seeks to advance and promote the study and general knowledge of treatment of the hand and to publicise and promote understanding and information in order to encourage high standards of care and research in this field.

Current BAHT Chair, **Hayley Smith**, works in the National Health Service and was very generous with her time describing what 2020 looked like for BAHT and how their conference was able to go online and free to support the needs of the wider Hand Therapy community.

BAHT education during COVID-19

Approximately four months prior to the BAHT conference the decision was made to go virtual. The BAHT executive committee and administration are all volunteers so this decision meant many hours learning about the ***virtual world***, long nights of ***organisational logistics*** and an appreciation for the world of ***information technology***.

The speakers donated their time prior to the conference to allow recordings to take place, to practice live set ups and thereby reduce logistical errors.

Logistics required costly upgrades to be made to the BAHT website to enable hosting of the online conference. Running the conference at a loss was supported wholeheartedly by all the team involved.

Feedback for this virtual conference was resoundingly positive. The bite sized lectures were a favourite for attendees and the response of the wider BAHT community to 'giving something back' to the Hand Therapy community was widely respected.

Although the conference was more expensive to run, the reach was far beyond the executive teams' expectations.

Many more international therapists benefitted from the education by accessing the conference live online.

Networking between communities within differing lockdown scenarios was enabled via this conference medium. The ability to reach isolated and international members was a major attraction for all involved.

In 2021 BAHT we will be running a hybrid conference to enable networking with international members to continue both virtually and in person... the best of both worlds as the world emerges from differing restrictions.

Hayley and the BAHT executive committee have had an extraordinary year in which they have met the aims of the organisation they serve with such focus and flare.

In a year that blindsided many people and organisations and stopped people in their tracks, BAHT embraced its community and sought the ongoing advancement of the organisation.

Grants Available

IFSHT has funding available to help therapists attend the Triennial Congress in London in 2022. There are two awards available, the IFSHT Evelyn Mackin Congress Grant and the IFSHT/IFSSH Triennial Congress Grant.

IFSHT EVELYN MACKIN CONGRESS

This grant will provide full funding for a hand therapist (physical or occupational therapist) to attend the Triennial Congress in London in June 2022. The grant is awarded to a therapist who is from a country that does not have a formal hand therapy association or whose country is not a full member of the IFSHT. The grant will provide funding for the therapist to expand their knowledge and skills and hand therapy network.

Hand surgeons or other hand therapists may nominate an individual who has a strong interest in growing their specialty knowledge in hand therapy and who would not otherwise be able to attend the Congress due to lack of funding. The deadline for the application is 6, October 2021.

Details for both awards can be found **HERE**

IFSHT/IFSSH TRIENNIAL CONGRESS GRANT

This award provides partial support to a hand therapist who is a leader in their country, who has contributed to the field th rough publications, research, or educational presentations, and who has been an active participant in a hand th erapy society.

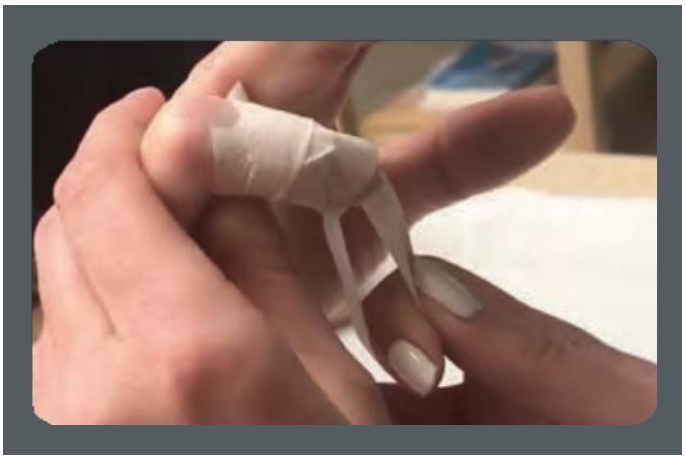
Applicants must have two years of experience in hand therapy.

Priority is given to therapists from countries with limited resources defined by Gross Domestic Product or currency challenges who are also invited speakers.

Therapists from host member countries are not eligible to apply.

Clinical Pearls

In this section we will feature a few clinical pearls which should be applicable to most hand therapists. **We welcome your ideas.**



Interphalangeal joint flexion strap made from tape provided by Jim Wagner.

Click here for video

Thumb exercise provided by Jim Wagner

Click here for video

The Road Map to Recovery provided by the Hand Therapy Clinic of Craigavon Area Hospital.

A laser pen for sensorimotor rehabilitation of the wrist. The patient holds a laser pen and follows the road drawn on a whiteboard. Different speed zones prompt the patient to accelerate or decelerate wrist motion along with a winding path to encourage a variety of wrist motion. The goal of this activity is to stimulate mechanoreceptors in the wrist.

Email Us

Please send a picture and a short description of your clinical pearls to secretarygeneral@ifsht.org

Lifetime Achievement Awards

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 Contribution to Hand Therapy. In the REACH newsletter we profile those therapists who, as you will see, have trail blazed and left an enduring mark on the specialism.

ADIELA ESTRADA

ADIELA ESTRADA is a certified hand therapist from Colombia. She graduated as a physiotherapist from the University of Rosario, Bogotá in 1982. A few years after qualifying, Adiela undertook her hand therapy training (Fellowship) under the mentorship of Gloria Lee DeVore in Arizona in the USA. She is a member of the Colombian Association of Hand Therapists (ASCOTEMA) and the International Federation of Societies of Hand Therapy.

Over the course of her career she has been a driving force in the specialism of hand therapy. She is a renowned teacher and mentor having taught hand surgeons, hand therapists and OT and PT students at undergraduate and postgraduate levels at the University of Rosario and the Colombian School of Rehabilitation.

In 2004, Adiela, along with hand therapy colleagues, established the Colombian Hand Therapy Association (ASCOTEMA) of which she was the first president. This has enabled the consolidation of best practice and education for clinicians in Colombia. An example of this is Adiela's planning and development of a one-year specialist course on hand and upper extremity for OTs and PTs in Colombia in 2007.

Adiela has also presented and been a guest speaker at numerous national and international conferences. Her hand therapy expertise has been shared at hand therapy, hand surgery, physiotherapy, rehabilitation and burns rehabilitation conferences.

Her publications have covered topics such as general orthopaedics and trauma, distal radius fractures, extensor tendon rehabilitation and burns.

Adiela's passion is hand rehabilitation. She continues to work in an outpatient setting with people with traumatic, sports and overuse injuries. She is widely regarded as a skilled orthosis fabricator. Over the years, her leadership, knowledge and skills in hand therapy practice have led her to become an inspirational figure for many students and clinicians.

Lifetime Achievement Awards

LYNNE FEEHAN
PT, CHT, PhD

Dr. Feehan is a physical therapist in British Columbia, Canada and a certified hand therapist (CHT). She completed a Bachelor of Science in Physical Therapy in 1979 followed by her Master of Science also in Physical Therapy, and a PhD in Interdisciplinary Studies. Dr. Feehan completed two post-doctoral fellowships that included the areas of knowledge translation, arthritis, physical activity, and bone health. She has over 35 years of clinical experience.

Dr. Feehan's contributions to Hand Therapy encompass teaching, research, peer-reviewed publications, authorship, and leadership. She served the IFSHT for a 9-year term between 2008-2016 as President-Elect, President and Past-President. She has also served nationally within the Canadian Society of Hand Therapists and the American Association for Surgery of the Hand. She has received many awards and distinctions throughout her career.

She has co-authored 5 chapters in hand therapy and hand surgery texts and has 22 peer-reviewed scientific publications. She is a regularly invited guest speaker at conferences internationally. Dr. Feehan sits on two editorial review boards for Hand Therapy journals. She peer-reviews several manuscripts annually. Lynne has developed curriculum and developed courses facilitating a specialisation in Hand Therapy and contributing to a clinical masters or certification.

Dr. Feehan continues to contribute to the field of hand therapy and at present holds over $1 million in competitive national research funding. She is a regularly invited guest speaker at hand therapy conferences and meetings both nationally and internationally.

Her areas of interest and specialty involve early mobilisation of tendons, fracture injuries, bone health, and physical activity in arthritis and post fracture.

Spotlight on IFSHT member society: POLAND

During the 14th IFSSH and 11th IFSHT Triennal Congress in Berlin in 2019, I was privileged to receive the IFSHT Evelyn Mackin Congress Grant. It was a big surprise for me because I was not quite sure if it was possible for a young (I was 31 then) therapist to achieve such a great opportunity to become a part of a unique event. Thanks to the award, I was able to participate in all congress lectures and workshops and meet a lot of interesting people. What was also amazing was that I have met two absolutely amazing therapists: Liis and Tsitsi.

BERLIN – I MADE IT!!!

By Marta Jokiel

We were accommodated together in a hotel, and it was great to learn more about hand therapy in their countries and their personal experience. We all were welcomed by IFSHT board and members with a lot of love and encouragement for further work to benefit hand therapy in our countries. I met a lot of amazing therapists during the congress, and this allowed me to be less afraid to present my research results during sessions and exchange opinions with other participants.

Receiving this award gave me the opportunity to meet a lot of fantastic therapists from all around the world and gave me the courage to start to work for a hand therapy family in my country. So, after my return I have decided with a few Polish physios who are also interested in hand therapy to establish the Polish Association of Hand Therapy and after a few months of a bureaucracy fight, we were able to say that our society can officially start its activity, and a few months after that we have become a full member of the IFSHT. We are a very small society, but we believe that we can do so much for Polish hand therapists and patients and what is amazing is that we are not alone – we are part of an amazing IFSHT family! And it is all thanks to the Evelyn Mackin Award.

VOLUME 1 , No. 2 - **September 2021**

Editor: president@ifsht.org.

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

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