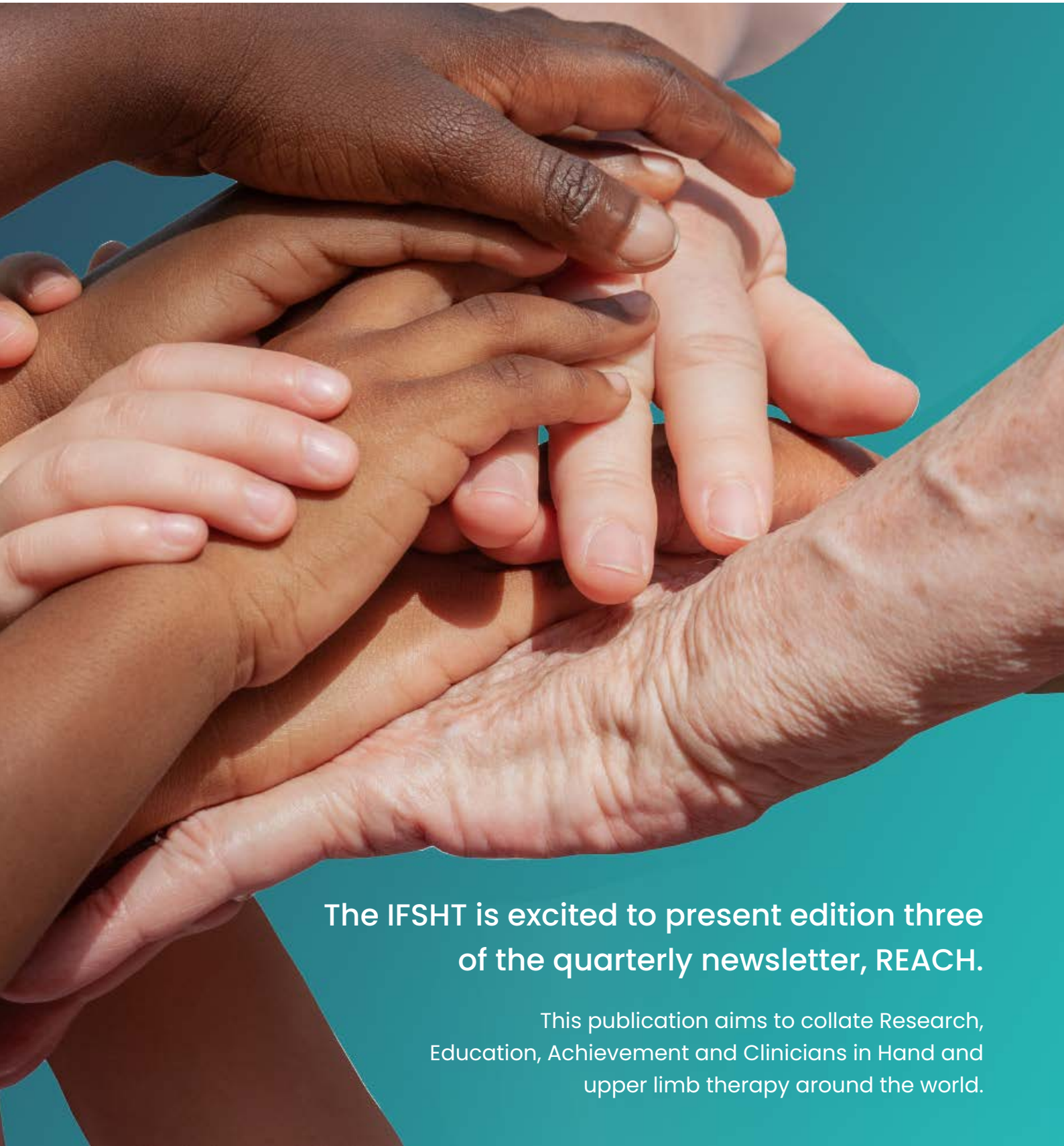


# REACH



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



The IFSHT is excited to present edition three  
of the quarterly newsletter, REACH.

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



**Susan de Klerk** – *IFSHT Information Officer (2019 – 2022)*

**Mia Erickson and Toni Rippey** – *Ad-hoc IFSHT Publications Committee members*

The COVID-19 pandemic continues to have a dramatic impact on the global IFSHT community. As countries are moving in and out of waves during the pandemic and everybody is adjusting to the new normal, we continue to serve the IFSHT community by connecting hand and upper limb therapists to one another. We, Susan de Klerk (South Africa), Mia Erickson (United States of America), and Toni Rippey (New Zealand), the editorial team for this issue of our quarterly newsletter, are proud to present the final issue of REACH for 2021.

Thank you to those who have submitted interesting designs for the REACH logo competition, please continue to do so. In addition, we would like to encourage *clinicians* to submit Clinical Pearls for consideration in future issues of REACH, specifically

those that were brought about by having to do things differently as a result of the pandemic. There have been many innovative approaches that would be of interest to the readership of REACH. Furthermore, we would like to encourage *researchers* to submit contributions that could assist with demystifying research jargon and concepts. Any content ideas and suggestions for future issues of REACH are welcomed and can be emailed to: [informationofficer@ifsht.org](mailto:informationofficer@ifsht.org).

We wish the IFSHT community a happy and healthy end of the year – may the holiday season fill your home with joy, your heart with love, and your life with laughter.

**Susan de Klerk, Mia Erickson and Toni Rippey.**





## Silent Auction – London 2022

The legendary triennial **IFSHT Silent Auction** will take place on Thursday 9<sup>th</sup> June 2022 at the Congress in London. This is a very important date in the IFSHT diary with significant funds raised to enable IFSHT to support hand therapists from emerging countries to attend the next Congress.

In the months leading up to the Congress, please collect items which can be sold in this auction. This congress, for the first time, we will be actively seeking both **physical items and promises**. Physical items can be, for example, scarfs, jewellery, models, books, hand therapy tools and other items. Many items are donated with a hand theme but a wide variety of items helps to draw the crowds. Promises include the offer of, for example, one hour of teaching on a topic of your choice, free access to a paid online training module, delivery of a lecture to a hand therapy department etc. This enables therapists from around the world to connect. Please also donate items representing your country. We very much welcome surgeons to participate with donations and with purchase.

**Please register your items** before the Congress if possible, by clicking on [this link](#). This will take you to a form to complete to upload the item to our platform GalaBid.

Please bring your items to the designated place at the congress registration on Monday evening, 6<sup>th</sup> June or Tuesday morning. The auction will go live on Tuesday 7<sup>th</sup> June and you can start bidding straight away. On Thursday 9<sup>th</sup> June all the physical items will be displayed. Some items will be "buy it now" with a reserve price.

If you are bidding on a physical item, you will need to be able to collect the item on Thursday 9<sup>th</sup> June before 5 pm (or send a representative to bring it home for you). Successful bidders on the promises items will receive an email voucher in order to redeem the item.

**Thank you for your support.  
It really makes so much difference.**



# Systematic Reviews vs Scoping Review: What is the difference?

Written by Susan de Klerk, B OT, DHT, M OT. Stellenbosch University, Cape Town, SA

Systematic reviews, a form of knowledge synthesis, have been published in academic journals since the 1970s. A rapid search of The Journal of Hand Therapy publication content using the search term: “systematic review” yielded 881 systematic reviews published between 1987 and 2021. The purpose and nature of systematic reviews can be understood with clear guidelines on how to conduct a systematic review offered by the [Cochrane Library](#), the [Johanna Briggs Institute \(JBI\)](#), and PRISMA (available from the [Equator Network](#)). For clinicians who read a systematic review published in an academic journal, it informs evidence-based practice in the following ways:

- International evidence is presented
- This evidence serves as a confirmation of current practice, highlights any variation, identifies new practices trends
- Provides direction for future research areas
- Highlights and critiques conflicting results
- Provides take-home messages to guide decision-making

In its simplest form, a systematic review addresses questions on the effectiveness of an intervention. The researchers pose a question formulated from a PICO (Population, Intervention, Comparison, and Outcome) to find all the available evidence from comparative studies (including but not limited to randomised controlled trials). An example is a publication by Ghaddaf, Abdulhamid, Alomari, Alquhaibi, Alshehri & Alshehri (2021) who questioned the optimal period of immobilisation for optimal outcomes (specifically patient-reported outcomes, functional outcomes, pain, and adverse events) in

patients managed with volar locking plates following distal radius fracture. The PICO:

- P Population:** Patients managed with volar locking plates following distal radius fracture
- I Intervention:** Immobilisation
- C Comparison:** Different periods of immobilisation
- O Outcome:** Patient-reported outcomes, functional outcomes, pain, and adverse events.

Subsequently, the purpose of their study was to compare the patient-reported outcomes, functional outcomes, pain, and adverse events between the different periods of immobilisation following open reduction and internal fixation of distal radius fractures with volar locking plates. Due to the specificity of the eligibility criteria (relating to the type of studies included and outcomes reported) a meta-analysis was possible in this review. Meta-analyses involve statistical analysis through combining all the results from the studies included in the review. This is possible when the various included studies ask the same question on intervention and use the same outcome measurement instrument (s) to measure the effectiveness of the intervention. Conclusions and recommendations can then be made about the posed question and provide the clinician with information on (in this instance) which period of immobilisation yields the best outcomes.

Systematic reviews can also review studies reporting on the psychometric properties of measurement instruments used in hand therapy practice. Miller, Jerosch – Herold, and Shepstone (2017) did just that in their systematic review of psychometric

properties of alternative methods (to the volumeter) used in the assessment of hand oedema. In such reviews, the COnsensus-based Standards for the selection of health Measurement Instruments (COSMIN) checklist is considered the gold standard in evaluating the methodological quality of the included studies. Such studies are undertaken to assist clinicians and researchers to decide on the most appropriate outcome measure to use towards demonstrating the outcome of intervention (oedema management in this case).

Scoping reviews are an emerging methodology in hand therapy literature. The same rapid search of The Journal of Hand Therapy content using the search term “scoping review” yielded 193 scoping reviews published between 1987 and 2021. Scoping reviews are undertaken to map the key concepts underpinning a research area; identifying the main sources and types of evidence available. The key to scoping reviews is that it addresses questions about the type of research conducted on a specific topic towards identifying gaps, characteristic, and factors as it relates to the topic. Literature searches during scoping reviews are conducted with the same rigor as for systematic reviews, but the nature of the questions allows for broader eligibility and inclusion of studies beyond comparative methodologies. Guidelines exist for conducting scoping reviews, most notably the methodological framework introduced by Arksey & O’Malley (2005) further

enhanced by Levac, Colquhoun & O’Brien (2010). PRISMA provides an [extension for scoping reviews](#) and the JBI also offers [guidelines for conducting scoping reviews](#).

Scoping reviews do not have a PICO, as it explores the available evidence beyond a specific intervention, comparison, or outcome. For example, Buchanan, Van Niekerk & Grimmer (2020) conducted a scoping review to provide a comprehensive summary of the available evidence in the area of return to work after a hand injury. The purpose of their review was to identify the current body of research evidence on successful work-related transitions following any type of hand injury, to summarise the information into research hierarchies and key themes, and to identify gaps in knowledge. As a result, they included prospective observational studies, cross-sectional studies, retrospective studies, opinion pieces, mixed-method studies (involving qualitative and quantitative components), and qualitative studies in their review. Following the review process, they were able to identify seven key themes to guide practice and revealed two clear gaps in the current evidence base of work transition after a hand injury. Such reviews can assist clinicians to become aware of the body of knowledge on a particular topic, able to inform practice. Researchers benefit from scoping reviews in the same way, but in addition scoping reviews inform future research towards addressing identified gaps.

## References and further reading

Arksey, H., & O’Malley, L. (2005). Scoping studies: towards a methodological framework. *International Journal of Social Research Methodology*, 8(1), 19–32. <https://doi.org/10.1080/1364557032000119616>

Buchanan, H., Van Niekerk, L., & Grimmer, K. (2020). Work transition after hand injury: A scoping review. *Journal of Hand Therapy*. <https://doi.org/10.1016/j.jht.2020.10.007>

Ghaddaf, A. A., Abdulhamid, A. S., Alomari, M. S., Alquhaibi, M. S., Alshehri, A. A., & Alshehri, M. S. (2021). Comparison of immobilization periods following open reduction and internal fixation of distal radius fracture: a systematic review and meta-analysis. *Journal of Hand Therapy*. <https://doi.org/10.1016/j.jht.2021.06.004>

Levac, D., Colquhoun, H., & O’Brien, K. K. (2010). Scoping studies: advancing the methodology. *Implementation Science*, 5(1), 1–9. <https://doi.org/10.1186/1748-5908-5-69>

Miller, L. K., Jerosch-Herold, C., & Shepstone, L. (2017). Clinical assessment of hand oedema: a systematic review. *Hand Therapy*, 22(4), 153–164. <https://doi.org/10.1177/1758998317724405>

Munn, Z., Peters, M. D., Stern, C., Tufanaru, C., McArthur, A., & Aromataris, E. (2018). Systematic review or scoping review? Guidance for authors when choosing between a systematic or scoping review approach. *BMC Medical Research Methodology*, 18(1), 1–7. <https://doi.org/10.1186/s12874-018-0611-x>



# Research in Action – Levels of Evidence

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

## Level 2 Evidence

Welcome back to our Levels of Evidence column. In the last two issues of REACH, we discussed evidence-based rehabilitation and the evidence hierarchy, and in the last issue we reviewed level 1 evidence. The purpose of this article is to discuss the types of studies included in the Level 2 category.

Level 2 studies include individual quasi-experimental studies, cohort or outcome studies, and systematic reviews of quasi-experimental or cohort studies. A quasi-experimental study is an experimental study done when a randomized controlled trial is either unethical or not feasible (Harris, 2006). For example, if there is a well-established intervention for a condition, it would be unethical to withhold it for the purpose of a research study. Quasi-experimental studies aim to examine the effects of an intervention or in other words, to determine causality between an intervention and an outcome, but they lack randomization of participants into groups. Groups in these types of studies may be pre-existing. In hand therapy, this could include a comparison of patient outcomes between two different post-operative protocols used by different surgeons.

Some quasi-experimental studies lack a control group, and participants are followed or observed over time. For example, there may be a study where there is implementation of an arthritis exercise program, and the participants are followed over a certain period of time. In studies without a control group, one will raise the question, “Did the results occur as a result of time or were they brought about by the intervention?” This threat is known as

maturation and is a threat to the study’s internal validity. There are a number of threats to internal validity in quasi-experimental studies. A threat to internal validity will make one question if the treatment is what brought about the outcome. When internal validity is threatened, there is more room for confounding variables, or variables other than the treatment, to bring about the effect on the participant. When randomization occurs, confounding variables tend to be evenly distributed between the intervention and the control group, but in quasi-experimental studies, individuals with confounding variables may end up in one group or the other (Harris, 2006).

Regardless, Level 2 evidence is useful and may be necessary in some circumstances. One benefit of quasi-experimental studies is that they can have high external validity. External validity is how well, or to what extent the results can be generalized to other settings. Quasi-experimental studies tend to have higher external validity because they capture data in more of a real-world setting, and thus, results are more transferable than when very stringent controls are applied over the variables under study. As a researcher, designing studies requires a balance between internal and external validity and as a provider, applying research to patient care requires one to balance the types of studies available and the degree to which they can be applied in a given context. Level 2 studies can be worthwhile and provide valuable information that can improve patient care.

## Reference

Harris, A. D., McGregor, J. C., Perencevich, E. N., Furuno, J. P., Zhu, J., Peterson, D. E., & Finkelstein, J. (2006). The use and interpretation of quasi-experimental studies in medical informatics. *Journal of the American Medical Informatics Association*, 13(1), 16–23. <https://doi.org/10.1197/JAMIA.M1749>

## New and Noteworthy Written by Mia Erickson, PT, CHT, EdD. Northwestern University, Glendale, AZ

### Convergent validity and responsiveness of the Canadian Occupational Performance Measure for the evaluation of therapeutic outcomes for patients with carpometacarpal osteoarthritis.

Raquel, C. T., Villafañe, J. H., Medina-Porqueres, I., Garcia-Orza, S., & Valdes, K. (2021). *Journal of Hand Therapy*, 34(3), 439–445. <https://pubmed.ncbi.nlm.nih.gov/32952099/>

The purpose of this study was to examine the convergent validity (the degree to which two measures are related) and responsiveness (ability to detect change over time) of the Canadian Occupational Performance Measure (COPM) in its ability to evaluate the relationship between patient self-perception and satisfaction of performance in daily tasks in individuals with thumb carpometacarpal joint (CMCJ) osteoarthritis (OA). Participants were excluded if they had neurological or cognitive dysfunction or had received treatment for hand or thumb pain in the same limb in the last 6 months. Those with tenosynovitis or Dupuytren's were also excluded. 106 individuals aged 18 and older with thumb CMCJ OA grade 2 or 3 (Kellgren-Lawrence scale) completed the study.

Participants took part in a 3-month rehabilitation program that included ergonomic and activity modification, orthosis use, and therapeutic exercises for the first dorsal interosseous muscle. A visual analog scale, DASH questionnaire, Manual Ability Measure-36 (MAM-36), and the COPM were

completed at baseline and 3 months following treatment. Improvement was determined by a 20-point change in the pain scale.

Data showed a statistically significant improvement in all outcome variables from baseline to the 3-month follow-up ( $P=0.001$ ) and 94% of patients reached the 20-point change in the pain scale. There was a moderate relationship (0.30–0.42) between the COPM and all other measures including the pain scale, DASH, and MAM-36. Also, of the instruments used in the study, the COPM scales for performance and satisfaction were the most responsive instruments with the MAM-36 being only slightly less responsive. Responsiveness of the DASH did not achieve statistical significance. Optimal cut-off values for the COPM performance and satisfaction scales to distinguish between improved and unimproved were 4.3 and 4.1, respectively. Authors concluded the COPM demonstrated good convergent validity and responsiveness in individuals with CMCJ OA.



### Take a Look at These Other Articles Related to Outcome Measures

Baadjou, V., de Bie, R., Guptill, C., & Smeets, R. (2018). Psychometric properties of the performing arts module of the Disabilities of the Arm, Shoulder, and Hand questionnaire. *Disability and Rehabilitation*, 40(24), 2946–2952. <https://pubmed.ncbi.nlm.nih.gov/29633142/>.

Berardi, A., Saffioti, M., Tofani, M., Nobilia, M., Culicchia, G., Valente, D., Servadio, A., & Galeoto, G. (2019). Internal consistency and validity of the Jebsen-Taylor hand function test in an Italian population with hemiparesis. *NeuroRehabilitation*, 45(3), 331–339. <https://pubmed.ncbi.nlm.nih.gov/31796703/>.

Dalton, E., Lannin, N. A., Laver, K., Ross, L., Ashford, S., McCluskey, A., & Cusick, A. (2017). Validity, reliability and ease of use of the Disability of the Arm, Shoulder and Hand questionnaire in adults following stroke. *Disability and Rehabilitation*, 39(24), 2504–2511. <https://pubmed.ncbi.nlm.nih.gov/27767374/>.

Chester, R., Jerosch-Herold, C., Lewis, J., & Shepstone, L. (2017). The SPADI and QuickDASH are similarly responsive in patients undergoing physical therapy for shoulder pain. *Journal of Orthopaedic and Sports Physical Therapy*, 47(8), 538–547. <https://pubmed.ncbi.nlm.nih.gov/28683232/>.

Farzad, M., Lu, Z., MacDermid, J. C., Kachooei, A. R., & Shafiee, E. (2021). Measurement properties of the Michigan hand outcomes questionnaire: Rasch analysis of responses from a traumatic hand injury population. <https://doi.org/10.1080/09638288.2021.1894246>. <https://pubmed.ncbi.nlm.nih.gov/33683933/>.

Goldsmith, E. S., Taylor, B. C., Greer, N., Murdoch, M., MacDonald, R., McKenzie, L., Rosebush, C. E., & Wilt, T. J. (2018). Focused Evidence Review: Psychometric Properties of Patient-Reported Outcome Measures for Chronic Musculoskeletal Pain. *Journal of General Internal Medicine*, 33, 61–70. <https://pubmed.ncbi.nlm.nih.gov/29633142/>.



# A guide to Triangular Fibrocartilage Complex Anatomy and clinical assessment.

NOVEMBER 2021

Luke McCarron, MSc (Hand), BOcc Therapy, Accredited Hand Therapist, CHT, Orthopaedic Conjoint: Bond University, Australia has highlighted that the Triangular Fibrocartilage Complex (TFCC) is a complex topic. His review has simplified this topic to enhance understanding of TFCC anatomy, share practical information, guide clinical reasoning, and fuel further discussion.

This review overviews the TFCC anatomy and the assessment that can be provided to assist health professionals while conducting an ulnar sided wrist assessment for a suspected TFCC injury.

[Click here for the full article](#)

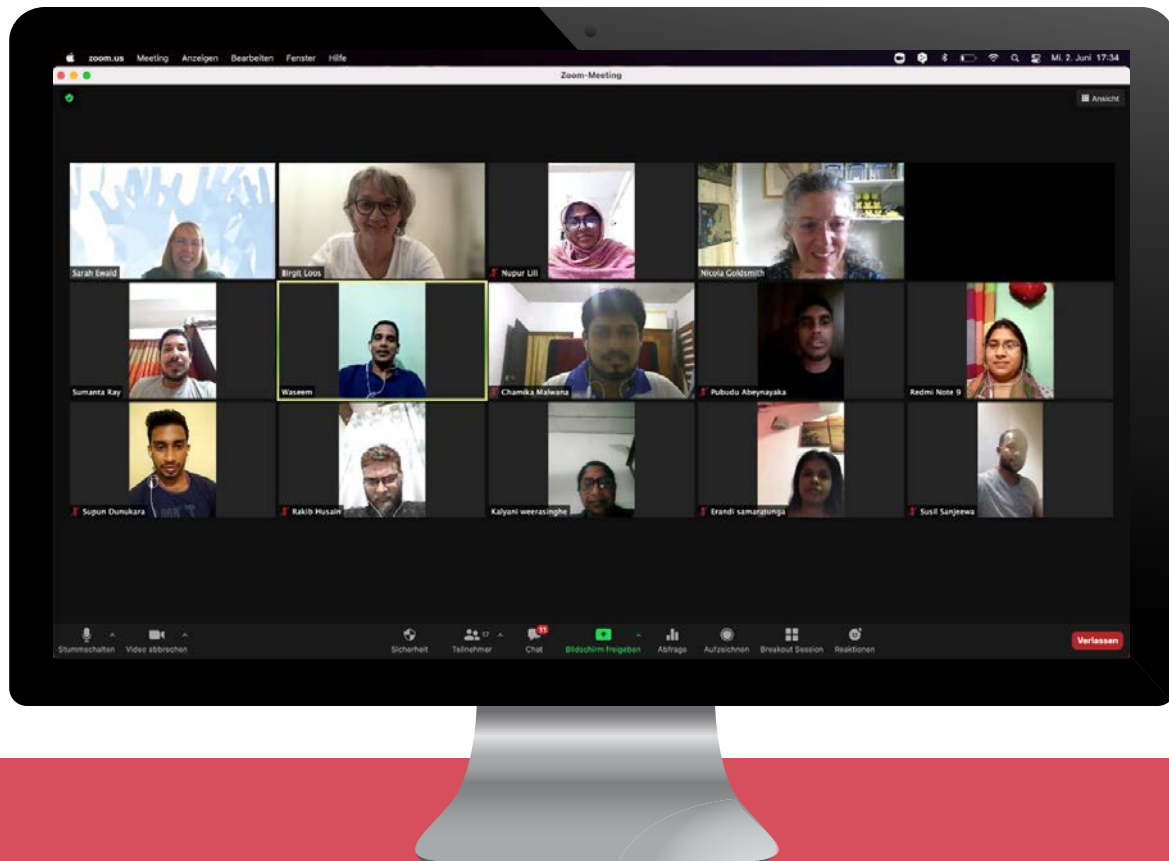




# Questions:

1. The Triangular Fibrocartilage Complex is located on the \_\_\_\_\_ side of the wrist.
  - a. Ulnar
  - b. Radial
2. The role of the TFCC is to...
  - a. Provide stability to the DRUJ during end range forearm rotation
  - b. Disperse the forces generated between the ulnar head and the carpal bones during weight bearing and ulnar deviation
  - c. Provide proprioceptive feedback during functional activity
  - d. All of the above.
3. TFCC injury has a documented incident rate as high as 78 percent in patients following distal radius fracture.
  - a. True
  - b. False
4. Common special tests for assessment of the TFCC include:
  - a. Fovea sign, Ulnocarpal stress test, DRUJ ballottement test
  - b. DRUJ ballottement test, Finkelstein's test
  - c. Phalen's test, Finkelstein's test, Froment's test
  - d. Tinel's test, Watson's test
5. Symptoms of TFCC injury include the following:
  - a. increased range of movement
  - b. decreased grip strength
  - c. pain on radial side of wrist
  - d. numbness and tingling
6. Application of pressure to the ulnar wrist above the TFCC foveal insertion is known as the...
  - a. Ulnocarpal stress test
  - b. DRUJ ballottement test
  - c. Foveal sign
  - d. Watson's test
7. TFCC structures discussed within this article are:
  - a. Palmar and dorsal radioulnar ligaments
  - b. the Triangular fibrocartilage disc proper (articular disc)
  - c. Extensor Carpi Ulnaris tendon and its associated sub-sheath
  - d. All of the above
8. The DRUJ ballottement test starts in what position?
  - a. Clenched fist
  - b. Neutral wrist and forearm
  - c. Wrist full extension
  - d. Forearm in end range supination or pronation
9. Which statement below in relation to the articular disc is FALSE?
  - a. The articular disc is a cartilaginous structure.
  - b. The articular disc has similarities in tissue make-up to that of the articular surface of the knee or shoulder.
  - c. The articular disc is vascular.
  - d. The role of the articular discs is to distribute the forces produced between the ulnar head and the ulnar carpus during ulnar deviation or weight bearing.
10. Clinical assessment of the TFCC is made up of M. I. A. which stands for:
  - a. Mechanism, Investigations, Assessment
  - b. Ministry, Information, Agreement
  - c. Mental Health, Index, Attainment
  - d. Medical, Intensive, Association

**Answers on Page 20**



Screen shot of participants from the online course (permission granted by the participants shown).

# Therapists from Seven Countries Connect Online

In 2020, Sarah Ewald (IFSHT President 2013–2016, Switzerland) and colleagues Birgit Loos (Switzerland) and Kalyani Weerasinghe (IFSHT delegate, Sri Lanka) were planning a hand therapy course in Sri Lanka. Due to the COVID-19 pandemic, the course took place online instead of onsite. We met six times between June and October 2020. Twenty-five therapists participated in the course and upon conclusion they requested that it continue in the future. More information on the course can be found in the Hand Therapy Contribution to EZINE from August 2021 [here](#).

In 2021, additional instructors from around the globe, Lynne Feehan (IFSHT president 2011–2013, Canada) and Maureen Hardy (IFSHT Secretary-General 2016–2022, United States of America), Mel Eissens (Netherlands and Switzerland), Birgitta Rosen

(Sweden) and Nicola Goldsmith (IFSHT president 2019–2022; United Kingdom) joined the volunteer instructional team, and the course continued. In addition, the IFSHT delegate from Bangladesh, Sumanta Ray, informed therapists of the opportunity, and they too joined the online sessions along with therapists from Sri Lanka. The course was free for participants. We met once a month for six months and covered the following topics: metacarpal fractures, tendon injuries, multiple trauma injuries to the hand, brain plasticity in hand rehabilitation, and proximal interphalangeal joint injuries. It was a great experience to have therapists from seven countries getting together online to connect and share their knowledge. The course organisers would like to express thanks to all that volunteered their time and expertise and to the therapists who attended.

## Educational Opportunity: Companion Clinic Program

The American Society of Hand Therapists (ASHT) is pleased to offer a Companion Clinic Program. The **ASHT Companion Clinic Program** pairs a United States clinic or hand therapist with an individual in a low to middle income country, providing a unique opportunity to create relationships between therapists practicing under a diverse set of circumstances. Through regular communication, participants pursue collaboration, clinical education and professional growth while promoting best practice in the field of hand and upper extremity

therapy around the world. Complete details, eligibility requirements and a participant interest form are available on the ASHT website [here](#).



## FESSH Congress 2021 and other news

As world travel and meetings continued to be restricted, Federation of European Societies for Surgery of the Hand (FESSH) held its second online congress on 16–19 June 2021. Despite the inevitable limitations it proved to be a significant success. A total of 1214 participants registered, including the 137 therapists (11%). The FESSH Online Congress was visited by participants from 57 countries, the top 10 being the Netherlands, Switzerland, United Kingdom, Germany, Spain, Austria, Belgium, France, Italy and Greece.

Our most popular sessions were the 'Disasters of the Masters' about complicated cases and failures and how to cope with them as well as the 'Nations Competition' where teams from different countries competed in the management of different pathologies. Each of these sessions were watched and commented on by almost 400 people.

The Live Surgery sessions were extremely popular, as was the topic of mindfulness in medical practice held by the Young European Hand Surgeons (<https://fessh.com/yehs-young-european-hand-surgeons/>). The session on new innovations in social media held by FESSH Communications Committee was also popular.

Participating hand therapists commented: 'The Congress is so interesting to see as a hand therapist. Nice to watch the live sessions as well... Great to have a therapy part as well – good combo...'

If you are a therapist that attended the FESSH Online Congress 2021 we would love to hear from you. Please share your experience via email to [office@fessh.com](mailto:office@fessh.com)

In addition, FESSH is delighted to announce that the quality measurement system of European Federation of Societies for Hand Therapy (ECHT = European Certified Hand Therapist) has been added to the criteria as a suggestion for FESSH accreditation of hand centres. For more information, please, go to <https://www.eurohandtherapy.org/efsht/echt/>

Looking forward to seeing you at the Triennial IFSSH / IFSHT Congress in London 2022 (6 – 10 June)!







## PIVOTING TO VIRTUAL:

# Highlights of the 2021 Canadian Society of Hand Therapists' Virtual Conference

Submitted by Marie Eason Klatt, CSHT 2021 Virtual Conference Chair & Canadian IFSHT Delegate and Sarah Hobbs, CSHT Communications Director

The Canadian Society of Hand Therapists (CSHT) is a small non-profit association, and our annual conference is our premier event. From its humble beginnings 30 years ago, our Society has thrived on the dedication and hard work of volunteers

committed to the advancement of hand therapy in Canada. Due to the pandemic we had to cancel our 2020 live conference. We ran a series of six webinars for our members through the fall of 2020 and into the winter to provide our members with continuing

professional development opportunities. Initially we had hoped to host a live event in June of 2021. Like most of you, we longed for the comradery and networking a live conference brings. However, with ongoing demands on healthcare professionals in Canada and travel restrictions due to the pandemic, we pivoted and faced the daunting task of planning for a virtual conference in 2021.

Our first ever CSHT Virtual Conference launched on June 12, 2021 with over 200 attendees registered. Hand Therapists from across Canada were joined on our virtual platform by international registrants from the USA, Australia, New Zealand, Chile, the Netherlands and Bhutan. The program focused on managing upper extremity trauma, with a wide variety of presentations from researchers and practicing clinicians. Each registrant was provided with a unique login and the ability to create their own personal profile. Our virtual conference platform provided networking capability, allowing us to connect with colleagues from across Canada and around the globe. We even had a fun photo booth and gamification for prizes donated by our exhibitors!

Highlights of the conference included the live addresses from our two keynote speakers, Dr. Joy MacDermid and Ms. Gwendolyn van Strien. The platform allowed for submission of questions during the live event which was moderated by our Program Chair. By incorporating these live synchronous sessions from our keynote speakers with 6-month access to on-demand, asynchronous, instructional sessions from a wide range of Canadian experts, registrants had ample opportunity to learn and review content remotely. Live sessions were recorded and made available through the conference platform to enable everyone to access this content regardless of their time zone. In addition, 25 scientific and clinical presentations were delivered on an On-Demand, asynchronous format. These included systematic reviews, scoping reviews, original research, case studies, descriptions of new or newly adapted orthoses designs and other treatment strategies, and descriptions of clinical treatment programs.

Our Canadian Colleague, and recipient of the 2020 CSHT Lifetime Achievement Award, Dr. Joy

MacDermid presented on predicting success using patient-reported outcome measures (PROMs) following upper extremity trauma. We all benefited from Dr. MacDermid's succinct and practice-focused summary of her research, gaining an appreciation for how we can use PROMs to assist with goal-setting and identifying at-risk patients who would benefit from a higher degree of therapeutic intervention.

Our international keynote speaker, Gwendolyn van Strien's, session entitled: "Rethinking How We Use Flexor Tendon Protocols", challenged our registrants to be more patient guided in how we treat flexor tendon injuries. Rich with humour and clinical pearls (the average millennial checks his or her phone 150 times a day - just imagine if they did five DIP flexion repetitions each time!), we are indebted to Gwendolyn van Strien for encouraging us to challenge outdated patterns in our practice and seek out innovative approaches to maximize patient outcomes.

Overall, our first virtual conference was a resounding success! Providing content virtually allowed for more continuing education units than our previous live conferences and at a lower cost. Moreover, we received more scientific and clinical abstracts for this conference than ever before and reached a broader national and international audience.

The impact of COVID-19 across the globe has been significant on so many levels including the demands on our work environment and our health care systems, the changes in our daily routines, the restrictions on our ability to travel and, for many, the loss of family and friends. Both professionally and personally we continue to face the challenge of our generation. Given the uncertainty we still face, the current CSHT executive has decided that our 2022 conference will also be offered in a virtual format. We hope that you will consider joining us virtually next year!



**CANADIAN SOCIETY OF  
HAND THERAPISTS**  

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**SOCIÉTÉ CANADIENNE DES  
THÉRAPEUTES DE LA MAIN**

# Clinical Pearls

In this section we feature clinical pearls which should be applicable to most hand therapy settings. **We welcome your ideas.**

## “The Extra Push”

**Daniel Harte**, Advanced Occupational Therapist in Hand Therapy at Southern Health and Social Care Trust, Northern Ireland.

Hand-based orthoses are commonly used for early-stage base of thumb osteoarthritis. This orthosis illustrates a technique for optimum support of the thenar muscles.



Elasticated strapping is secured with rivets to the inside of the orthosis under tension.

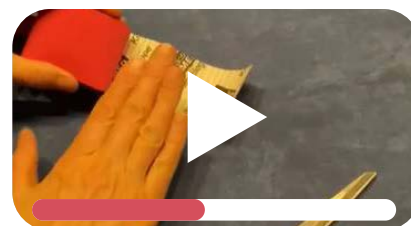


This creates a “push” effect over the thenar muscles. Snaps can be used instead of rivets for better contour over the orthosis.

## Kinesiotaping in early phase OA of the CMCJ

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

Taping for patients with early phase OA of the CMCJ, provides gentle support and gives proprioceptive input. I airdrop this video to patients' phones, so they can do this at home.



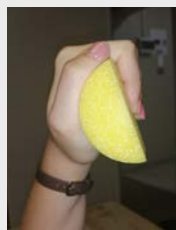
## Pool noodles: Handy for therapy!

**Adelé Viljoen and Rianrie Arendse**, Occupational Therapists, Private Practice, Bellville, Cape Town, South Africa

In our practice one of the most used low-cost exercise options for either positioning, movement, grip formation, hand dexterity or strengthening is a pool noodle. We cut the noodle in any shape or size that we need to achieve our therapy goals. We issue it to the patient as part of their home programme.

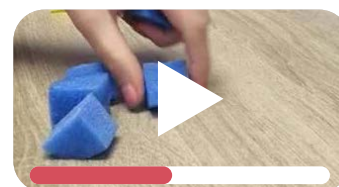
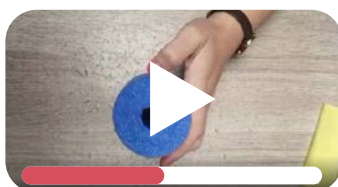


The pool noodle is cut and used to position the hand in a resting position.



We also use it to provide resistance during tendon gliding.

View the additional videos where the pool noodle is utilised towards improving in hand manipulation.





# First *Virtual* Annual Delegates Council Meeting held 19 June, 2021

Every three years the IFSHT delegates, who represent their country, meet with the Executive Committee during a Council Meeting at the Triennial Congress. Several hours are dedicated to this Council Meeting for sharing of information and voting on various IFSHT matters. Although this is a wonderful opportunity to greet and interact with our delegates, Nicola Goldsmith, IFSHT President felt this was a long time between meetings.

This June (2021), Nicola proposed a virtual Annual IFSHT Council Meeting, and the delegate response was amazingly supportive. During the one-hour Zoom call, 38 delegates participated, greeting each other in their native language. Considering the numerous time zones involved, the participants are congratulated for making this first virtual meeting such a success. Minutes of the meeting and a video recording of the call are available for delegate access at [Delegate Documents & Poll Results – IFSHT](#).

The agenda provided information on:

- new IFSHT member countries and their delegates – Poland, Marta Jokiel and Fiji, Akisi Dovibua
- navigation of ultra-new IFSHT.org website
- venue and plans for 2022 Triennial Congress, London
- proposed Bylaw Changes
- request for Nominations for EXCO and Committee Chair positions
- call for bids 2028 IFSHT Triennial Congress; combined bids from Asia-Pacific/African Countries, and solidary bids for any Full or Associate member country were welcomed

Following the call, delegates participating in the Mentor-Mentee Program were welcomed to meet in chat rooms for further discussion. Several groups took advantage of this opportunity and talked for over another hour. It is hoped that this program will generate many success stories that will be shared at the next Council Meeting to be held during the IFSSH / IFSHT Triennial Congress in London in 2022.





# 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.

Compiled by Toni Rippey



## Annette Leveridge

Annette started her career as an Occupational Therapist at Mount Vernon Hospital specialising in burns management.

She was one of the founding members of the British Association of Hand Therapists (BAHT) and was instrumental in putting Hand Therapy on the map. Annette was a passionate member of the Postgraduate education committee and established the attainment levels in Hand Therapy skills leading to the Accredited Hand Therapist (BAHT). Annette organized and lectured at BAHT level 1 and 2 courses throughout England. She also was a BAHT Assessor for all four levels leading to Accreditation from 1992 – 2017.

Annette was elected President of IFSHT from 1998–2001. Throughout her time as the President Annette sought to promote and foster communication and exchange across the world.

Annette has presented at many national, European, and international conferences and has written primarily on the management of burns. Other topics presented have been Use of Silicone Gel, Assessment of the Hand, Sensory Education, Splinting Techniques, Pressure Therapy and Dynamic Splinting for Nerve Injuries.

In 1997 BAHT recognised Annette's contribution to United Kingdom Hand Therapy by honouring her with the Natalie Barr Award. Throughout her career as a Hand Therapist her passion has been for communication, education, teamwork, enthusiasm, and friendship.



# Lifetime Achievement Awards



## Victoria Frampton

Victoria has made substantial contributions in the field of Hand Therapy throughout her career. She is a founding member of the British Association of Hand Therapy (BAHT) as well as the founder of the education sub committees for both IFSHT and BAHT.

Victoria has been working in the field of physiotherapy since 1974. Her interest in Hand and Upper Limb Therapy started whilst working at the Royal National Orthopaedic Hospital as she developed her career.

Clinical experience involving brachial plexus injuries, peripheral nerve injuries and trauma and reconstructive surgery forged an ongoing interest in these areas. Opportunities to analyse and assess pain relating to hand injuries, spinal injuries and amputation also developed Victoria's clinical expertise.

Management opportunities presented themselves to Victoria and she has been involved in training and teaching across the district in Kent, England. This allowed Victoria to develop both her managerial and clinical skills together.

Over the last 10+ years Victoria has been working as an extended scope practitioner allowing her insights into the combined therapist and general practitioner roles. She has further extended her training and teaching opportunities to include teaching on the role of the extended scope practitioner.

Victoria has contributed countless hours to the development and training of both developing therapists and the profession. She is a sought-after contributor in Hand Therapy texts. Due to Victoria's experience and skill mix she has lectured and taught extensively both nationally and internationally.





## CLINICIANS IN HAND AND UPPER LIMB THERAPY

*Members of the Slovenian Society for Hand Rehabilitation*

### SPOTLIGHT ON:

# Slovenian Society for Hand Rehabilitation

Submitted by Urška Levičnik, IFSHT delegate for Slovenia

The Slovenian Society for Hand Rehabilitation (in Slovene: Slovensko društvo za rehabilitacijo roke – SDRR) is a voluntary professional society that unites physiotherapists, occupational therapists, and other experts working within the field of hand rehabilitation in the territory of the Republic of Slovenia. It was founded on the 28th of January 2004 and in the same year we joined The European Federation of Societies for Hand Therapy (EFSHT). In the year 2007, we became full members of The International Federation of Societies for Hand Therapy (IFSHT). We are a small society, with 20 members in the year 2021, consisting of ten occupational therapists and ten physiotherapists. Most of our members are employed in the public health care system, such as university hospitals, general hospitals, rehabilitation institutes; others work in private clinics.

The purposes of the society are to develop and promote high levels of professional work in the field of hand rehabilitation, examine professional issues in this field, monitor innovations in the profession (locally and abroad), encourage the exchange of information, monitor issues of education in the field, address broader professional and societal concerns that are important for the development of the profession, publication of articles, cooperation with other associations and individuals involved in hand

therapy and award diplomas and recognition to individuals who have achieved significant success in the field of hand rehabilitation. To address the mandate of the society we provide lectures, courses, seminars, and workshops for our members during which we cooperate with professional health and educational organisations and associations for hand therapy from Slovenia and abroad. In addition, we publish a magazine and internal newsletter.

Since 2004 we have organised 15 educational events. In the year 2020 our organisation, like the world, was affected by the COVID -19 pandemic, and we were unable to present any courses. In 2021 we regrouped and organised a very successful virtual event on the topic of scar management for physiotherapists, occupational therapists, surgeons, and other health professionals from all over the country.

We are actively working on a hand therapy certification programme for our members.

The SDRR is a small society, with ambition and hardworking members, which we believe is the key to a bright future for the Slovenian Society for Hand Rehabilitation.





Closing date: 31 March 2022

# LOGO COMPETITION

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](mailto:informationofficer@ifsht.org) by 31 March 2022. Voting will take place in June 2022.

**GOOD LUCK!**





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



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Designed by

