

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

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



Daniel Harte

IFSHT Publications Committee Chair (2022 – 2025), Northern Ireland

The versatility of the hand means it has a rich and diverse history as a communication tool across cultures and societies. The handshake has existed for several millennia as a way to demonstrate peaceful intentions, yet the oscillated hand helped unravel hidden daggers up a sleeve or to ensure no weapon but an empty palm. The clasped hand has come to mean friendship or the signature of a sealed deal.

In recent times the hand shake has almost become a lost language but with a world opening up it once again becomes part of our diction. As such the strapline on the FESSH-EFSHT 2023 Congress website “Let’s shake hands at FESSH 2023” has a poignant air: new networks can be made, collaborations can be resumed and friendships can grow again.

The calendar for 2023 offers several opportunities to shake hands: the IFSHT EXCO will meet in Cape Town

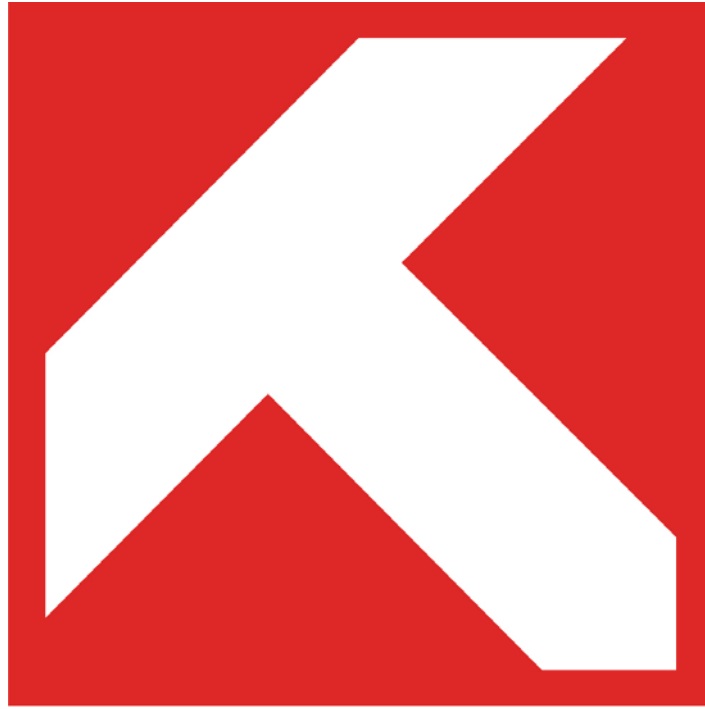
in February, the FESSH-EFSHT Congress will be held in Rimini (Italy) in May and the British Association of Hand Therapists Annual Conference will be held in Bournemouth (England) in October to name a few. The 2022 – 2025 IFSHT EXCO held their triennial face to face meeting in Cape Town South Africa from 3 – 6 February 2023. This was an opportunity to plan and set the scene for the term ahead.

The acronym “REACH” cleverly constructs the verb that proceeds a handshake and I hope you find this issue continues to be a vessel to help you reach out to hand therapists across the world, building communities, harnessing knowledge and helping our patients.

Daniel Harte

IFSHT Publication Officer (2022 – 2025)

Northern Ireland



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A unique distinguishing feature of our business is the joint research and development we perform with prospective clients and practitioners. We pride ourselves not only in our own innovative line of products, but also in the partnerships we have developed with numerous clients to enable cooperative design and manufacturing. We welcome ideas and are happy to maximize the value for our current and prospective partners.



Publishing your research paper

Welcome to Part 1 of our series on how to get your research paper published. In this issue, we will introduce the key steps of the publication process and discuss finding a suitable journal for submission.

The steps are

- 1) selecting your target journal,
- 2) preparing your paper,
- 3) submitting your paper, and
- 4) understanding the peer-review process.

Selecting your target journal

Choosing the journal that would be best suited for publishing your paper is an important decision to make. You may need to consider readership and reach and taking your time to carefully consider the choice of journals. Deciding your target journal before you start writing your paper helps you focus

on formatting your paper and understanding how your work can build on research that is already published in that journal. These would allow adhering to the journal specifications at the outset and increase the chances of acceptance for publication.

How to find a journal?

You may choose your target journal from a familiar list of journals that publish your area of research (for example, *Journal of Hand Therapy* focuses on rehabilitation of hand disorders). Getting advice from your research team and colleagues is also

a good idea. Another place to look for potential journals is to check your reference list for journals that published the articles you had cited. There are also online resources such as JournalFinder <https://journalfinder.elsevier.com/> and Journal Suggester <https://tinyurl.com/zjmtr4as> to find a matching journal.

Other resources include:

- Bibliographic databases such as Scopus <https://tinyurl.com/2p9fcee5>
- Journal guide <https://www.journalguide.com/>
- Find a journal by name <https://tinyurl.com/2s46t37f>
- Journal insights <https://tinyurl.com/dt2rh4h4>
- SciRev <https://scirev.org/>
- Web of Science Master Journal List <https://mjl.clarivate.com/home>

A free guide to help you choose the right journal is available from Taylor & Francis author services <https://tinyurl.com/mpcb2uub>

To-do list to find the right journal to publish

- Think about your target audience (research area, reach, impact and geographic scope)
- Think about the method of publication (Open Access or Subscription-based). Check if your institution or research funder has an open-access mandate
- Read carefully the journal's aims, scope, author guidelines, and editorial policies and processing charges etc.

- Ensure the journal has a rigorous peer-review process
- Ensure the journal is indexed in databases such as Pub Med or Scopus
- Be aware of predatory journals. Use the checklists from Think-Check-Submit initiative, <http://thinkchecksubmit.org/>. Find some common characteristics of predatory journals here <https://tinyurl.com/3bhntmtv> (Shamseer et al, 2017)
- Understand the different journal metrics (for example: Impact factor)
- Consider open research platforms such as F1000Research for rapid publications <https://f1000research.com/about>

What is the impact factor?

The impact factor (IF) is one of the indexes of a journal's performance. It measures how many times an article in a journal has been cited during a particular time period (usually a 2-year period). For example, if the IF of a journal was 6 in 2022, it means the papers published in 2020 and 2021 received an average of three citations in 2022. Higher the IF, higher the journal's ranking. As a rule of thumb, an IF of more than 10 is considered excellent.

Additional journal metrics

Read more here: <https://tinyurl.com/4nhsa397>

In the next issue, we will be looking at how to start writing a research paper.

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New and Noteworthy

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

In this issue's New and Noteworthy, I would like to feature the topic of ergonomics and overuse, or repetition strain, injuries. A common and costly condition that falls into this category is carpal tunnel syndrome (CTS). In a recent study titled, *Occupational Risk Factors for Work Disability Following Carpal Tunnel Syndrome: A Pooled Prospective Study*, Harris et al¹ aimed to determine personal, biomechanical, and work psychosocial factors that are associated with CTS as measured by work disability. Interestingly, the authors cited prior research that found aetiologic factors differ from prognostic factors in individuals with back pain,² and they indicated that a similar investigation for CTS was needed.

By pooling raw data from several previous studies, the researchers were able to analyze work disability factors, psychosocial factors, and biomechanical exposures, in over 370 individuals with CTS. The CTS diagnosis was confirmed using clinical exam data (subjective symptoms in one or more of the radial digits) and the presence of median mononeuropathy at the wrist confirmed through electrodiagnostic testing. Individuals were excluded if they presented with polyneuropathy. The workers who met the inclusion criteria were followed for up to 6.4 years (average 2.4 years). Harris et al¹ divided the CTS cohort into those with prevalent CTS, or presence of CTS at the beginning of the analysis, and incident CTS, those who developed CTS during the study period.

In addition to demographic data (age, sex, body mass index [BMI], prior medical history, etc) three additional categories of data were collected:

- Work disability data: self-reported negative changes in pace or quality of work, lost work time, and/or job changes including restricted or light duty due to hand/wrist symptoms
- Work psychosocial factors: using data from the Job Content Questionnaire, participants were grouped according to job demand and decision latitude into one of four groups: 1) high strain (high demand, low control); 2) passive strain (low demand, low control); active strain (high demand, high control); and low strain (low demand, high control)
- Biomechanical exposure data: hand force, repetitiveness, temporal exertion patterns for repetition, duty cycle, posture, and exposure to vibration

Authors reported data for 140 incident CTS cases and 232 prevalent CTS cases. Authors reported those with prevalent cases had a higher mean age (2.3 years), BMI (1.5 kg/m²), and tenure (1.5 years) than the incident cases. There were 6% more females and 7% more people with comorbidities in the prevalent cases. The authors reported several interesting findings. First, the median time to lost work was 459 days for the prevalent cases versus 227 days for the incident cases. Also, job change occurred after a median interval of 570 days for



the prevalent cases versus 231 days for the incident cases. Also, those with incident cases that had a middle and higher rate of forceful exertions had a 2.37 (95% CI 0.62 to 9.05) and 3.04 (95% CI 0.94 to 9.84), respectively, increase in the rate of job change compared to the prevalent group.

Several biomechanical exposures increased the rate of lost work time. For example, a "Hand Activity Level scale score of more than 4 or a total hand repetition rate of more than 13.6 reps/min or spending more than 76% of time in any hand exertion or spending more than 29% of time in forceful hand exertion increased the rate of a job change."^{1,p445} There was also a higher rate of individuals who experienced pace and quality changes than those who experienced lost time, thus, suggesting changes in pace and quality come before lost time or job changes. With regard to psychosocial job factors, "high job strain was the strongest predictor of severe disability outcomes, with a 4-fold increased rate of lost time and a 6.5-fold increased rate of job change."^{1,p445}

Finally, and an important finding was the contribution of non-occupational risk factors. For instance, those reporting "fair" or "poor" health had a 70-80% increased rate of changes in work pace or quality and job change and individuals with an elevated BMI had a higher rate of lost time, but not for job pace/quality or change. Authors concluded that "while peak force contributes to the development of CTS, once a person has CTS, other factors become relatively more important contributors to disability"^{1,p450} and more research needs to be done to develop effective strategies to prevent disability related CTS that include both ergonomic and organizational redesign. The authors provided several limitations to their work such the low number of incident cases and reliance on participant self-report.

Please take a look at the paper by following the link below. There are more results discussed, detailed tables, and a great discussion on the implications of the findings.

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On the horizon...

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

The topic of repetitive strain is important to the practice of hand therapy. More research is needed to develop prevention strategies for repetitive strain injury, to reduce job change and lost work time, to improve knowledge on interventions, and to understand how psychological factors contribute to disability. Here are a few research protocols available to online to help us understand what is on the horizon.

- **A Comparison of Ultrasound-guided Steroid Injection With Wrist Splint in Carpal Tunnel Syndrome.** View at: <https://www.clinicaltrials.gov/ct2/show/NCT04515966?term=%22carpal+tunnel%22&recrs=abf&draw=2&rank=6>
- **Efficacy of Extracorporeal Shock Wave Therapy in Carpal Tunnel Syndrome:** <https://www.clinicaltrials.gov/ct2/show/NCT05314777?term=%22carpal+tunnel%22&recrs=abf&draw=1&rank=10>
- **Mobilization With Movement Versus Soft Tissue Mobilization in Patients With De Quervain Tenosynovitis:** <https://www.clinicaltrials.gov/ct2/show/NCT05356624?term=de+Quervain&recrs=abf&draw=2&rank=2>
- **Efficacy of Extracorporeal Shockwave Therapy on Ultrasonographic Changes in de Quervain Tenosynovitis:** <https://www.clinicaltrials.gov/ct2/show/NCT05782114?term=de+Quervain&recrs=abf&draw=2&rank=1>
- **Treatment for Ulnar Neuropathy at the Elbow (UNETREAT):** <https://www.clinicaltrials.gov/ct2/show/NCT03651609?recrs=abf&cond=Nerve+Compression&draw=2&rank=2>

Welcome message EFSHT 2023

Dear hand therapists, it is with great pleasure and privilege for the Italian Hand Therapy Association (AIRM) to invite colleagues not only from all over Europe but from around the world to come to Rimini for the next Triennial Congress of FESSH and EFSHT. The event will take place at the beautiful and modern IEG Expo - Palacongressi in Rimini from May 10th to 13th 2023! SAVE THE DATE!!!

This will be another occasion to unite forces and cooperation between surgeons and therapists as well as the experience of hand specialists from different backgrounds and countries. I encourage and invite you to actively participate in the stimulating and somewhat controversial scientific program that has been themed "From Basic to Controversy" by the FESSH Congress Chair Dr. Riccardo Luchetti.

To date over 600 have registered of which 200 are therapists. This Joint Congress will allow therapists to connect with surgeons from all over the world and discuss on hot topics such as flexor tendons, wrist, general failures, current practices lacking evidence, updates on anatomy and biomechanics and it will be an occasion to plan future research to improve our clinical treatments, to name only a few. More than 100 scientific papers were submitted by colleagues from around the World. Participants can critically analyse the E-posters and the presentations throughout the 7 free paper sessions.

A variety of renown international experts have been recruited in the Faculty to discuss various topics in hand rehabilitation during our 20 planned sessions. Participants will also be able to engage in a couple of their preferred 17 practical workshops topics included in the general scientific program. This edition of the European Congress will also offer a very important Keynote lecturer which will surely inspire many to achieve greatness in their discipline. It is with great pleasure that Pat McKee from Canada has agreed to share her experience and knowledge during the meeting. Another lifetime achievement



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RIMINI, ITALY 10-13 MAY 2023

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faculty member present will be Shrikant Chincalkar which will guide many sessions and workshops.

Finally and most importantly, there will be a Combined Session with the surgeons in the beautiful Main amphitheater where experts around the globe will update us on Flexor Tendon management. As usual, many social events are being planned as we speak by a dynamic and experienced team of professional local organizers to allow friends to catch up on what has happened in our lives during the difficult years of forced isolation. The Scientific Committee and I hope to see many familiar faces but also new ones to network all together for the future of our profession! See you in beautiful seaside Rimini!

Silvio Tocco

EFSHT Congress Chair

Congress Scientific Committee:

Paolo Bocolari, Michel Boutan, Katia Fournier, Alice Orts Hansen, Giulia Pompili, Ilaria Saroglia, Robbert M. Wouters

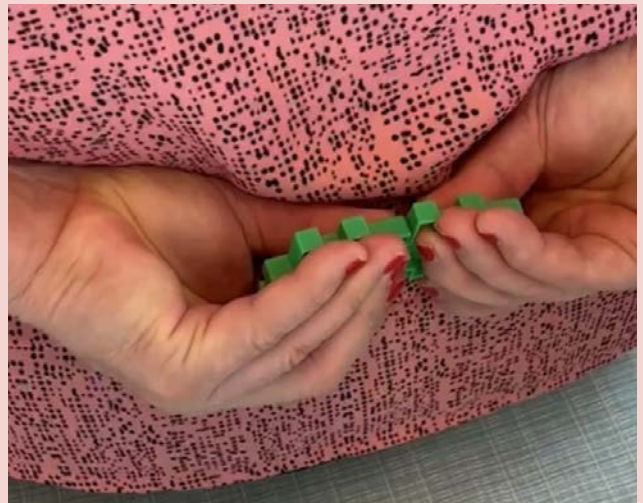
Clinical Pearls

In this section we feature clinical pearls which should be applicable to most hand therapy settings. **We welcome your ideas.** Submit them to informationofficer@ifsht.org.

Submitted by Amanda Saylor, OTR/L, CNS, CBIS & Rebecca Carr, OTR/L, CSRS | [@neuro_OTs](https://www.instagram.com/neuro_OTs)

Many of our patients report difficulty reaching behind to pull their pants or fastening and unfastening their bra strap. There are so many compensatory techniques that come to mind, whether the deficit lies with impaired shoulder internal rotation AROM, sensation, pinch strength, etc. but why don't we first try to restore the impairment and regain independence in the preferred way of performing the occupation before trying compensatory methods?

We like to practice reaching behind the back along with a fine motor task, as this is so similar to those pesky bra hooks! This could include attaching paper clips together, threading a knot & bolt, or stringing beads on a pipe cleaner. If the range of motion is not yet sufficient to work on fine motor skills in this position, you can start with passing a ball behind their back or connect longer items such as PVC pipes together. Hope this inspires you to get your patients back to wearing their desired clothing in the way that is most familiar to them!





Lifetime Achievement Awards

IFSHT celebrated the careers of a number of Hand Therapists at the 2022 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

Sarah Ewald

Sarah is an Occupational Therapist from Switzerland who has an extensive work history following her graduation in 1985. Her interest in Hand Therapy came from an 8-week practicum in a Hand Therapy clinic during her undergraduate studies. Sarah says she was 'entranced' by this practice area. She received advice from her clinical advisor to consolidate her Occupational Therapy knowledge before specialising. So she did! Sarah started her career working in a large hospital in acute care. This occasionally meant that she got to 'dabble' in hands which only confirmed her desire to work in the Hand Therapy arena. Since this time she has worked within the USA and Switzerland developing her skills in Hand Therapy and now sharing her knowledge and passion for Hand Therapy as her skills have grown, been sharpened and refined.

Sarah is now the co-owner of a private hand therapy practice in Switzerland responsible for the management of the practice and staff as well as implementing treatment for patients with hand injuries and performing worksite evaluations. She also co-ordinates a post graduate Certificate in Advance Studies program as part of Zurich University of Applied Sciences, teaching subjects such as evidence-based practice, assessment, tendons, fractures, compression neuropathy and splinting.

Her favourite part of Hand Therapy is the appreciation that it requires analysis and problem



solving daily. Sarah enjoys generating unique solutions and that can be implemented to meet patient needs.

As well as running a successful practice and teaching, Sarah has co-authored chapters overviewing peripheral nerve repair, clinical reasoning and evidence-based practice. She has been published in Swiss/German therapy journals as well as in international journals. Her commitment to ongoing education has seen her travel to professional meeting in 21 countries giving more than 70 presentations. She has developed and taught/co-taught 17 professional courses for therapists. Sarah has very much enjoyed teaching and interacting with fellow therapists and being able

to bring practical examples to the classroom. Hand Therapy has never been 'work' for her. Each day is a wonderful adventure that can be explored in the clinic, classroom or conference arena in order to learn new things and share ideas.

Sarah served as the IFSHT Secretary during the years 2007 to 2010 further supporting the society in the roles of president elect, president and past president throughout the years 2010 – 2019. She served on the EFSHT Education Committee between 2005–2015 and on the Swiss Hand Therapy Rehabilitation Association between 1993–2001. Sarah is especially proud of her time participating in this committee work as it has expanded her perspective immensely.

In 2021 Sarah initiated a remote learning Hand Therapy education project based in Sri Lanka and

Bangladesh. This involved organising, teaching and coordinating instructors to teach 25 therapists.

Sarah has this piece of advice for Hand Therapists throughout the world: "Know your anatomy, be open to new ideas, connect with colleagues locally, nationally and worldwide, volunteer in your hand therapy society, and view each challenge you encounter as an opportunity to learn or experience something new!"

Thank you for your passion, your vision and your service to the Hand Therapy profession Sarah. Your drive and focus to promote Hand Therapy is motivating and encouraging. You are a true inspiration and hero in the Hand Therapy world!

Suzanne Caragianis

Suzanne is a walking testimony that dreams really do come true.

As a young girl at 13, she had a clear desire to become an Occupational Therapist and transform peoples' lives with disability. At university when completing her hand and upper limb dissections and learning of the complexity of hand anatomy she decided she HAD to become a Hand Therapist. After she graduated in Australia Suzanne decided to gain her USA OT registration so she could work and train in Hand Therapy in the USA. Her goal and dream early in her career was to go and work with Dr Harold Kleinert, a pioneer of hand surgery and therapy. In 1989 Suzanne's dream became a reality when she worked with Dr Kleinert for 2 years and then continued to visit him annually for a further 20 years. Indelibly etched into her memory is what she was taught by Dr Kleinert that "you have an obligation to teach and share all you know". This has fuelled Suzanne's fruitful and successful career to date.

Suzanne now works and lives in South Australia and runs her own successful private hand therapy practice as well as participating in contract Hand Therapy work and Lecturing at the University of



South Australia. Her private practise is established over 5 sites for over 28 years.

Her contribution to Hand Therapy in Australia has historically been serving as the Treasurer and Marketing and Communication Officer for the Australian Hand Therapy Association and now currently serving as a mentor for the Association's junior therapists and colleagues. Suzanne has invested into over 100 junior therapists throughout

Australia through her mentoring. Suzanne regularly presents at AHTA Annual meetings and regularly presents on a voluntary basis to GP practices, sports medicine conferences, musculoskeletal conferences, hand surgery conferences to increase the awareness of Hand Therapy.

Internationally, Suzanne has established a scholarship fund in collaboration with the University of South Australia which is eligible to students from Bhutan and Nepal who want to study Occupational Therapy or Physiotherapy. Furthermore, Suzanne has developed hand therapy units and training programmes for surgeons, nurses, general doctors and physiotherapists in the Kingdom of Bhutan. She has organised surgical camps which are now being run by Interplast, has assisted the Physiotherapy Association in Bhutan to become a member of the World Confederation of Physiotherapy, has established a charity to raise money for surgical equipment and establishment of hand therapy clinics and has assisted in organised the training of Bhutan's first surgeon.

She has presented and been the invited keynote speaker in Canada, Turkey, India, Brazil, USA and

NZ. She has had work published covering a wide genre of interests including the prevalence of Occupational injuries in hand Therapists, InterX, Autologous blood injection for Lateral epicondylitis and learning deficits in chronic unilateral hand pain patients.

Suzanne has an absolute desire to be the best therapist for her patients in order to achieve the best possible outcomes. She believes that she is there to serve her patients and help them achieve the best result and return to sport, work and leisure activities. Her favourite part of Hand Therapy is meeting and interacting with people from all walks of life and helping them on their healing journey. Suzanne's advice to Hand Therapists around the world is to "Do unto others as you would like them to do unto you and be the best you can! Be kind, listen and be present so patients trust you, together you will achieve a better outcome."

Thank you for reminding us that dreams really do come true Suzanne, for your vision, your passion and your tenacity with regards to the promotion and further development of Hand Therapy throughout the world. A true inspiration that we can all dream big!



SPOTLIGHT ON:

Hand Therapists Society of Türkiye

The Hand Therapists Society of Türkiye (THTS) was established in 2004 in Izmir. It first started its activities as a subgroup under the umbrella of the Turkish Physiotherapists Association. It has been operating as an independent association since 2004. The purpose of its establishment is to organise trainings, courses and congresses by gathering physiotherapists and occupational therapists working in the field of hand rehabilitation under the same roof and to represent our country in this field. It is a full member of the IFSHT and EFSHT. Since 2010, THTS organizes a national congress every two years together with the Turkish Hand and Upper Extremity Surgery Society. The latest national congress was postponed for 6 months due to the Covid 19 pandemic and held online in November 2020. Apart from congresses, THTS periodically organises courses and training programs on the main topics of hand rehabilitation. Experienced therapists from both domestic and abroad are invited to these trainings as trainers. Training and courses are open to all therapists who are interested in the field, in addition to the members of the association. THTS also contributes presentations to different disciplines on hand rehabilitation at other congresses and trainings held in Turkey. The majority of the members of the association are



physiotherapists. because occupational therapy education is quite new in Turkey. We think that as the number of graduates increases, the number of occupational therapists joining the association will also increase. Hand therapists in Turkey can work in both public and private hospitals and clinics. Unfortunately, the payment given only for hand rehabilitation in public hospitals is less than other disease groups. Private health insurers pay for hand rehabilitation. The Covid 19 pandemic also affected this group of people working in close contact, such as hand patients. Although there were patients who received online rehabilitation during this period, the treatments continued by taking the necessary precautions.

THTS has 50 members registered. There is no national certificate program, but studies on this subject continue. The last face to face congress was in 2018, where the group photo was taken.



VOLUNTEER:

Health Volunteers Overseas



There are a number of opportunities for hand therapists to volunteer their time for hand therapy service delivery and/or education. Some are listed on the IFSHT website [here](#). We will feature them in this section of REACH.

Health Volunteers Overseas (HVO) is dedicated to improving the availability and quality of health care in resource-scarce countries through the training, mentorship, and education of local health professionals. Since 1986, HVO has relied on establishing equitable partnerships with hospitals, universities, medical institutes, and Ministries of Health to realize its mission. HVO's programs utilize highly skilled health professionals as short and long-term volunteers providing both in-person and virtual training, as well as provide scholarships for onsite clinicians to attend international continuing education opportunities. HVO volunteers provide training on average to over 3,100 health professionals each year across 18+ specialties and 23+ countries. Around the world, HVO is transforming lives through education, working towards a world where all people have access to high-quality health care delivered by local health professionals.

HVO is lucky to have many dedicated volunteers who return again and again to teach and train colleagues around the world. Hand therapist Kay Ahern, PT, CHT has completed twenty-six assignments in six different countries since she began volunteering with HVO twenty-three years ago. For the eight years leading up to her first trip, she met and chatted with HVO staff working at a booth at physical therapy conventions but hesitated to take the first step. Finally, in 1999, she agreed to a two-week assignment in Hanoi, Vietnam to teach physical therapists at Bach Mai Hospital. It was not an auspicious start—when she arrived, the head of the clinic informed her that they had no students and no interpreter.

Despite this rocky beginning, Ms. Ahern says, "I was hooked." She continued traveling with HVO all over



Health Volunteers Overseas
Transforming Lives Through Education

the world and has taught hundreds of students, made dozens of life-long friends, and collected thousands of stories. One of her many adventures includes traveling from India to Bhutan by bus only to arrive at the border to be denied entry for not engaging a guide to meet her. They let her through when she threatened to call the king, whom she had met, to explain the situation.

Since she has returned numerous times to many of the same hospitals over the course of decades, Ms. Ahern has been privileged to witness the changes made in that time, which she says has been "an absolute joy." One improvement that stands out to her occurred in India, where in 2007 a student asked her to just state the necessary treatment without going through any context or thought process. Ms. Ahern asked, "Don't you want to know the clinical reasoning?" The student could not understand why she should bother. Thirteen years later, Ms. Ahern returned to the hospital to find that clinical reasoning is now an integral part of how students are taught. She has also seen the physical therapy department in Bhutan grow from a single therapist to more than ten and finds that there, too, students are more open to asking questions.

In 2016 in Vietnam, Ms. Ahern worked with Dr. Thanh who told her he was tired of his technicians telling him they had learned something that he would later test them on with failing results. Ms. Ahern was undaunted and asked Dr. Thanh for just two hours a week with the group of students to practice three types of splints over and over. An interpreter was

only provided for the first session. At her final lecture, she had her students present what they had learned with great success. A full year later, Dr. Thanh had them demonstrate these splints to hospital staff; they still remembered the skills. He said of Ms. Ahern, “Do you know why Kay keeps coming back? Because she cares about us and our progress.”

One of the many valuable lessons Ms. Ahern would like to impart to newer volunteers is, “I learned that I needed to listen more, because if you talk all the time, you don’t learn anything.” She adds that volunteers will often separate themselves from the staff they are teaching, but it is better to see them as colleagues and resources and to value their

opinions on their own country and culture—and to not underestimate the people around you.

If you would like to provide valuable training to colleagues around the world like Ms. Ahern, HVO is looking for volunteers for projects in Kumasi, Ghana; Thimphu, Bhutan; Guatemala City, Guatemala; Vellore, India; Blantyre, Malawi; Kigali, Rwanda; Vieux Fort, St. Lucia; and DaNang, Vietnam, with particular need in Ghana and Vietnam. Some projects accept both online and international assignments, while others are looking for one or the other. For more information, visit the HVO website at www.hvousing.org or contact HVO Recruitment Specialist Lauren Franklin at l.franklin@hvousing.org.



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