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REACH

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

ifsht

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

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

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LETTER FROM THE EDITOR

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

Over the last few months I read a few news articles about the AI app *ChatGPT* that has the unnerving capability to answer any question you may throw at it or write songs and produce poetry and fiction. You can even ask it to write your hand therapy notes in the style of William Shakespeare but that may pose issues with follow-on care!

ChatGPT and similar apps reminds us how rapidly human knowledge and technology are accelerating whereby it will undoubtedly reimagine healthcare in the very near future. But can we keep up? One estimation is that human knowledge is now doubling every 12 hours. Back in 1945 it took 25 years for knowledge to double.

While we traditionally appraise and integrate recent research and education into our practice, there is also a pressing need to evaluate what is potentially down the line to help us prepare for change. In the last issue of REACH Mia Eriksson introduced a new feature, "*On the horizon…*" to provide therapists with a snapshot of potentially influential research that is currently being conducted. The purpose of this is to not only whet the appetite of our readership but to also introduce them to future ideas, innovations and questions in the here and now.

While knowledge rapidly accelerates, frustratingly research can be a slow process. In particular progressing a finished article through ethics or journal publication clearance. To help though, Cynthia Srikesavan is on hand again in this issue to share her expertise on writing a research paper. In the last issue Toni Rippey also devised a new engaging Q&A format on profiling those hand therapists who were recipients of the Lifetime Achievement Award. Read more profiles in this issue.

This edition of REACH also includes clinical pearls on the use of 3D printing to produce rehabilitation tools in hand therapy. This is a perfect example of embracing a new technology and applying it into a hand therapy context. Not long ago 3D printing was merely a concept. So let's look to the future; share your ideas with us and help us build our hand therapy community as we progress through a rapidly evolving age of knowledge.

REACH publications team: Susan de Klerk, IFSHT Information Officer (South Africa),
IFSHT Publications Committee members: Cynthia Srikesavan (United Kingdom), Mia Erickson (USA) and Toni Rippey (New Zealand)

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Publishing your research paper

Welcome to Part 2 of our series on how to get your research paper published. In this issue, we will introduce you to the basic sections of a quantitative research paper and provide a few practical tips for writing (as guidance only). When writing your paper, we strongly encourage you to use relevant reporting guidelines depending on your study type. You can find a range of reporting guidelines here: https://www.equator-network.org/library/

It is easy to remember the acronym '**IMRaD**' which stands for **I**ntroduction, **M**ethods, **R**esults, and **D**iscussion sections of a research paper. Let's discuss each below:

Introduction

This is the first section you will notice in a research paper. It usually starts with a general outline of the health condition/problem/topic of interest, followed by a brief literature review that provides background information on the study. Further to these, any gaps identified in the literature, the need for the study in relation to previous work, and the main objectives are explained.

This section can be written in 3 to 5 paragraphs, not exceeding 600-700 words. In the first paragraph, give a general overview of the health condition/problem/topic that is studied. Next, include a summary of previous knowledge (for example, systematic reviews or randomised controlled trials), preferably citing those published in the last five years. In the third paragraph, briefly elaborate on any gaps in the literature and how your study could address those gaps. Finally, list down your main study objectives.

Methods

This section covers how you did the study and the materials you used for data collection and delivery of interventions. This section is usually the longest and can be between 1000 to 1500 words in 3 to 5 paragraphs.

Study-related information such as study design, study setting, eligibility criteria, sample size, interventions and outcomes, and data analysis method(s) must be presented in sufficient detail so others could replicate your work. You can use tables, flowcharts, images, or supplementary files to elaborate on information. It is also important to include details of ethics approval for the study, informed consent, and patient and public involvement (for example, feedback from patient representatives on research question or protocol).

Results

Here, the outcomes of the study must be reported in detail using a combination of text, tables, graphs, flowcharts, or figures.

This section can be 5 to 6 paragraphs (around 1000 words), beginning with a detailed report of the recruitment process, baseline characteristics of study participants, and main findings with statistical information (such as p-value, effect size).

Discussion

This section (around 1000 words) discusses the key findings and whether the study objectives were achieved.

Begin with an introductory paragraph on the study objectives and main findings. In the next 2-3 paragraphs, compare and discuss the main findings in context with the previously published studies. Then, discuss the study's strengths and limitations. Your closing paragraphs can include a brief conclusion and implications of your work in clinical practice and future research.

Referencing can be made easy with software packages such as Endnote or Mendeley. In addition, reading journal articles on the type of research you did (or intend to do) is often very helpful.

In the next issue, we will discuss the common mistakes in writing a research paper and also how to write a good abstract.

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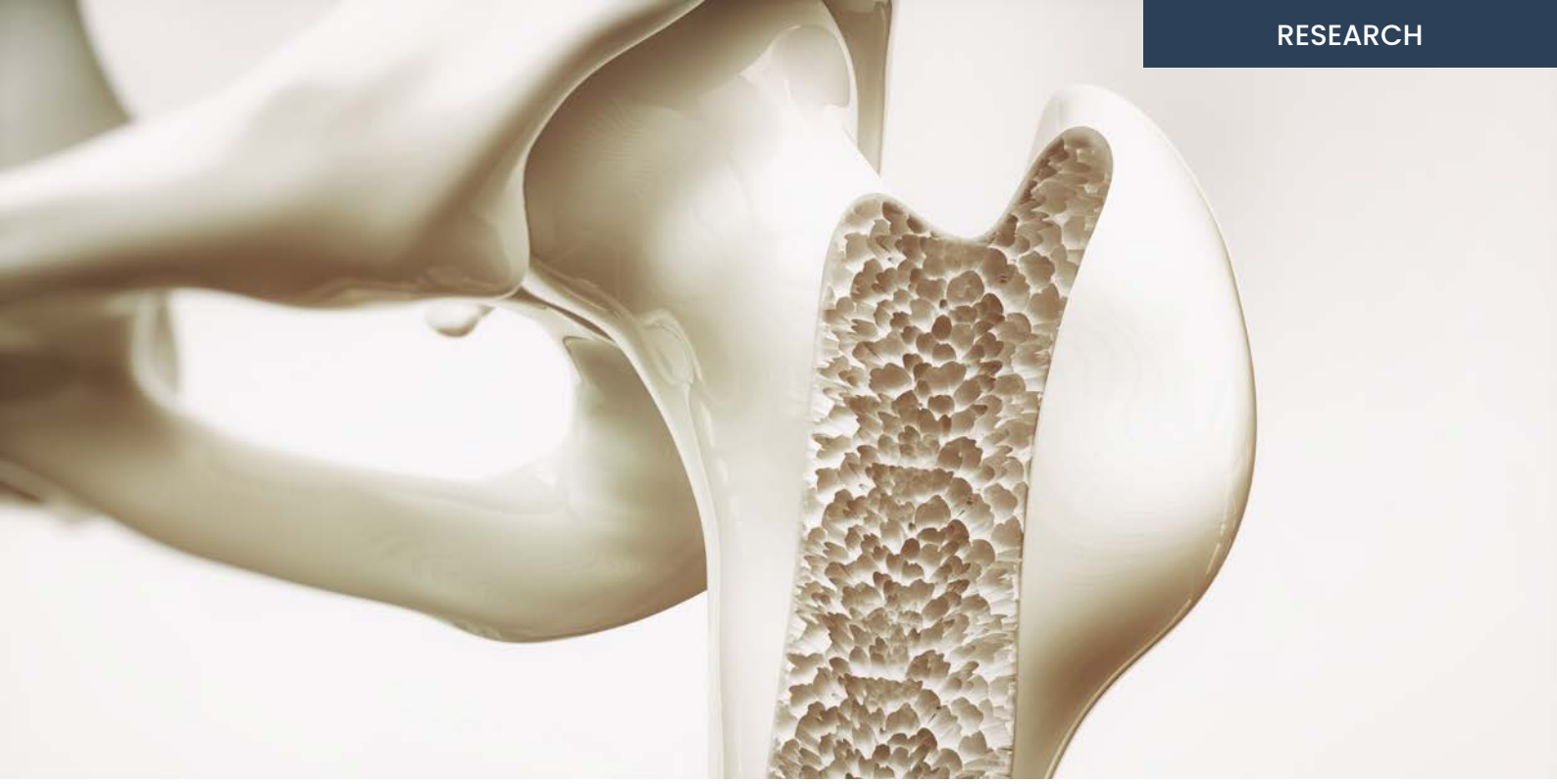
Horizon Scanning: Future Research

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

- Hands-Up: Exercise and Education Program After a Wrist Fracture.
  https://clinicaltrials.gov/study/NCT03997682
- Finding the Optimal Resistance Training Intensity For Your Bones.
  https://clinicaltrials.gov/study/NCT05541432?cond=Fractures%20Bone&term=Osteoporosis&intr=exercise&aggFilters=status:rec%20act&rank=2
- Osteoporosis and Fall Prevention and Posture Correction Interventions in the Metropolitan Area.
  https://clinicaltrials.gov/study/NCT02803190?cond=Fractures%20Bone&term=Osteoporosis&intr=exercise&aggFilters=status:rec%20act&rank=3
- Optimisation of Falls Prevention After Low-energy Osteoporotic Fractures: Feasibility Study (OPTICHUTE).
  https://clinicaltrials.gov/study/NCT03642808?cond=Fractures%20Bone&term=Osteoporosis&intr=exercise&aggFilters=status:rec%20act&rank=9
- Does the New Fall- and Fracture Prevention Initiative in Oslo Have Effect?
  https://clinicaltrials.gov/study/NCT05680714?cond=Fractures%20Bone&term=Osteoporosis&intr=exercise&aggFilters=status:rec%20act&page=2&rank=12
- Effects of Kinect-based Virtual Reality Training in Postmenopausal Women With Osteopenia.
  https://clinicaltrials.gov/study/NCT04862910?cond=Fractures%20Bone&term=Osteoporosis&intr=exercise&aggFilters=status:rec%20act&page=2&rank=13



New and Noteworthy

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

According to an October 2022 report from the World Health Organization, the pace of population ageing is much faster than in the past, and between 2015 and 2050, the proportion of the world's population over 60 will nearly double from 12 to 22%.[1] This shift in population ageing began in high-income countries, but by 2050, two-thirds of the world's population over 60 will live in low- and middle-income countries.[1] There are many health-related issues related to ageing, and some of the musculoskeletal system disproportionately affect women. For example, osteoporosis and osteoporotic fractures, osteoarthritis, and some upper extremity soft tissue conditions such as lateral elbow tendinopathy and de Quervain's tenosynovitis are more prevalent in older women than men.

In this issue of New and Noteworthy, rather than summarizing one paper, I decided to provide a summary of some new studies available on topics related to female, upper extremity musculoskeletal conditions associated with ageing. This issue will include osteoporosis and distal radius fracture (DRF), and subsequent issues will include osteoarthritis and tendinopathy. My goals are to summarize current literature and illuminate implications for clinicians and researchers.

Osteoporosis is a bone disease that effects bone strength. In order to maintain skeletal homeostasis, there must be a balance of bone resorption, from osteoclastic activity, and bone remodeling, through osteocyte and osteoblastic activity. A disruption in remodeling that favours resorption can lead to osteoporosis.[2] Traditionally, the pathophysiology of osteoporosis has emphasized endocrine dysfunction, such as estrogen deficiency, but osteoporosis has a complex etiology that goes beyond this, including genetic, immune, intrinsic, exogenous, and life-style factors.[2]

In a recent systematic review and meta-analysis authors reported the worldwide prevalence of osteoporosis is 18.3% with the highest prevalence being in Africa (39.5%). The prevalence of osteoporosis in women is nearly twice that of men (23.1 versus 11.7).[3] The most serious consequence of osteoporosis is an osteoporotic fracture.[4] Costs associated with osteoporotic fractures are substantial and are due to skilled personnel, surgeries, medications, hospital stays, and long-term treatment.[5] Gao et al[6] recently reported that osteoporosis and osteoporotic fractures considerably reduce health-related quality of life and physical functioning in postmenopausal

women. These are important considerations for therapists as the population ages.

DRF are considered a major osteoporotic fracture and according to one study, account for 38.3% of fractures in women aged 50-59, 37% of fractures in women 60-69, and 27% of fractures in women 70-79.[7] Two studies from large datasets[7,8] showed that 14% of women with a DRF go on to have a subsequent fracture. Case control studies suggest the prevalence of osteoporosis among women who have a DRF is high. Siew et al[9] examined bone density in 595 women with a low-energy DRF and found 53.1% had osteoporosis and 40.3% had osteopenia. Interestingly, in those with high-energy fractures, 48.2% had osteoporosis and 41.1% had osteopenia. Authors concluded that women over 50 with DRF should receive osteoporosis assessment. Recommending screening can be an important role for therapists working with patients following DRFs.

There are many clinical guidelines available, but osteoporosis screening[10,11] and treatment[2,11] are underutilized. In a study from Hong Kong,[11] only 6.1% of women who sustained a DRF were offered a diagnostic evaluation, and only 8.4% were offered treatment. However, Shin et al[12] showed that intentional osteoporosis management can improve screening and intervention. These authors performed a retrospective chart review of patients aged 60 or older who sustained a DRF between January 2005 and March 2015. In September 2009, authors began increasing their assessment and management of osteoporosis in those following DRF, including recommending dual-energy X-ray absorptiometry (DXA). Following the initiation of the program, DXA scans increased from 12.6 to 56.1%, osteoporosis medication use increased from 5.6 to 20.2%, and subsequent fractures over a 4-year period decreased from 5.4 to 1.9%.

Other authors have advocated for the use of prevention strategies.[5,10] The Society for Women's Health Research Bone Health Working Group advocated for beginning education on bone health during childhood and adolescence when bone formation is at its maximum. These authors also discussed the importance of normal menstrual cycles during adolescence, especially in female athletes, on future bone health. Additional recommendations included (1) lowering the age to begin DXA screening to the onset of menopause rather than waiting until age 65, (2) increasing conversations between patients and providers regarding the importance of bone health and lifestyle modifications, and (3) expanding osteoporosis care based on risk factors.[10]

Initial osteoporosis treatment is aimed at prescribing weight bearing, balance, and postural exercises; making lifestyle changes such as increasing protein, vitamin D, and calcium intake; and making lifestyle changes such as quitting smoking and reducing alcohol intake.[2] Studies on specific exercises to improve upper extremity bone health in women are limited. Some studies include the upper extremity, but most focus on the lower extremity. As the population continues to age, it is likely there will be an increase in osteoporosis and osteoporotic fractures. For those of us who focus on the upper extremity, we can provide patient education and identify individuals who would benefit from osteoporosis and fall screening as well as intervention. There is also a need for researchers to identify the most appropriate exercise prescription for improving upper extremity bone health.

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Please support the global hand therapy research community by considering this request from Jessica Holding, Lecturer, Discipline of Occupational Therapy, School of Health Sciences and Social Work Griffith University, Australia

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.

3d Printing in hand therapy

Submitted by Livia Strugari, Physiotherapist & hand therapist, 3D maker, Italy

The THERA3D project brings innovation to hand therapy with the use of 3D printing technology. This is one of the largest collections of rapid prototyping designs of adaptive devices and tools for hand rehabilitation. The aim is to create personalised solutions in the medical field that is affordable and permits therapists to have the freedom to recreate the prototype as many times as you wish or can be customised for your patient's needs. 3D printing is a rapidly developing technology that continues to evolve. There are also an array of materials that can be printed. Figure 1 shows a thickened handle for cutlery made from Polylactic acid (PLA) which is a biodegradable plastic and also one made from silicone for a comfortable and soft grip.

Figure 1

THERA3D also invented many tools for wrist proprioception, fine motor control and strengthening such as the "Pronosupination Stargate" (Fig 2). The patient's arm is stabilised on a support and they rotate the wheel to try and reach the indicated degree of motion which can be used as an AROM activity or for neurocognitive rehab. The patient can also push the external bolts for PROM. Resistance can be added with progressive elastic bands attached onto the bolts or directly measure the force applied by attaching a digital dynamometer.

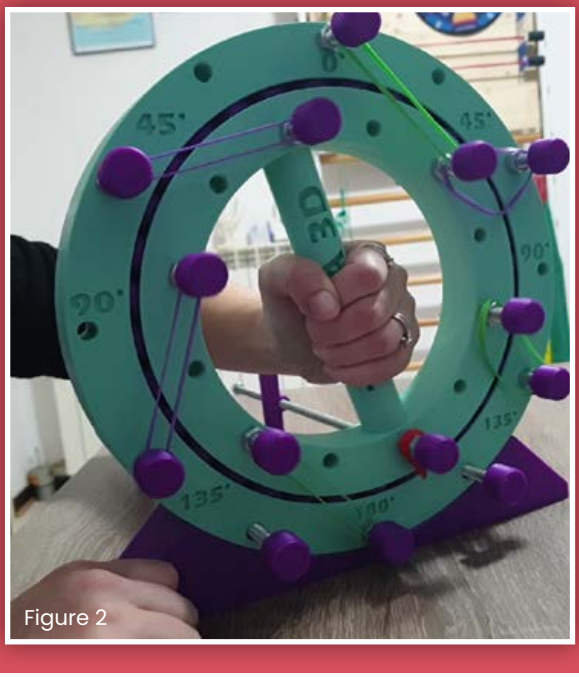
Figure 2

For fine motor control activities, I made prototypes of a compound system of tables ("Mag Tab" fig.3) in create a versatile device to do a variety of exercises. Magnets and blocking closures can be created for additional challenge. You can add as many tables as you want to the system with pegs with

different dimensions, weight and shape to invent infinite combinations. In this way you can stimulate the patient with new activities, try to simulate the complexity of activities that that hand makes in the daily life, and make the rehab more fun.

Since using 3D printing technology I have improved my work in such a great way that it is now unthinkable not to use it. My patients are also happy because customised solutions can be made for their specific problem.

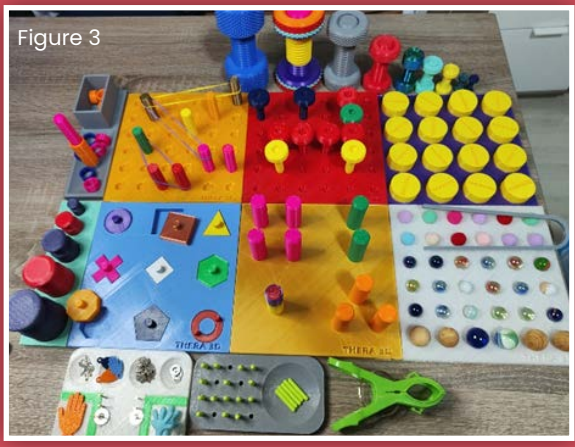
Figure 3

Companion Clinic

Written by Amy Todd, MS, OTR/L, CHT, Occupational Therapist/Certified Hand Therapist

The American Society of Hand Therapists (ASHT) began the Companion Clinic program in 2013 with the goal of promoting best practices in hand therapy at the global level. By pairing ASHT member therapists from the United States with other therapists in other countries, individuals can develop their global networks, learn new techniques and skills, collaborate on cases and projects, and develop new relationships. With the widespread availability of communication platforms, including chats, texts, and video calls, participants have many ways of communicating.

A few years ago I submitted my application for the Companion Clinic program in hopes of connecting with other hand therapists globally. My expectation was to communicate once or twice a month, share clinical information, and just make the world a smaller place. What I got was a good friend from Spain. The first few emails were tentative with some basic things like who we work with, what conditions we see, and maybe a question or two about treatment ideas. But the first time we talked over WhatsApp, all those topics came to life with details and laughter. Years later, Belen and I still keep in touch for both a personal and a professional relationship. We both understand this is not a typical thing to occur, and is definitely not a goal of the Companion Clinic program; however we are both very thankful.

Other member pairs from the program have talked at varying regularity from once a week to a couple times a year—and everything in between. Conversations range from treatment techniques for common conditions, protocols, and current literature, to sharing information about work settings, medical facilities and healthcare programs, daily clinical life, and some personal topics. Occasionally specific cases are discussed, and there have been requests for further educational opportunities.

In addition to being paired with a US based therapist, the program gives access to ASHT's Companion Clinic chat board with other ASHT members, has a Facebook closed group, and hosts a Virtual Education Series throughout the year.

To become involved in the Companion Clinic program, a non-US based therapist does not have to be a member of ASHT to get connected, only access to the internet or a chat platform. Filling out an online survey to register your interest will get you started. That link can be found under a search of "American Society of Hand Therapists Companion Clinic Program" or by following the ASHT International Committee - Companion Clinic Survey link: https://www.surveymonkey.com/r/9YSB53W. Please join today and share your unique experience while promoting best practices in hand therapy at the global level.

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

A presto Tracy

Tracy completed a Physical Therapy and Rehabilitation Degree graduating with a Bachelor of Science in 1983 in Boston Massachusetts where she was a Dean's List Scholar. She had the opportunity to move to Italy in 1990 and began a collaboration with Rizzoli Orthopaedic Institute in Bologna, developing rehabilitation protocols for isokinetic exercise rehabilitation. This Institute imported the first HAND isokinetic machine into Italy called "Dexter". During Tracy's time working specifically with this isokinetic machine she was fortunate enough to meet two hand surgeons from Modena Hospital, which is one of the first hand surgery centres in Italy. These surgeons were vaguely interested in the isokinetic machine but instead needed a specialized hand therapist to start a hand rehabilitation department and start treating their post-surgical patients. Tracy embraced a wonderful opportunity and started to work in the hand rehabilitation field which truly fascinated her. From there her physical therapy career took a turn and she began her pursuit of studying and specializing as a hand therapist. This included studying her Masters in Hand Therapy between 2002 and 2004 in Milan. In 1999 she set up her own Private Practice Hand Therapy Clinic which still continues to thrive today. Tracy has continued to provide her specialist hand therapy expertise for a multidisciplinary congenital hand malformation clinic at the Modena Policlinic Hand Surgery Department

Tracy was one of the few therapists working in all of Italy in the mid '90's, that treated hand injuries and pathologies, when she started her career in Hand Therapy. Throughout her career she, with her esteemed Hand Therapy colleagues began to develop basic hand therapy courses, then university level courses and finally masters programmes in Hand Therapy. Italy was not a member in the early 90's of either the EFSHT or the IFSHT. Tracy, and a few of her visionary colleagues pursued pushing hand therapy education in Italy and within 10 years the Italian Hand Therapy society grew from 4 members to 150 members (and now many more), the association became members of the EFSHT and IFSHT and the association continues to grow. Tracy's passion and forthrightness has meant that Italian Hand Therapists have a strong foundation in their Hand Therapy identification. The Hand Therapy community has championed many Italian Hand Therapists to publish in international publications and journals. All this has been the fruit of the seeds that were sown by these few Italian hand therapists in the '90 that created an association with the intention of promulgating their profession with tenacity, grit and vision. Tracy has every right to be proud of the imprint she has made in the Hand Therapy community within Italy. From 2010-2012 Tracy was the President of EFSHT (European Federation of Societies for Hand Therapy), EFSHT President Elect between 2008 and 2010. Between 2016 and 2018 she was an Advisory Committee member of the Italian Hand Therapy Association. She is on the Scientific Review Committee for the IFSHT 2016 conference in Buenos Aires and the IFSHT 2022 conference in London. She received the Lifetime Achievement Award in Hand Therapy in London 2022

Tracy has used her skills both nationally and internationally. She has been a Guest Lecturer internationally and has been on outreaches throughout Sri Lanka, Myanmar and Nepal with Interplast Italy. Her favourite part of Hand Therapy is treating patients and seeing them eventually obtain full functional use of their hands. Her ability to assist her patients in regaining their autonomy, easing their pain and insightfully educating them nurtures her own self through helping others.

Thank you, Tracy, for your pioneering spirit, your tenacity and belief in your chosen career, your pursuit of excellence within that career and your ability to champion those around you. The piece of advice that Tracy wishes to leave for Hand Therapists throughout the world is to 'Study study study with your brain BUT don't forget to listen through your hands'.

CORRECTION

In our profile of Sarah Ewald (pages 6 to 7, REACH, Issue 1 2023), we said she was still coordinating the Hand Therapy Program at the University of Zurich. In fact, Sarah stepped down from this role in 2021. Further, Sarah was on the IFSHT executive committee for 15 years from 2004 -2019, not 2007-2019. Finally, the article did not highlight that Sarah certified as a hand therapist in the USA in 1992, in Switzerland in 2001 and attained European certification in 2020. The REACH publications team would like to apologise to Sarah for these omissions and errors.

SPOTLIGHT ON:

The History of the British Association of Hand Therapists (BAHT)

BAHT was formed on 4th February 1984, with the support and collaboration of the British Society for Surgery of the Hand (BBSH), which continues to this day. The overarching aims of the organisation are:

1. To advance and promote the study and general knowledge of treatment of the hand.
2. To publicise and promote understanding and information to encourage high standards of care and research in this field.

The first newsletter was distributed in Summer 1984, with the first conference held just 2 years later at Warwick University in 1986. The opening paper was given by the late Natalie Barr entitled "Development of the Hand Therapist".

During the late 80's, a working party for postgraduate education was formed and in 1990 the first basic hand course was piloted at Harlow Wood Hospital, Nottingham. The first validated BAHT course was run at the Bristol Royal Infirmary a year later. Then followed the development of what has become a prestigious postgraduate training programme with courses covering a range of clinical topics run regularly across the UK. The BAHT education process allows therapists to gain points at Level I (Introductory), Level II (Intermediate) and Level III (Advanced). Once sufficient points have been achieved, therapists with appropriate overall experience can then apply to the ESC to be recognised as a BAHT 'Accredited Hand Therapist' (AHT).

Our conferences are now run on an annual basis, joining with BSSH every 3 years for a joint meeting. In 2022 we were proud to host the Triennial International Congress in London and welcomed over 500 therapists to the ExCel Conference Centre. This year's conference, entitled 'In Our Hands', will be held at The Hilton Hotel in Bournemouth on the South Coast of England, with the theme of 'sustainability'. Tickets are on sale NOW through the BAHT website!

So who are we?

BAHT is made up of its members and four committees:

- The Executive Committee
- The Education Sub-Committee
- The Clinical Evidence Sub-Committee
- And *new* for 2023 – The Overseas Sub-Committee

Each committee is made up of volunteer members who are elected to the committee at the AGM for a term of three years.

The Executive Committee's responsibility is to promote the aims and objectives of the strategic plan and manage the resources of BAHT. They meet regularly through the year to review progress, assess applications for bursaries, address current events impacting on hand therapists, and organise an annual educational conference of scientific and workshop content.

The Education Committee (ESC) promotes and facilitates post-graduate hand therapy education. The ESC also meets on a regular basis to discuss validation of courses, evaluate course effectiveness and to develop the route to Accredited Hand Therapist.

The Clinical Evidence Committee (CEC) aims to support the development of research capacity and knowledge generation within hand therapy. They are involved in the evaluation of submissions for research grants, peer reviewing abstracts submitted for conference and in guiding further research development.

This year we are excited to announce the development of a new Overseas Committee whose aim will be to co-ordinate BAHT members in supporting one-off, sustainable educational hand therapy projects across the developing world.

BAHT Membership

Today we have over 750 members including over 400 occupational therapists and almost 300 physiotherapists. We have 29 international members and 6 associate members.

Benefits of membership include:

- Subscription to 'Hand Therapy', a peer reviewed scientific journal
- Discounts on BAHT accredited courses
- BAHT annual conference, joining every 3 years with the BSSH
- Bursaries to help pay for conference and courses
- Research grants
- Website forum access to a network of hand therapists for advice
- E-bulletin updates from the hand therapy world inc EFSHT and IFSHT
- Affiliations with EFSHT and IFSHT

The Natalie Barr Award is a long-term achievement award to recognise a BAHT member who has made an outstanding contribution to the development and recognition of hand therapy. Award winners are nominated by their peers and to date this has only been given nine times which indicates the significance and high standard required to achieve this.

International Links

International liaison began initially between the United Kingdom, United States, France and Belgium. BAHT was represented at meetings of the French and Belgian Hand Societies, culminating in the formation of the International Federation of Societies for Hand Therapy in 1989 and the European Federation in 1990.

BAHT has representatives in both the EFSHT and IFSHT and continues to support and promote support projects around the globe.

BAHT could not succeed without the dedication of its committee members, but it is only by the work of all members of the association and the interchange of ideas, research and enthusiasm, both in this country and overseas that we continue to develop and grow the profession of hand therapy.

For more information on membership, 2023 conference tickets or to sign up to our monthly e-bulletin contact: bahthandtherapy@gmail.com

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British Association of Hand Therapists

hand-therapy.co.uk

VOLUNTEER:

Reaching out across the Pacific!

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.

Written by Elizabeth Ward, together with Jenny Ball and Akisi Dovibua

On the 23rd of April 2023 Jenny Ball and I, along with 2 speech pathologists, Hannah and Mel, took off from Australia for a week of volunteering - teaching and treating in Suva, Fiji under the auspices of Interplast Australia and New Zealand.

We met up with Akisi Dovibua to run a 3-day teaching course on Burns and Hand Therapy treatment (as well as 2 days of speech pathology) to 4th year Physiotherapy Students at the Fiji National University. It was a real IFSHT collaboration as Akisi is the Fijian IFSHT delegate, Jenny Ball is a recent IFSHT Lifetime Achievement Awardee, and I am on the IFSHT Executive Committee as Treasurer – so we were living the mission of the IFSHT which is "to provide global networking and educational opportunities to develop and enhance the practice of hand therapy".

We were also working with a visiting surgical team from Australia, and the therapists in the physiotherapy department of the largest teaching hospital in Suva to assess and treat complex presentations that would benefit from our expertise. Once the patients are assessed as either appropriate for surgery or therapy, we then set them up for ongoing management with Akisi and the other therapists in the department. Hand and Burn Therapy is becoming an emerging and necessary specialty for Physiotherapists who make up much of the acute and rehabilitation workforce in Fiji, and indeed the Pacific. During the week-long course we taught 25 students who were from all over Fiji as well as the neighbouring Tonga and the Solomon Islands, together with 7 hospital and university staff.

A few facts:

1. Physiotherapists do all the hands, burns treatment and rehab in the Pacific, as well as treating all other areas of the body, hence the need to also teach speech pathology!
2. Not everyone in the Pacific works in a big hospital with peer support or specialisation, so all new grads need to be comfortable and confident that they can clinically reason their way through effective and early treatment of hands and burns when they are presented with these patients as part of their general workload.
3. Add to this a one-on-one mentoring program for local Physiotherapists and we (alongside Interplast Australia and New Zealand) are slowly but steadily capacity building across the whole team: surgeons, nursing staff and physiotherapists.
4. The Pacific is the most geographically and professionally isolated area of the world and Jenny personally has had the responsibility, honour, opportunity, and reward to contribute to this capacity building program for Interplast for the past 23 years.

The learning outcomes achieved over the course of the week included the development of clinical reasoning skills in the management of acute and late trauma from hand injuries and whole of body burns using a wound healing approach. Assessment, treatment, outcome measurement and discharge planning were explored using current evidence, wound healing principles, practice knowledge,

physiotherapy skills, and cognisance of the human and consumable resources available in Fiji and the Pacific. There was also time to renew old acquaintances and make some new connections for future visits.

Practical workshops enabled the students to develop handling skills with materials ranging from Plaster of Paris to fibreglass and thermoplastics, ensuring that the materials which are often donated to them can be used effectively and confidently. Skills in splint and compression garment pattern drafting and making were also achieved.

A generous donation of a hand dynamometer by the IFSHT for the hospital's physiotherapy department was gratefully received, as well as goniometers for the students, and many burns garments and hand therapy supplies from Australia.

The need for burn contracture prevention, scar management and optimisation of hand function is paramount in countries where access to expedient and effective treatment is made difficult by geography and limited professional and material resources. Our biggest gift to them is not just the materials we donate, but the facilitation of a clinical reasoning approach to treating patients. Passing on this knowledge to the next generation of therapists is so important to decrease the reliance on visiting therapists and empowering those therapists on the ground such as Akisi to do the teaching. She now has the confidence to use these skills, and has herself become the teacher. We are hoping to help Fiji to become a full member of IFSHT over the next few years, ready for the next IFSHT triennium, and spread the 'reach' and the joy of hand therapy across the Pacific.

Adult burns patient in outpatient clinic for assessment

Three-year-old child

Jenny Ball and Akisi Dovibua doing post op splinting in the department

Liz Ward and one of the 4th year students practicing a POSI splint.

Staff and students showing their progress

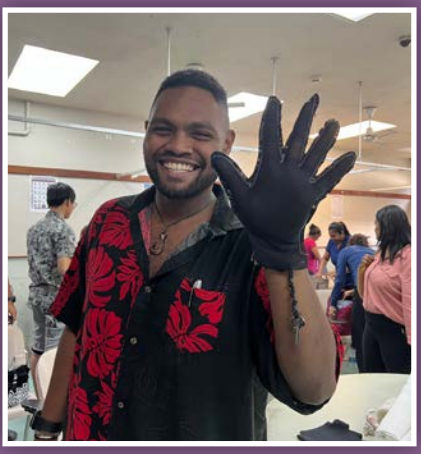
The learning group at the Fiji National University Physiotherapy School

Maria Waloki, retired Head of Physiotherapy School, and Josefini (Fini) Nasilivata: Head of Physiotherapy Department CWM Hospital, togehter with Jenny Ball.

Liz Ward demonstrating plaster application with an acute fracture patient

Akisi Dovibua accepting the donation of a Hand Dynamometer from the IFSHT for the CWM Hospital, Suva.

Learning how to make soft collars for burns management



Learning how to make a Lycra glove from scratch.

Learning practical splinting skills in the management of the paediatric burns patient.

Liz Ward presenting a student with their certificate at the end of a great week of learning.

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