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REACH

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

ifsht

Brought to you by the IFSHT

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

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

ifsht.org/publications

LETTER FROM THE EDITOR

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

Back in the mid-90s when I was an undergraduate occupational therapy student, the internet was only taking its first baby steps. Class lectures were presented using acetates scribed with inky markers. The individual handwriting of each lecturer were the fonts of our time and could have been given names such as *Bubble*, *Spider* or *Frenzy*. These personalised fonts were splashed like graffiti onto the class wall by the hot lamp and magnifying glass of an overhead projector. The last acetate of the class typically displayed the key text for further reading. Class would end and students would ripple out the door that progressed into a frenzied stampede to the school library. Only a few lucky borrowers would snap up usually the only two copies of the text book of interest. Back then an E-Library was only a dusty shelf that held any book from Early Years to Experimental Zoology.

Nowadays a simple thumb click can let you access and navigate a virtual library of seemingly infinite shelves. Online resources outside the realms of academia saturate social media platforms with clinicians sharing their knowledge, skills and hacks, all in a visually engaging manner. Podcasts are also growing in popularity, letting us learn on the move, doing menial chores or exercise. It seems fitting that this issue of REACH showcases some of these new roads of information. The clinical pearls section in this issue will provide you with a taster of what's out there. Along with our now standard features on research and clinicians in hand therapy and the education section in this issue will introduce you to an online resource to quickly access hand therapy related research.

We remain indebted to our strong team who help produce REACH and the hand therapy contribution for the IFSSH ezine publication that have joined those virtual bookshelves. Once again big thank you Cynthia Srikesavan, Mia Erickson, Toni Rippey, Corey McGee and Susan de Klerk for your valuable time and expertise to ensure we are able to bring this newsletter to the hand therapy community.

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), Corey McGee (USA)

T-Tape Company

Truly European quality and innovation

T Tape Company, BV is a developer and manufacturer of a full range of low-temperature thermoplastics for medical and veterinary applications. On the worldwide healthcare market for nearly 40 years, we supply our products to over 70 countries. As one of the European pioneers in the chemical development and product design of low-temperature thermoplastics, we continue to be an international leader in innovative solutions for patient immobilization in radiation therapy, nuclear medicine, orthopaedics, and post-traumatic rehabilitation.

Located in South-Eastern Holland (Putte, the Netherlands), our company has developed an extensive network of distributors, clinical collaborators, and patient advocacy groups. By interacting closely with diverse stakeholders including health care practitioners, hospital managers, purchasing officials and patients, we maintain a competitive edge over the competition to assure that our products meet the needs of the changing healthcare industry in terms of treatment outcomes, cost and patient satisfaction. As a holder of a variety of international patents for our product design and chemical composition, we assure our clients of the highest level of price-quality in a highly competitive marketplace. Our products are being used worldwide in nuclear medicine centres, in orthopaedic and rehabilitation practices, by occupational and physical therapists, in sports medicine, and in veterinary medicine.

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.

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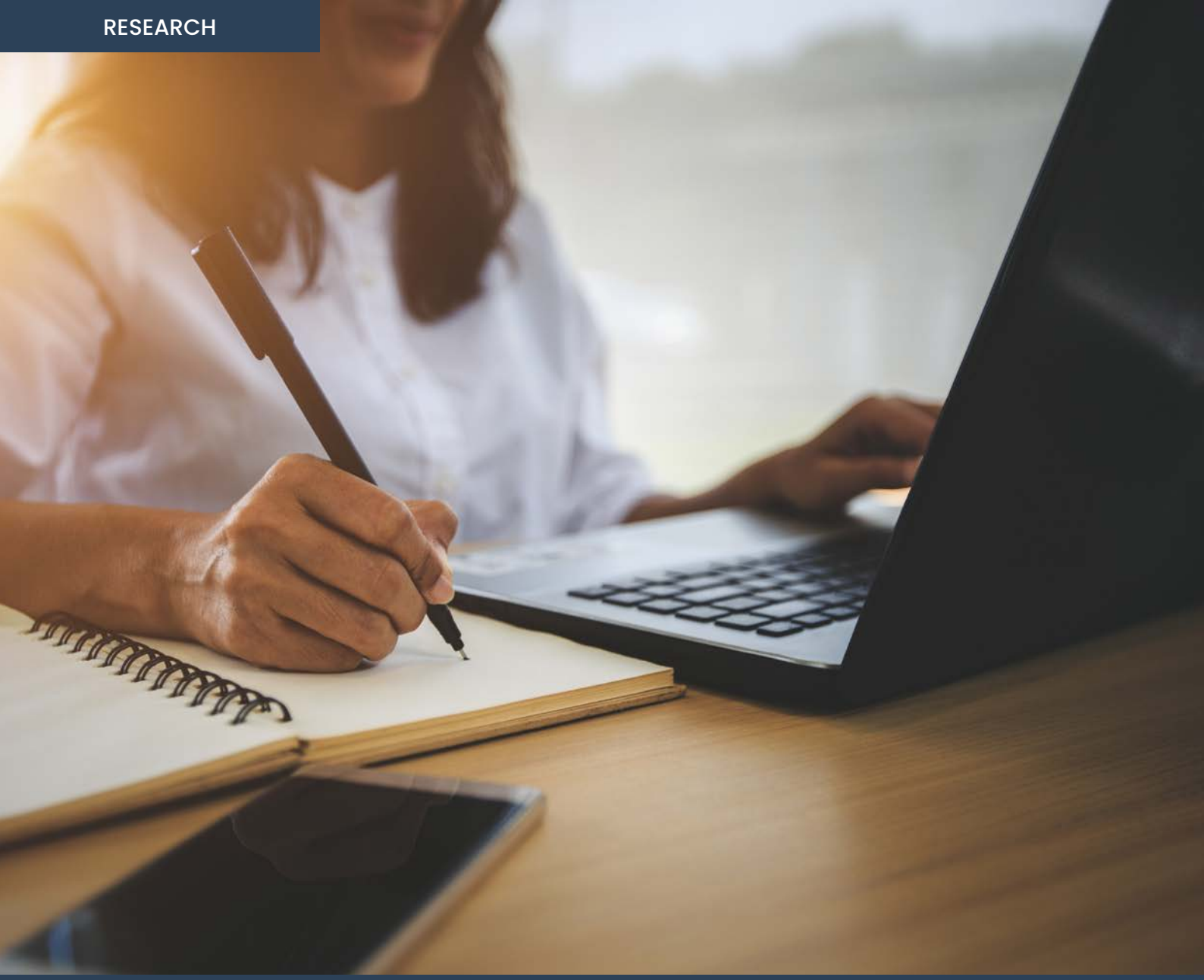

Publishing your research paper: Writing your abstract

Written by Dr Cynthia Srikesavan, Senior Researcher in Physiotherapy, Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford.

Welcome to final Part 3 of our series on how to get your research paper published. This issue will focus on the structure and content of a research abstract and tips for writing (as guidance only).

An abstract is a stand-alone summary of your research and will appear at the beginning of your published full paper. It is visible in bibliographic databases (such as PubMed), so readers know what your research is about that will help them decide whether to read the full paper.

You would start writing your abstract after you have finalised your full paper. This allows you to focus better and report your study concisely. The standard structure of abstract follows the IMRAD format (Introduction, Methods, Results and Discussion) of full paper. However, the section headings may vary

depending on the specific journal or conference or grant application submission requirements.

The Introduction section of the abstract may include 2-4 sentences providing a brief background of the research problem and your study objectives. The Methods section would include the study design and research methods you undertook to answer the problem, for example, recruitment methods and outcome measures used. Next, the Results section highlights the main findings of your study. You may be reporting the statistical values as required. Lastly, you would discuss the key conclusions/significance or implications of your study in the Discussion or Conclusion section. You will also be asked to add 3-6 key words with abstract for indexing your full paper. These keywords would help readers to locate your paper when conducting literature searches in the databases.

In terms of word limit, different research journals, grant applications and conferences have their own specifications. The word limit for abstracts could range from 150 to 500 words. Depending on your study design, you may also be asked for additional information such as clinical trial registration number, reporting guidelines used, strengths and limitations of your study or a video format of your abstract. Conference abstract guidelines may also specify to provide a title. A good abstract title needs to be simple, clear, and interesting. Try to keep the abstract title in between 12 and 20 words.

Do's in writing an abstract:

- To begin with, check the journal, conference, or research grant specifications (format, word limit).
- Always follow the required specifications.
- Allow yourself plenty of time to write, read and revise.
- Be concise and clear throughout. Use clear and short sentences.
- Use active voice, and either present or past tense.
- Keep the background/introduction section brief.
- Keep the use of abbreviated terms or acronyms to a minimum. Define the abbreviation or acronym in full form when you introduce it the first time in the abstract.
- Choose your keywords carefully to increase your work's visibility during literature searches.
- Get feedback from colleagues.
- Don'ts in writing an abstract:
- Do not copy paste the text from your full-text paper.
- Do not discuss less important findings in the Results section.
- Do not include results that are not discussed in your full-text paper.
- Do not include references unless the specifications require them.
- Do not overstate your conclusions. Keep it simple and precise.

Suggested readings

1. Bahadoran Z, Mirmiran P, Kashfi K, Ghasemi A. The Principles of Biomedical Scientific Writing: Abstract and Keywords. Int J Endocrinol Metab. 2020 Jan 28;18(1): e100159. doi: 10.5812/ijem.100159. PMID: 32308700; PMCID: PMC7144240.
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4. Tullu MS. Writing the title and abstract for a research paper: Being concise, precise, and meticulous is the key. Saudi J Anaesth. 2019 Apr;13(Suppl 1):S12-S17. doi: 10.4103/sja.SJA_685_18. PMID: 30930712; PMCID: PMC6398294.
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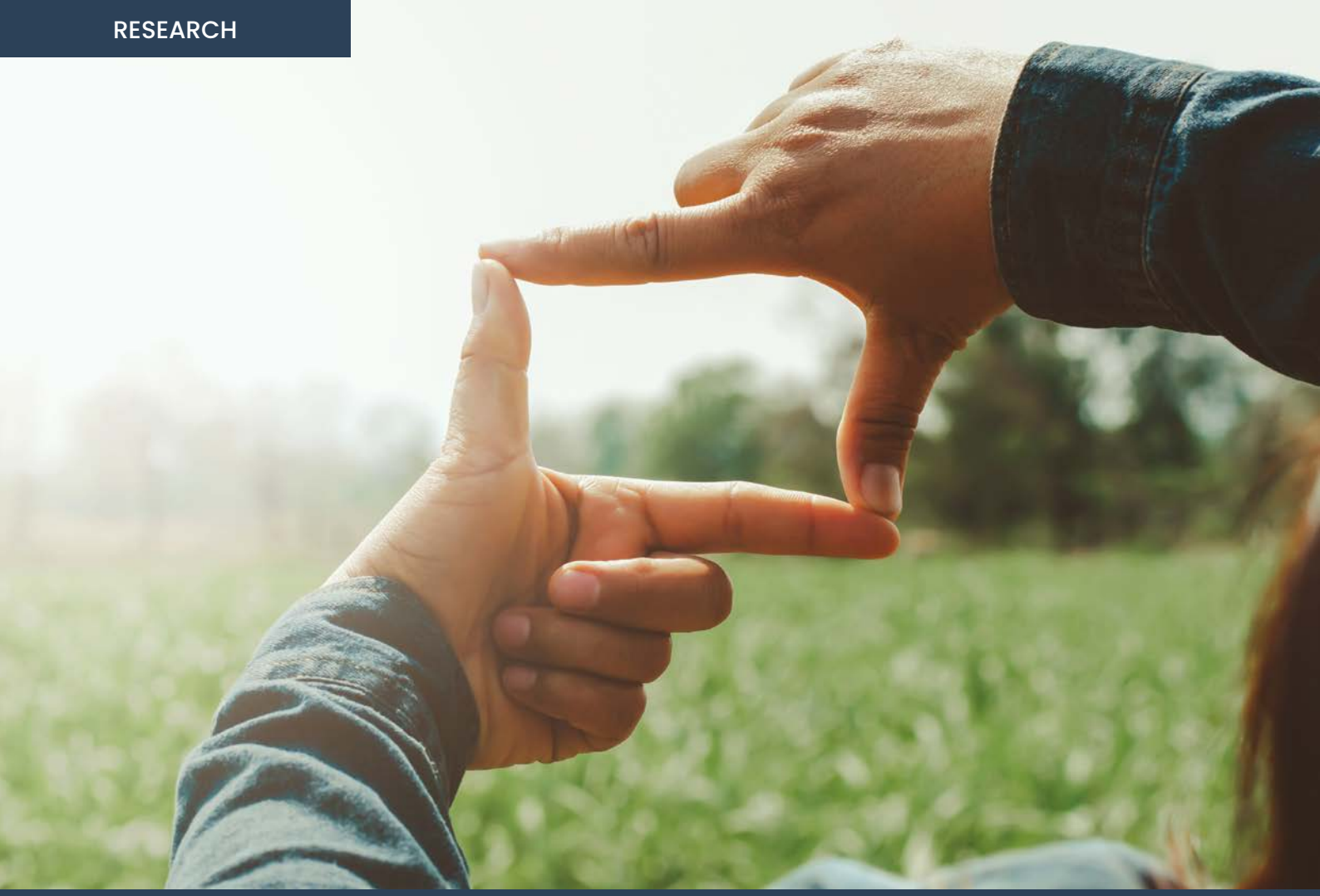
6. https://journals.lww.com/ajnonline/pages/videogallery.aspx



Horizon Scanning: Future Research

Studies on the horizon for osteoarthritis research...

- **A Prospective Cohort Study of Patients Suffering From Hand Osteoarthritis Symptoms (COARDIG)**
  Researchers are following individuals to identify early risk factors.
  https://clinicaltrials.gov/study/NCT03650673?cond=Osteoarthritis&term=Hand%20Osteoarthritis&aggFilters=status:rec&rank=1
- **Happy Hands - an E-self-management Intervention for People With Hand Osteoarthritis (HappyHands)**
  Researchers are examining the effects of an e-self management program on hand osteoarthritis.
  https://clinicaltrials.gov/study/NCT05568875?cond=Osteoarthritis&term=Hand%20Osteoarthritis&aggFilters=status:rec&rank=5
- **Methotrexate in Erosive Inflammatory Hand Osteoarthritis (MERINO)**
  Researchers are examining the effects of oral Methotrexate on pain, function, and joint structure in individuals with erosive, inflammatory hand osteoarthritis compared to a control group.
  https://clinicaltrials.gov/study/NCT04579848?cond=Osteoarthritis&term=Hand%20Osteoarthritis&aggFilters=status:rec&rank=8
- **Radial Nerve Mobilization in Hand Thumb Osteoarthritis Patients**
  Researchers are examining the effects of radial nerve mobilizations on pain, function, and grip strength in individuals with first CMC joint osteoarthritis.
  https://clinicaltrials.gov/study/NCT05650970?cond=Osteoarthritis&term=Hand%20Osteoarthritis&aggFilters=status:rec&rank=10

New and Noteworthy

Hand Osteoarthritis: An Update on Prevalence, Pathophysiology and Intervention

Written by Mia Erickson, PT, CHT, EdD. Midwestern University, Glendale, AZ,
Rita Ator, DPT, PT is an Orthopaedic Clinical Specialist and Assistant Professor at Midwestern University and
Stacie Sivertson and Boone Meyer are Doctor of Physical Therapy Students at Midwestern University.

In this issue of New and Noteworthy, I am working with some of my students and colleagues to provide some new information on osteoarthritis (OA). OA is a worldwide problem carrying significant disease burden. The global prevalence increased 113.25% between 1990 and 2019, with more cases in women (317.44 million in 2019) than men (210.37 million in 2019).[1] The hand is the second leading site for OA, and since 1990, its prevalence has increased over 90%.[1] By 2050, case numbers are expected to rise another 48.6%.[2] Over the last three decades the number of years living with disability (YLD) for individuals with hand OA increased 14% (from 12.9 to 15.2 years). Hand OA had the largest increase in YLD compared to OA at any other joint.[2] As these numbers rise, there is a need for a better understanding of this condition. The aims of this article are to discuss the recent evidence on hand OA prevalence and disability, the pathophysiology, and treatment guidelines.

Results of a recent longitudinal cohort study reported the prevalence and functional impact of hand OA. Auroux et al[3] followed more than 1100 post-menopausal women over a 6-year period. Baseline measurements included hand examinations and completion of self-report outcomes measures (AUSCAN and Cochin Rheumatoid Hand Disability Scale.) All participants received a hand radiograph. Fifteen hand joints (MCP, IP and first CMC) were examined and graded using the Kellgren-Lawrence scale. Outcome measures at the end of the study included the presence of radiographic OA, symptomatic OA, moderate-to-severe OA, and disability.

Radiographic data showed the DIP joints were most frequently affected by OA (66.9-78.2% of participants), followed by the first CMC joint (~38% of participants). 40.5% of women fulfilled the American College of Rheumatology (ACR) criteria for symptomatic hand OA, and 17% of these women met the criteria for moderate-to-severe hand OA. Results showed that participants with symptomatic hand OA had higher levels of disability than those with radiographic OA. In addition, individuals with symptomatic OA involving the first CMC joint showed higher disability scores than those with symptomatic OA without CMC joint involvement. Body mass index (BMI) was higher in women with symptomatic hand OA than in those in with radiographic OA only.[3]

The pathogenesis of OA is not well understood, and it is unclear why women experience higher rates of OA than men. OA is often considered a "wear and tear" condition, but recent evidence suggests that it is more complex and may include hormonal, genetic, and molecular factors. These factors may provide some insight into the prevalence of OA in women. Hormonal changes across the reproductive years resulting in cycles of joint laxity may predispose women to OA.[4] Circulating levels of estrogen during the reproductive years have protective effects on collagen and chondrocytes and protective effects against articular cartilage damage associated with aging.[4] These protective effects may decline in the menopausal transition. In a recent narrative review, Nguyen et al[4] summarized the effects of declining estrogen levels and hormone replacement therapy on articular cartilage. They reported that the effects of estrogen on joint health may depend on the joint, outcome, and study design. Authors concluded that research in this area is limited, and while higher-quality study designs are the gold standard, they are difficult due to controversial implications of using hormone replacement therapy in some women.

The estimated genetic component of OA is between 40-80%, and in some cases, genetic mutations influence collagen production,[5] which predispose an individual to musculoskeletal conditions such as OA. In addition, there is a relationship between genetics and estrogen action. For example, estrogen exerts its effect by binding with estrogen receptors which are controlled by genes. Abnormal binding between estrogen and its receptors plays a key role in many disease processes.[6]

Estrogen related receptors (ERR), specifically ERRα and ERRγ, are molecules that may also have a role in OA development. Contrary to their name, they do not bind with endogenous estrogens. Instead, they help regulate cellular metabolism and bone homeostasis. ERRα has a positive effect on bone and chondrocyte repair, but in the presence of inflammatory mediators, can facilitate cartilage degradation.[7] ERRγ also plays a role in cartilage degradation but through a different inflammatory pathway.[7] Technological advances have helped in understanding pathophysiology from molecular and cellular levels, and an understanding of hormonal, genetic, and molecular involvement may help researchers identify therapeutic, or drug targets.

OA is a significant concern for rehabilitation providers. The 2019 Clinical Practice Guideline (CPG) published by the ACR provided specific recommendations for people with hand OA.8 Exercise and self-efficacy and self-management programs are strongly recommended, but there is insufficient evidence to recommend a specific exercise type or prescription. Authors of the CPG also provided a strong recommendation for using an orthosis for first CMC joint OA and conditional recommendations for using orthoses for hand joints other than the first CMC joint, kinesiotaping, heat, therapeutic cooling, and paraffin. A conditional recommendation was also provided against the use of iontophoresis for OA in the first CMC joint. Conditional recommendations are based on low or very low-quality evidence or when the risks and benefits are sufficiently close requiring shared decision making between an informed patient and the provider. It is important to consider the pathophysiology and need for a personalized plan of care. [8]

We still have a lot to learn about the impact of OA and its pathogenesis and treatment. Currently there is no non-surgical cure, and many patients proceed to joint arthroplasty. Evidence can provide some guidance, but more research is needed in men and women to determine the best exercise prescriptions for each. Research is also needed to determine how rehabilitation can have an impact on prevention or slowing the condition.

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2. Global Burden of Disease 2021 Osteoarthritis Collaborators. Global, regional, and national burden of osteoarthritis, 1990–2020 and projections to 2050: a systematic analysis for the Global Burden of Disease Study. *Lancet Rheumatol*. 2023;5:e508–22.
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4. Nguyen USDT, Saunders FR, Martin KR. Sex difference in OA: should we blame estrogen? *European Journal of Rheumatology*. 2023;1. https://doi.org/10.5152/eurjrheum.2023.20193.
5. van Meurs JBJ. Osteoarthritis year in review 2016: genetics, genomics and epigenetics. *Osteoarthr Cartil*. 2017;25(2):181e9.
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8. Kolasinski SL, Neogi T, Hochberg MC, et al. 2019 American College of Rheumatology/Arthritis Foundation guideline for the management of osteoarthritis of the hand, hip, and knee. *Arthritis & Rheumatology*. 2020;72(2):220–233. https://doi.org/10.1002/art.41142.

IN MEMORIUM

Jean-Claude Rouzaud

It is with great sadness that IFSHT learned of the passing of founding member Jean-Claude Rouzaud, an IFSHT Lifetime Achievement Awardee and a past president of the IFSHT. Jean-Claude was a legend in hand therapy. During his career he spent 30 years engaged in scientific research and he published 51 peer reviewed articles. In 1985 he was a founding member of the French Society of Hand Therapy (GEMMSOR). He served as GEMMSOR Secretary General from 1985 through 1991 and served as GEMMSOR President from 2004 to 2005. In 1986 he was a founding member of IFSHT and served as Secretary General before becoming IFSHT President in 1992. He completed his term as IFSHT Past President in 1998. In 1990, Jean-Claude was a founding member of the European Federation of Societies of Hand Therapy. He served in prestigious clinical, administrative and academic roles during his career and his curriculum vitae includes a robust portfolio of national and international presentations on topics in hand therapy. Jean-Claude was an avid supporter of IFSHT and faithfully attended IFSHT Triennial Congresses long after his service to the Executive Committee was completed.

You will be sorely missed by the global hand therapy community Jean-Claude.

IFSHT Executive Committee
October, 2023

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.

Online there are a wealth of hand therapy resources to help you in your clinical practice. Here you can discover a treasure trove of clinical pearls. However always ensure that any resources you discover are from reputable sites and therapists with the recognised skills and experience. Below are just a few examples. Just search for "hand therapy" on some of these social media platforms and prepare to go down a rabbit hole!

HANDS IN MOTION PODCAST

Hands in Motion is the official podcast of ASHT. Content includes interviews with a variety of professionals about current treatment trends, hot topics in hand and upper extremity rehabilitation. The Hands in Motion podcast hopes to educate, inspire and entertain OT, PT, CHT, or multidisciplinary professionals including hand/UE injury patients, physicians, and athletic trainers.

HAND THERAPY ACADEMY

Hand Therapy Academy shares hand therapy information and guidance with new and developing hand therapists. Their Instagram page, podcasts, online CEU courses and membership platform are all designed to get you the information you need to be confident treating your hand therapy patients. Their website has everything you need to see how they can help you get started: www.handtherapyacademy.com

HAND THERAPY TREATMENT IDEAS

This is a private Facebook page with over 6000 members. Registered OT and PTs can sign up. The site was created for health professionals in hopes to better practice techniques in hand therapy. Hand Therapists share hints and tips or reach out to their international peers for advice.

HAND THERAPY BARCELONA

Hand Therapy Barcelona is a centre of specialists in hand therapy and upper extremity pathologies, as well as in the treatment of pain, with 25 years of experience in this field. Their Instagram page is full of visual therapeutic ideas.

HandyEvidence Website:

Efficient and accessible research updates for Hand Therapists

Written by Dr Nico Magni, Physiotherapist/Hand Therapist at The Elbow Clinic, and Senior Lecturer at Auckland University of Technology, Auckland, New Zealand.

HandyEvidence went live in 2020 with the aim of making research accessible to Hand Therapists, and reducing the time burden associated with keeping up to date. Despite this project being recent, Nico has been writing research synopses for the past 8 years and believed that other people would benefit from his work. We have first-hand experience (pun intended) of how busy clinicians are when juggling treatment, notes, and referrals. Reading and critiquing research is often pushed to after-work hours, leaving clinicians uncompensated for this vital aspect of professional development, which benefits both patients and the public/private health sector.

With HandyEvidence, clinicians can save 4 to 9 hours per week that would otherwise be spent searching for and assessing research. We take care of finding and critiquing the relevant literature, so clinicians can enjoy their free time without worrying about staying up to date. The assessment of the research papers includes the Level of Evidence, the Overall Quality of Evidence (based on the amount of previous literature supporting the results), and the potential interpretation issues associated with the papers' methodology. Clinicians and researchers such as Mia Erickson and Dr Cynthia Srikesavan have previously written about these topics in REACH, and what we do at HandyEvidence provides you with a paper assessment based on these concepts.

We understand that research articles are often written in technical language, so our aim is to provide clear and understandable synopses without jargon and complex research methods to decipher – we break it down for you in an easily digestible format. Topics covered include diagnostic, therapeutic, prognostic, and preventative interventions for the hand and upper limb management. Currently, we have more than 500 synopses on a wide range of topics including hand osteoarthritis, exercise interventions for hand conditions, and the most effective splinting options.

In addition to three weekly research synopses, HandyEvidence has a Feed on Articles page that collates the most recently published studies from top scientific journals (e.g. Journal of Hand Surgery, Journal of Hand Therapy). At a glance you can look at titles and abstracts for these papers. To make the best use of current evidence, online calculators have been created and integrated on the website, to help you assess, treat, and predict recovery in your clients with upper limb conditions. The number and functions of these calculators will continue to grow as new research becomes available. Moreover, synopses on specific topics can be identified through our search bar, which will allow you to identify all the synopses containing specific keywords (e.g. 'carpal tunnel syndrome', 'scaphoid fractures').

Trust HandyEvidence to empower you with evidence-based knowledge. We're here to support Hand Therapists in making informed decisions, delivering high-quality care, and embracing continuous learning. Join us today and take the first step towards optimizing your practice! We have set up a discount code for you. The coupon code is REACH2023 and this will provide you with a 25% discount. Alternatively, if you would like your local association to get a group membership, email us at info@handyevidence.com.

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 Daniel Harte

Ken Flowers

The name Ken Flowers is well known in many hand therapy circles around the world. He held the prestigious position as editor of the *Journal of Hand Therapy*. This journal is recognized worldwide as the premiere journal for sharing the science of hand therapy. As editor, he sought out contributions from international authors, and expanded the International Corresponding Editors section.

Along with Paul LaStayo his publications on total end range time (TERT) have had and continue to have a profound effect on hand therapists, aiding in the decision hierarchy on types of orthotics for contracture management.

He is a well-recognized speaker on a variety of topics and he has presented numerous times at the American Society of Hand Therapists (ASHT), the International Federation Societies of Hand Therapists (IFSHT) Triennial Congress and he has been invited faculty for the Canadian and Irish Hand Therapy Societies. Through his contributions in leadership roles, publications and teaching, Ken Flowers has improved the practice of hand therapy internationally contributing directly and indirectly to the full recovery of individuals experiencing hand and upper extremity injury.

We had the privilege to ask Ken a few questions about his career.

Q **How did you decide to specialise in Hands? Was this planned? A passion? Fell into its path?**

A Not planned. I was always partial to orthopaedics. I had taken a new job. One day a plastic surgeon walked into my clinic and asked had I ever treated hands. I answered honestly: working at Philadelphia General Hospital, yes I had treated some hands (but not many, which I didn't say!). Did I know University of Pennsylvania hand surgeon, Dr Bill Bora? Again, I answered honestly, yes (though only in passing). That was enough for him. Next day he came in with a patient in tow. Later that year I attended the Philadelphia Meeting and took copious notes. At that meeting Dr Paul Brand captured my imagination. I never looked back.

Q **What is one thing you are especially proud of in your professional career?**

A Shedding light on the understanding of joint stiffness, its mechanisms and management.

Q **What is your favourite part of Hand Therapy?**

A It ain't even close: teaching.

Q **What is your reason behind your passion/drive/vision?**

A It's in my DNA (to stand behind the microphone and start to speak).

Q **One piece of advice for the Hand Therapists throughout the world:**

A With pleasure I'll quote Dr. John McCauliffe "... anatomy is power..."

SPOTLIGHT ON:

American Society of Hand Therapists

The "Original Six": ASHT founding members - Front Row (L-R): Margaret S. Carter OTR, CHT, Bonnie Olivett OTR, CHT, Evelyn Mackin PT. Back Row (L-R): Karen Lauckhardt MA, PT, CHT, Mary Kasch OTR/L, CHT, and Judy Bell-Krotoski, OTR, FAOTA, CHT

The American Society of Hand Therapists (ASHT) grew from seeds planted in 1975 by the "original six," two physical therapists (PT) and four occupational therapists (OT) attending the American Society of Surgery of the Hand (ASSH) conference upon the urging of the surgeons for whom they worked. These six women - Bonnie Olivett, Karen Prendergast Lauckhardt, Evelyn Mackin-Henry, Judy Bell-Krotoski, Mary Kasch, and Pegge Carter-Wilson – laid the groundwork to develop a "united" hand therapy organization that became ASHT, incorporated on March 28, 1977. Indeed, the term "hand therapy" was originally born upon their naming of our society. The first ASHT Annual Meeting was held in Dallas, TX, in 1978, following the goals of the founders, "to teach, do research, establish standards and publish." The idea for the Journal of Hand Therapy also grew from that meeting, with the desire to publish the important work that was being presented there. The Journal came to fruition in 1987, with Evelyn Mackin as the first editor, and has continued to be a leader in scientific publications.

ASHT's logo has undergone a few iterations in its history, with the most recent occurring in 2021, with a task force set forth by the Board of Directors, inspired by the need to more accurately reflect the depth of knowledge represented by the profession: we do not just care for the hand but have the expertise and knowledge to treat the entire upper extremity. The new logo is a reflection of this passion: "Hand & Upper Extremity Specialists, Reaching Higher."

Initially, membership in ASHT was considered in effect a "certification" in hand therapy due to the depth of experience needed to be accepted for membership. Governmental influence in the 1970's and 1980's, including anti-trust laws and a trend toward non-federally regulated certification programs, led to the need to consider a formal exam process. A practice analysis was undertaken and the membership voted in 1987 to develop a hand therapy certification commission. The Hand Therapy Certification Commission (HTCC) began as an independent entity in 1989 to decrease risk of bias, and the first Certified Hand Therapist (CHT) certification exam was administered in 1991. Under current standards, CHTs are OTs or PTs with advanced skills and education. They are required to have a minimum of three years of experience, including 4,000 hours or more in direct practice in hand therapy, and must successfully pass a test of advanced clinical skills and theory. CHTs must demonstrate continued professional development and competency by recertifying every five years. ASHT and HTCC maintain their separate but collaborative relationship to advance the goal of excellence in hand and upper extremity therapy. The CHT certification reaches far beyond just the United States. Currently there are 7,322 CHTs worldwide, with 257 being in Canada, 205 in Australia and New Zealand, and 98 representing other countries. Of those, 87% are OTs and 12% are PTs.

Currently ASHT, a 501(c)(3) non-profit organization governed by an 11-member Board of Directors, is more than 3000 members strong, representing a wide range of years of experience and practice settings. ASHT's mission and vision is supported by an army of volunteer members, who put in an amazing amount of work each year to produce its many initiatives and products dedicated to advancing the specialty of hand and upper extremity therapy, promoted via three main pillars:

- **Education:** the education roster consists of a wide variety of products, including our Annual Meeting; in-person and virtual education courses, both for seasoned and less-experienced therapists; a mentoring program; initiatives for OT and PT students interested in hand therapy; and the Hands in Motion podcast. We enjoy seeing that therapists all over the world have joined us for our offerings.
- **Practice:** practice initiatives seek to support clinicians in their day-to-day needs, including practice management resources; orthotic coding and billing resources; our ASHT Times quarterly publication; Hand Therapy Week each year in June; advocacy resources directed toward insurer and legislative emerging issues; and international initiatives including the Companion Clinic program, book and medical equipment donations, and resources for international volunteerism.
- **Research:** focused on the needs of hand therapists specifically, these initiatives include Journal of Hand Therapy; the journal club and regular research updates; resources for creating research; and various grants and awards.

The benefits to ASHT membership are many, including a subscription to Journal of Hand Therapy and ASHT Times, discounted registration to the Annual Meeting and other course offerings, resources for novice hand therapists and students, discounts on professional liability insurance, legislative and regulatory information, and endless networking opportunities.

ASHT offers a range of membership levels, including:

- Active: open to any registered/licensed OT or PT, who also holds the CHT credential.
- Associate: open to any registered/licensed OT or PT or foreign-trained therapist.
- Affiliate: open to any registered/licensed OT or PT assistant, nurse practitioner, hand surgeon, and other allied health professionals involved in the practice of hand therapy.
- Student: open to students enrolled full time in a basic entry-level OT or PT program, or who are full-time students in a post-professional doctoral program.

ASHT has had a busy year full of exciting events and happenings, including our Annual Meeting which took place in late September in San Antonio, TX, with the theme "Resilience: Stronger Together!" Sessions included cadaver dissections, panel discussions, physician talks, and international speakers and attendees. We were fortunate to be joined by Robert Sowa of Ghana, the recipient of the 2023 International Reverse Therapy Fellowship, co-sponsored by ASHT and the American Association of Hand Surgery (AAHS). And we did not forget about fun, with a reception with line dancing and a night out in San Antonio also enjoyed by attendees.

Other notable events of the past year included:

- Launch of the online specialty course, "Foundations in Pediatric Hand and Upper Extremity Rehabilitation."
- Presentation of three "Foundations in Hand Therapy" courses in Argentina, Chile, and Guatemala.
- Hosting of two Virtual Education Series, with 60 participants across 15 countries.
- Further development of ASHT's DEI Strategic Plan with the Diversity, Equity, and Inclusion Committee.
- Maintaining a lively social media presence, including the launch of ASHT's Instagram account.

ASHT continues to be an active member of IFSHT and is looking forward to co-hosting the 2025 IFSSH and IFSHT Triennial Congress in Washington, D.C. (https://www.ifssh2025.org/s/), along with ASSH and AAHS. Washington is the U.S. capital and is one of the most popular cities in the U.S. to visit, conveniently located along the east coast and only a short distance away from major U.S. cities like New York and Philadelphia. We hope to see you there!

For questions on membership or any of our events, contact asht@asht.org.

Facebook: HandTherapyASHT

Twitter: @HandTherapyASHT

Instagram: @handtherapyasht

YouTube: HandTherapyASHT

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VOLUNTEER:

IFSHT Dynamometer Donation

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 Ileana Aguilar and Mary Barnes

I had the honor of serving with SurgiCorps International on a mission to the Obras Socialis del Santa Hermano Pedro Hospital in Antigua, Guatemala in August of 2023. SurgiCorps International provides free surgical and medical care to people in low to middle income countries.

Hand therapists volunteering with SurgiCorps provide post-op orthotics, orthotics for non-surgical patients, education and HEPs. After completing the surgical mission, I travelled to Guatemala City to teach a hand therapy and orthotics course to members of the Guatemala Hand Therapy Society. I was able to donate a dynamometer to a hand therapist (who did not have access to this equipment) through the generosity of the IFHST.

Left to right: Ileana Aguilar, Vice President of the Guatemala Hand Therapy Society, Mary Barnes, hand therapy instructor, Marta Beatriz Pineda, President of the Guatemala Hand Therapy Society. Marta and Ileana organized the hand therapy course in Guatemala City in August 2023.

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