



The IFSHT is excited to present edition two  
of our **triennial newsletter, REACH.**

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

# PRESIDENT'S ADDRESS

Dear Members,

I am delighted for the opportunity to share some exciting updates and future plans for our organisation. I would like to start by extending a thank you for allowing me to serve as your IFSHT President for the next triennial term (2025-2028).

My involvement with IFSHT has been extremely rewarding providing many opportunities to interact with amazing therapists over the years. I look forward to working with the new executive committee (EXCO) to continue to advance our mission. I also would like to send a special thank you to all the past EXCO, committee chairpersons and committee members that have served the IFSHT. Without their support and passion IFSHT would not be possible.

## 2025 Congress Highlights

Our 2025 IFSSH and IFSHT Triennial Congress in Washington D.C was a resounding success, bringing together professionals, enthusiasts, and experts from various fields. The exchange of ideas, discussions on innovative practices, and the collaborative spirit exhibited were truly inspiring. I am proud of the strides we have made and the milestones we have achieved together. I am filled with gratitude for all the passionate therapists who joined us. It is through your efforts that we continue to thrive as an organisation. I want to thank each and every one of you for your contributions, whether through participation, support, or collaboration.

## Goals for the Next Three Years

As we look ahead, I would like to share my vision and goals for the next three years. Our focus will be on key areas that will continue to strengthen our mission and drive our collective success.

## Advancing Education & Communication

We aim to enhance our educational programmes and communication channels to ensure that our members have access to the latest knowledge and resources.

This may include initiating online learning platforms, hosting webinars, and having more clinically relevant information in our newsletters. Effective communication is the backbone of any strong organisation. Enhancing our communication strategies focused on online platforms, newsletters and emails we will further ensure that every member is informed, engaged, and has the opportunity to contribute to our shared goals.

## Continuing Efficiency & Consistency

We will continue focusing on improving the efficiency and consistency of our operations. Under the leadership of Peggy Boineau (now Past President) and our secretary general Marie Eason Klatt we started working on this goal in the last triennium by facilitating the collation of policies and procedures relating to IFHST roles and tasks. It is important to build on this progress and finish this goal so there is consistency and ease of operations within IFSHT while continuing to foster accountability and transparency.


## Grassroots Donor Cultivation for Our Grants

In addition to our current donors and sponsors, a key priority will be the cultivation of grassroots (smaller) donors to further support and grow our grant programmes. I am hoping this can be fostered through personalised outreach and meaningful connections with you, the clinician, researcher or academic in your community. Our grants are vital to help foster our mission and are not possible without donations of all sizes and sources.

## Invitation for Feedback

Your thoughts and ideas are invaluable to us. I invite you to share your feedback and suggestions, as they are crucial in shaping the direction of our organisation. Please feel free to contact any EXCO member directly with any insights or ideas you may have.

Thank you for your ongoing support and dedication. Together, we will achieve great things.



**Stacey Doyon**  
IFSHT President





**Daniel Harte**

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

Back in 2020, Nicola Goldsmith, who was the President of IFSHT at the time, asked me if I could suggest ideas for a new IFSHT newsletter. Susan De Klerk, the Information Officer for IFSHT, had thought up the perfect and ingenious acronym for the publication:

**REACH** – Research, Education, Achievements and Clinicians in Hand and upper limb therapy. Unfortunately, Susan had to take a period of unexpected absence from her role prior to the launch of the newsletter. After my enthusiastic suggestions on content, Nicola asked if I would help lead in its production. Here I was at the rudder of a ship, unsure what to do.

To the backdrop of a global COVID 19 pandemic an ad hoc committee was quickly formed with an ensemble of global hand therapists willing to make the concept a reality. A video call was arranged, a plan was devised, and content was created.

The first issue of REACH was published in April 2021 and wow, it not only had great content, but it also looked great! Deirdre and Bonita at Blankpage – thank you! The work of our regular contributors is acknowledged in each issue, but it is here I must say a special thanks to Mia Erickson as she steps down and rests her pen after producing regular content on research topics.

To the rest of you: Toni, Corey, Cynthia and Tsitsi – thank you so much! The networking, learning and friendships I've made along the way have been incredible.

The 2025 Congress marks the end of my tenure as the IFSHT Publication Officer, and I now hand the baton into the very capable hands of Cynthia Srikesavan, Chair of the Publication Committee 2025–2028.

As my left hands passes a baton to Cynthia, my right hand receives a baton from my mentor Susan as I take up my new role as Information Officer for IFSHT.

Susan what can I say? Thank you so much for all your support and friendship over the last number of years – you convinced me I could sail the ship.





# 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 immobilisation 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 maximise the value for our current and prospective partners.

# IFSSH/IFSHT

## TRIENNIAL CONGRESS 2025

### GLOBAL HAND CARE

IFSSH2025 #IFSHT2025



## Advancing Global Hand and Upper Limb Care

Insights from the 2025 IFSSH-IFSHT Triennial Congress Symposia.

Led by Experts like Dr Cynthia Srikesavan, University of Oxford

**The 2025 IFSSH-IFSHT Triennial Congress featured a comprehensive symposia programme designed to foster knowledge exchange and professional development among hand therapists and surgeons, on a wide range of topics relevant to upper limb extremity practice, teaching and research.**

Each session was of one-hour duration and included a description and defined learning objectives, featuring expert talks by 3 to 6 speakers, moderated by a Chair. The symposia aimed to offer attendees international and multidisciplinary perspectives and practical insights, while promoting critical thinking, discussions, and collaboration.

### Dr Cynthia Srikesavan

*Senior Researcher in Physiotherapy,*

*Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences, University of Oxford.*



## Research Round Up

**Scientific paper sessions (or “free paper” sessions) are always rewarding as the presentations are recent research that usually has not yet been shared in journal publications.**

There were 25 free paper sessions at the Congress that were categorised to assist the audience in choosing which session to attend as these do run concurrently.

Scientific paper session themes at the Congress included flexor tendons, technology, paediatrics, brachial plexus, hand fractures, elbow/shoulder, tendon/nerve, thumb CMC OA, wrist, general rehabilitation, education, pain, work-related, outcome measures, orthotics, distal radius fractures, sports and music and hand transplants.

The Congress also offered a comprehensive choice of both joint surgeon and therapist symposia and therapist symposia. Each session was an hour, bringing together experts on each topic to present and discuss the current evidence and the implications of this in clinical practice.

There were nine joint symposia with IFSSH which featured topics on skin, technology and innovation, flexor tendons, lateral elbow pain, amputation and prosthetics, managing stiffness, sustainable hand therapy, wrist proprioception, communication.



There were 28 therapist symposia and nine joint IFSHT/IFSSH symposia with diverse themes on paediatric conditions, peripheral nerve injury, hand fractures, brachial plexus injury, outcome measures, elbow trauma, extensor tendon rehabilitation, chronic arthritis and scleroderma, value-based decision making, research, burn care, shoulder conditions, ulnar sided wrist pain, digital dissemination, CMC OA, global hand therapy, pain, the workplace, athletes and musicians, orthotic fabrication, patient beliefs and behaviours during recovery, hypermobility disorders, sensory rehabilitation, AI and big data, ergonomics, therapy ideas to retire and inspire, hand care and the arts, and health equity.

Some panel members and moderators from a few symposia provide a summary of their sessions here below:

## Zhiqing Chen

*IFSSH/IFSHT Joint Session- SYM38: Wrist Proprioception in Carpal Instabilities and Scapholunate Injuries*



The joint session began with Dr. Elisabet Hagert introducing the Hagert Maslow Pyramid of Proprioception. This framework emphasises that stable, pain-free joints form the foundation for normal wrist function. When combined with balanced muscle control, intact nerve function, and preserved skin sensation in the upper limb, the central nervous system can effectively integrate sensory input to provide both conscious and unconscious proprioception.

To assess proprioception clinically, Dr. Christos Karagiannopoulos presented the joint position sense assessment which has demonstrated good reliability and responsiveness following wrist trauma.

Drawing from the Hagert Pyramid, proprioceptive rehabilitation is structured into four progressive stages:

1. Basic hand and arm rehabilitation
2. Proprioceptive awareness
3. Conscious neuromuscular control
4. Unconscious neuromuscular training

Grégory Mesplé detailed rehabilitation strategies across each of these stages for patients with carpal instability. He emphasised the importance of forearm positioning when targeting protective muscle activation. For example, in SLL injuries, activating extensor carpi radialis longus and brevis in pronation or neutral is recommended.

Dr. Mireia Esplugas provided further insight into the kinematics and kinetics of carpal bones in scapholunate ligament injuries. She supported the activation of ECRL-B in pronation and abductor pollicis longus in neutral to help reduce carpal malalignment. Additionally, she cautioned against forearm supination and extensor carpi ulnaris activation, which may worsen carpal instability.

## Brocha Stern

*Therapist SYM13*

*Value-Based Decision-Making in Hand Surgery and Hand Therapy - Brocha Stern, PhD OTR*

Given the societal burden of musculoskeletal conditions, value-based care is increasingly an international priority. Robin Kamal, MD (US); Maurizio Calcagni, MD (Switzerland); and Robbert Wouters, PhD (The Netherlands) shared insightful perspectives on how value applies to hand surgery and therapy.

To achieve value (operationalised as quality plus service divided by cost), the right care must be directed to the right individual. Specifically, high-quality evidence is needed to identify individuals with specific clinical and/or contextual factors for whom hand therapy interventions increase value. To both evaluate and improve value, routine outcome measurement is needed, such that outcomes are collected on every patient in clinical care. Patient-reported outcome measures should be included to encompass the patient's perspective, but they should be thoughtfully selected to minimise respondent burden while also assessing meaningful domains, including potentially mental health factors. Additionally, new paradigms are needed to ensure that the individual patient voice is centred in the determination of value.

Such approaches may include moving beyond traditional metrics of meaningful change through novel concepts such as the "personal meaningful gain" that is established by the patient. While some progress has been made, further collaborative work is necessary to achieve the goal of patient-centred, value-based hand care.

# 2025 IFSSH and IFSHT Triennial Congress

## WASHINGTON, D.C. USA

### Overview of The Triennial Joint IFSSH-IFSHT Congress Washington DC





In the Education segment of this issue of REACH, we share with you an overview of the networking and learning opportunities at the recent Congress.

533 therapists from across the globe made the trip to DC and they were not disappointed with 25 scientific paper presentations, 9 joint surgeon therapist symposia, 28 therapist symposia and 9 joint IFSSH IFSHT symposia, 23 instructional courses for therapists and 63 eposters. There were 168 speakers from 39 countries.

The location was the Marriott Marquis hotel in downtown DC, a luxurious venue with plenty of conference rooms to accommodate the huge programme.

## The Opening Ceremony

The opening ceremony on Tuesday morning launched the therapist strand of the Congress with IFSHT President Peggy Boineau welcoming the global hand therapy family. Welcomes were also extended to new countries that had become full (Malaysia), new associate (Malawi, Ethiopia, Vietnam) and corresponding (Bhutan, Costa Rica, Kuwait) IFSHT members since the last triennial congress.



Peggy thanked the Congress Scientific Committee and its co-chairs (Aviva Wolff and Yafa Levanon) along with Scientific Abstract Committee Chairs (Jenny Dorich and Cynthia Srikesavan). The Local Organising Committee were commended for all their hard work in producing a comprehensive programme. Sincerest thanks were also given to the IFSHT Executive, Standing and Ad Hoc Committees and all Speakers and Moderators, the ASHT Executive, ASSH and AAHS, and IFSSH.

The opening ceremony also celebrated those therapists who have left a fingerprint on the specialism with the announcement of the Lifetime Achievement Awards and those therapists daring to do different by listing the nominees for the Christina Alegria Innovation Award (the winner was Torunn Nessa!).

## Innovation Winner



The Opening Ceremony concluded with Vicky Frampton (IFSHT Past President) presenting a touching tribute to the late Jean-Claude Rouzaud, who was an IFSHT founder member, an IFSHT Past President and a tour de force in the world of hand therapy (please see Clinicians section for the full tribute and more information on award and grant recipients).

## Lifetime Achievement



## Keynote Speakers

Explore the incredible journey of Mel Eissens shared her incredible journey in "Rowing Solo Across the Atlantic Ocean: How This Ultimate Challenge Destroyed My Hands." Mel, a seasoned hand therapist with extensive experience in the Netherlands, United Kingdom, and Switzerland, recounted her unique adventure of rowing solo across the Atlantic. Inspired by a research project on "trigger finger in ocean rowers," this remarkable feat made her the first solo female from the Netherlands and the first-hand therapist to accomplish such a challenge.

Claude Spicher, a distinguished scientist shared his groundbreaking work in the keynote entitled "Method of Somatosensory Pain Rehabilitation: When and How?"



This session provided insights into innovative methods of pain rehabilitation, drawing from Claude's extensive expertise and pioneering work at the Somatosensory Rehabilitation Centre.

Judy Colditz's innovative output over the years has been awe-inspiring and a seemingly impossible feat for the "Average Joe". Her Keynote Speech entitled the "Innovator in You" was an engaging talk which provided a roadmap to innovation through simple sage advice. This helped myth bust that innovation is a skill owned by a few but that it can become effortless with practice but mainly with child-like curiosity.

These [keynote presentations](#) are available below for free!



## Closing Ceremony

With the 16<sup>th</sup> Congress drawing to a close, outgoing IFSHT President Peggy Boineau emphasised the important role of IFSHT as a global community of 63 member countries, providing networking and educational opportunities to develop and enhance the practice of hand therapy. She gave thanks to all parties involved in the Congress being a resounding success. Thank you, Washington DC!

Special thanks were also given to Nicola Goldsmith (Immediate Past President) for her 12 years of EXCO service. The IFSHT Executive committee for 2022-2025 (Stacey Doyon, Elizabeth Ward, Susan de Klerk, Marie Eason Klatt, Nicola Goldsmith) were thanked for all their hard work before handing the reins over to the new EXCO. Closing remarks were given by the new IFSHT President Stacey Doyon as she set out her vision for the next three years.



## Lifetime Achievement



## Outgoing exco



## Stacey Doyon: IFSHT President



## The IFSHT Executive Committee 2025-2028



(from left to right):

**Secretary General:** Marie Eason Klatt, Canada | **President:** Stacey Doyon, USA | **Immediate Past President:** Peggy Boineau | **President Elect:** Francesco Romagnoli, Italy | **Information Officer:** Daniel Harte, Ireland | **Treasurer:** Elizabeth Ward, Australia



## Anatomy Glove workshop contribution

Submitted by Pat McKee

### Introduction

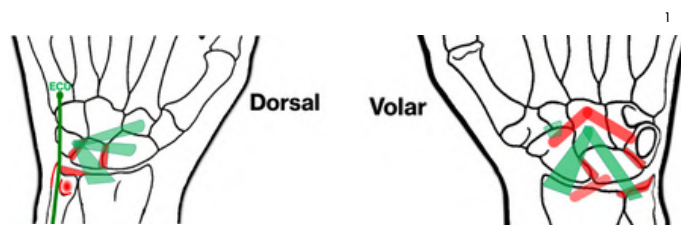
There were 23 peer-reviewed workshops at the 2025 Congress. Topics included gaming, musicians, shoulder conditions, sustainability and thermoplastics, wound care, the wrist, elbow dislocations, activities of daily living, blood flow restriction, casting motion to mobilise stiffness, augmenting frugal devices for therapy, 3D printed splints, virtual reality, purposeful engagement and hand therapy in industrial settings.

At the Congress, Pat McKee (one of the inaugural IFSHT Lifetime Achievement Award recipients in 2019) recruited Canadian hand surgeons and hand therapists to develop and deliver a 90-minute workshop entitled “The Practical Wrist – Visualize, palpate and assess instabilities and inflammatory conditions around the wrist.”

Over 100 participants drew key carpal ligaments on their Anatomy Glove, then had the opportunity to improve their provocative testing skills using video-instruction created for the workshop by Dr. Rafi Husain.

These videos are available here on YouTube. The “hands-on” workshop education was facilitated by six surgeons and therapists.

The Anatomy Glove ([www.anatomysoftware.com](http://www.anatomysoftware.com)), introduced world-wide in 2012, has been adopted by therapists and university programmes in 40 countries. The instructional glove-drawing videos are now available in 6 languages – English, French, German, Spanish, Italian and Portuguese.



**The carpal ligaments drawn onto the Anatomy Glove  
(as well as Extensor Carpi Radialis Tendon)**



**Workshop facilitators L to R: Joey Pipicelli CHT, Laura Saenz MD, Barbara Jemec MD, Pat McKee, Juliana Larocerie-Salgado CHT.  
(Missing from photo: Gilad Rotem MD, Rafi Husain MD)**



**Over 100 enthusiast individuals from numerous countries took part in the workshop.**





## Frugal devices workshop contribution from Shovan Saha

Submitted by Shovan Saha, MOT, PhD Associate Professor who presented an instructional course titled Augmenting hand functions using indigenously developed frugal devices: Stories and experiences from India.

### Introduction

Due to rapid industrialisation in India, there are ever increasing incidences of injuries involving the hand, leading to musculoskeletal and neurological compromises and causing major impact on an individual's work capacity.

To minimise the negative impact of dysfunction, an accessible method is developed and practiced in a hospital centre in India. It includes the process of conceptualising, creating, crafting, and dispensing these indigenously developed low-technology frugal devices to meet the requirements of basic and instrumental activities of daily living, like eating, writing, driving, typing, etc.

This method involves facilitating individuals to express their needs and preferences for functional independence. The preferred activities are simulated and profiled to analyse the gaps.

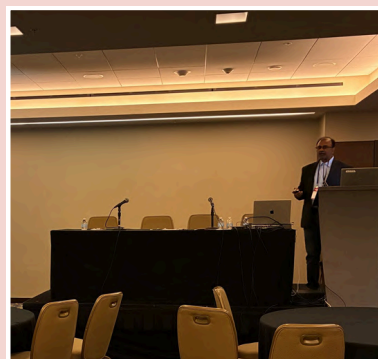
Based on these findings, designs are created to bridge the differences and ensure that devices optimally utilise the residual physical capabilities and complete the tasks. These frugal adaptations are simple mechanical devices, handcrafted and customized to meet the unique needs of every dysfunctional hand, and should resonate with the individual's aspirations. These indigenous designs are made from local resources like low-temperature plastic and aluminium, and adhering to the local context is their strength in terms of accessibility, affordability, and relevance.

### Shovan Saha

*Department of Occupational Therapy, Manipal Academy of Higher Education in Manipal, Udupi, Karnataka, India.*

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# Treatment Modalities for Neuropathic Pain and Neuroma workshop contribution

Submitted by Tara Packham. Presented by Hei Lok 'Jenna' Ng from Hong Kong

## Introduction

Occupational therapist Hei Lok 'Jenna' Ng from Hong Kong led a standing room only workshop on Treatment Modalities for Neuropathic Pain and Neuroma (See Figure 1). The highlights of the content summarised below reflect the foundational knowledge, clinical reasoning and creative adaptations to tailor evidence to individual clients that was woven throughout her presentation.



**Figure 1: Standing room only at this IFSHT session**

Neuropathic pain is defined as a condition resulting from changes in structures and/or functions within the somatosensory system. The pain may be related to central changes (e.g., post-stroke pain) or peripheral phenomena such as diabetic neuropathy, compression syndromes, or direct trauma. Symptoms of neuropathic pain include burning, shooting pain, hyperalgesia, and allodynia. The clinical picture is often further complicated by stiffness and edema.

Neuromas are the result of nerve growth after mechanical injury to the axonal tissue. They will exhibit similar symptoms and should also be categorized as a form of neuropathic pain. Regardless of the mechanism, people with neuropathic pain experience changes in their activities, participation, and quality of life. Indeed, the changes in pain processing both in the peripheral and central nervous system are associated with negative emotions, and pain-related fear may be a common experience for persons living with neuropathic pain.

## References

Attal N, Bouhassira D, Baron R. Diagnosis and assessment of neuropathic pain through questionnaires. *Lancet Neurol.* 2018;17(5):456–66

**Assessment:** While there are no neuropathic pain screening tools that have been specifically validated for the hand injury population, there are a number of sensitive and specific tools that can be used for screening (1), including the Self-Reported Leeds Assessment of Neuropathic Signs and Symptoms (S-LANSS).

**Treatment concepts:** Multidisciplinary treatment is ideal, with a focus on addressing the different mechanisms (peripheral or central). Occupational therapy may include a variety of targets such as sensory re-education, mirror visual feedback, orthoses, pain and edema management, work retraining, and cognitive behavioural approaches.

Creativity is key to engage the client in graded exposure to uncomfortable activities and support positive neuroplastic changes in the brain's map of the hand through just-right challenges.

Jenna shared some of her innovative ideas, including a 3D printed cube with a different texture applied to each face to encourage clients to do repetitive practice throughout their day. She suggested grading sensory retraining activities to match the level of sensory recovery, progressing from distinguishing moving vs static touch with a pencil eraser to discriminating between subtle tactile differences. Functional retraining activities were supported by a sensory kit with many activities to practice skills (See Figure 2).



**Figure 2: Functional activity kit**





# Lifetime Achievement Awards

IFSH/IFSSH celebrated the careers of several Hand Therapists at the 2025 IFSSH-IFSH/IFSSH Congress. Each of them was presented with the prestigious IFSHT Lifetime Achievement Award for Contribution to Hand Therapy.

Upcoming volumes of REACH will feature the recipients of this Award from the Congress. As you will see, they have trailblazed and left an enduring mark on the specialism. Congratulations!



**Dorit Aaron**  
(USA)



**Celeste Glasgow**  
(Australia)



**Barbara Hall**  
(Australia)



**Anne Wajon**  
(Australia)



**Dorcas Beaton**  
(Canada)



**Meryl Glover**  
(United Kingdom)



**Ton Schreuders**  
(Netherlands)





## Cristina Allegri Innovation Award

This award is given to an Occupational Therapist or Physical Therapist who has made an innovative contribution to the practice of hand therapy. The innovation is a creative and unique, tangible, or intangible and involve the development or use of methods, materials, systems, technologies, or services that are new and enhance the practice of hand therapy. This year at the 2025 Congress, the award went to Torunn Nessa from Norway for her innovative work on sensibility relearning (article below). Congratulations Torunn!

The other nominees were Maryam Farzad (Iran), Chi Yan Lam (Hong Kong), Sallie Lamb (United Kingdom), Shovan Saha (India) and Sheila Santandrea (Italy). Well done everyone!

Recognize touch – films as therapeutic tool for re-learning sensibility in persons following peripheral nerve injuries in the forearm.

An innovation project.

### Torunn Nessa

In hand therapy clinics there has been a lack of available tools for training sensibility after peripheral nerve injury of the forearm (Rosén et al., 2003). The new theory of the plastic brain (which is no longer new!) emphasises training from early onset, multisensory and holistic training in a familiar context (Lundborg, 2003; Lundborg & Rosén, 2001; Rosén et al., 2015). The objective of this innovative project was therefore to embark on a film project to bridge this gap and create films to use as a training tool following peripheral nerve injury in the forearm.

The film project was supported with Innovation Funds by the Western Norway Region Health Authority and consists of film material aimed at patients and health professionals, specifically to consciously use other senses, to assist in the patients' process of



rehabilitation after nerve injuries. The films are the product of innovative teamwork between an artist, two dancers, a film photographer, an occupational therapist and a plastic and hand surgeon.

### Torunn Nessa

OT, Stavanger University Hospital, Norway

Website: Recognize touch (feel again) – Helse Stavanger HF ([helse-stavanger.no](http://helse-stavanger.no))

Keywords: Peripheral Nerve Injury, Sensory relearning, Brain plasticity, neuroplasticity



# Cristina Allegri Innovation Award

## The Rationale: When the brain does not understand what the hand feels.

Knowledge of the plastic brain and cortical reorganisation in re-learning sensibility is essential for the development of this clinical tool (Lundborg, 2003; Nordmark et al., 2018).

The importance of conscious use of other senses, such as hearing, for developing tactile gnosis, is shown in literature and studies (Rosen & Lundborg, 2007). Multisensory training with use of all senses involves sensory integration mechanisms. In addition, auditory stimulation can determine signal changes in somatosensory areas in the cortex (Mendes et al., 2013).

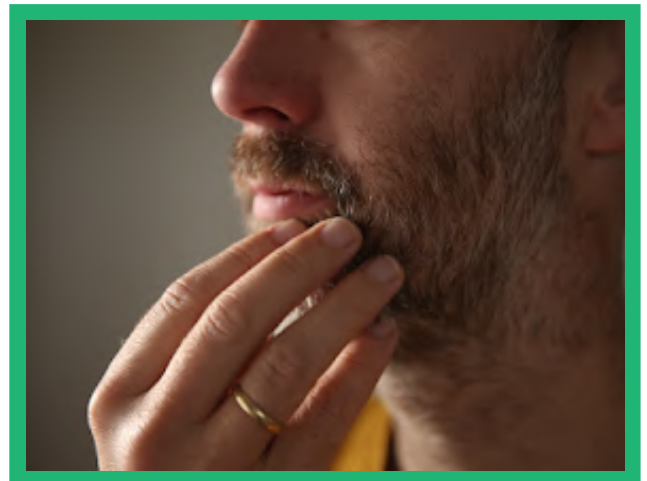
## Training in daily activities

Focusing on gaining function through training in a natural, meaningful context of daily activities is central to occupational therapy theory (Fisher, 2013). Daily activities are seen as both means (being meaningful) and end goals in being part of the patients' needs and wishes for performing activities and participating in society. Several authors emphasise occupation-based interventions and assessments in hand therapy. Occupational therapists working with hand injuries find occupation-based assessments and interventions to be important in rehabilitation and see barriers to including occupation-based interventions as linked to the dominating medical and biomechanical framework in healthcare (Che Daud et al., 2015; Valdes et al., 2023; Ransby, T. B. et al., 2024; I, & Buchanan, H., 2024). Vikström et al. suggest training in daily activities to be more holistic and meaningful (Vikström, 2018; Vikström et al., 2018). The adaptation process of dealing with loss of function and strategies for coping is described in qualitative studies (Chemnitz, 2013).

## Training cold sensitivity in the context of daily activities

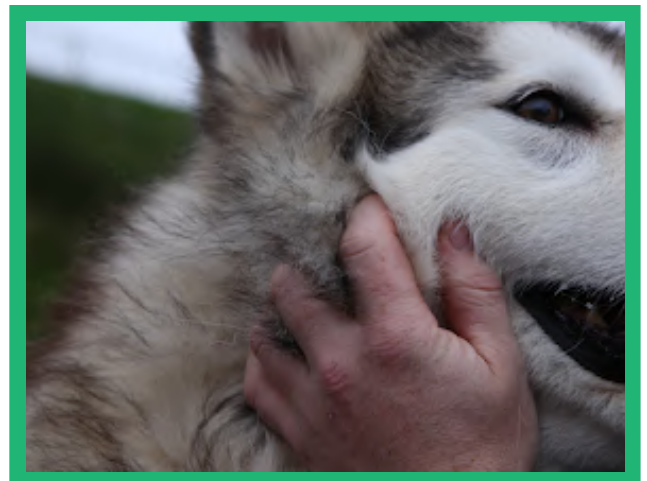
Cold sensitivity is a common, long-lasting problem for many patients that can be a barrier to participation in daily activities, work, and self-reported disability (Frostadottir et al., 2022). Cold-induced pain is associated with higher scores of cold sensitivity and greater impact on Quality of Life (Carlsson et al., 2010; Novak & Mackinnon, 2016).

The films show and recommend training the senses of temperature- cold and warm, from early on just like training other aspects of sensory function. Some studies focus on conditional behaviouristic training of the cold sense. I believe that the cold sense should be trained in a natural context from early on like the theory of the plastic brain affirms. The films show activities that includes cold stimuli in a natural context and teaches patients to feel temperature with two hands or with both affected and unaffected fingers to contribute to relearning sensibility even before pain and discomfort starts to evolve in the process of reinnervation[a]. [b]



## Mentalisation and action observation

Another aspect of using films as tools for training sensibility is stimulating mirror neurons in the brain. Action observation is proven to influence the motor cortex during immobilisation (Bassolino et al., 2014). Discomfort and disturbed sensation associated with the re-innervation process, is addressed in the films by highlighting pleasant touch.



# Cristina Allegri Innovation Award

The films can be used during phase 1 (the latent phase) of sensory re-learning from the onset of rehabilitation when there is no sensibility in the fingers, to activate the areas of the somatosensory cortex as well as during phase 2 when regeneration and reinnervation of the nerve is ongoing.

We therefore embarked on the project of creating films with the aim to allow for multi-sensory training, including auditory stimulation, cold sensitivity training and action observation considering activities of daily living.

## Materials and methods

The films were produced in collaboration with the following team:

- Else Leirvik, artist
- Marie Ronold Mathiesen, dancer
- Lene Aareskjold, dancer
- Nils Petter Devold, film photographer
- Torunn Nessa, Hand therapist, occupational therapist
- Zetlitz, Elisabeth, Ph.D., Plastic- and hand surgeon.

A 15-minute test film as made by the team based on input from the artist who found visual art productions focusing on tactile qualities that we watched for inspiration.

The whole team tried to imagine how persons with nerve injury might experience their situation and focusing on touch in daily activities. Patients and therapists participated in the further development of the films[e].

The test film was shown to four patients with traumatic injuries to n. ulnaris and n. medianus. In a focus group-interview, patients were asked for feedback on several aspects of the film, see u results below.

## Recommendations

The recommendations were used in the production of further films. In addition, the film was shown to hand therapists at the annual Seminar of Hand Therapy in Norway, 2018 and feedback was obtained [f]from the participants in the audience, see results below.

## Innovation

Bringing other professions into the field of health and rehabilitation was the innovative part of the project. The artists brought their artistic tool of (inherent) vulnerability and sensibility into the production of the films. The expression being touched meaning emotional moved illuminates/ illustrates the sensitivity needed on all levels for relearning touch in hands and this aspect was well considered with the attentive and sensitive performance of the artists. The role of professional artists in innovative co-production of films added quality and value to the films and were acknowledged by the patients.

## Results

A therapist remarked after watching the test film at the Congress 2025: *"It was an aha-experience watching the film."* Another therapist noted, *"I think the film might be especially helpful for patients we struggle to help."* It was also suggested that having more than one film available could be beneficial, so therapists do not become fatigued from repeatedly watching the same film with patients.

A patient commented, *"I wish I had gotten to watch this film when I was first injured."* Another patient remarked, *"The film somehow shows the joy of touching."* Another patient observation was: *"The films are for those who have plenty of time. When you're injured, you are set back and need time."*

## Conclusions

Based on response from patients and therapists we continued the project. The final production included a voiced intro-film, and five films accompanied by the sounds of touching in daily activities. Based on the positive remarks as illustrated in the quotes from both patients and clinicians the film has relevance and value to persons with peripheral nerve injuries of the forearm. The films are available for use for patients and therapists at the following link: Recognize touch (feel again) – Helse Stavanger HF (helse-stavanger.no). Future studies will explore the clinical utility of the films during peripheral nerve rehabilitation.



# Cristina Allegri Innovation Award

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# Silent Auction

At each Triennial Congress, IFSHT organises a Silent Auction. This is a very important event in the IFSHT diary as it is used as a source to raise significant funds to support speakers to attend the next Congress.



In the months leading up to the Congress, IFSHT asks therapists and surgeons to donate items that can be sold at the auction which is held during the Congress. Typical items are scarfs, jewellery, models, books, hand therapy tools and other items. Promises can also be auctioned for example, one hour of teaching on a topic of your choice, free access to a paid online training module, delivery of a lecture to a hand therapy department etc.

At the 2025 Congress, the Silent Auction raised an impressive 11750 USD, a vital resource to support speakers to attend the next Congress in Singapore in 2028.



## The IFSHT Evelyn Mackin Grant

This grant supports an emergent hand therapist from a country without a formal hand therapy society / not a Full member of IFSHT. The recipient is a potential leader of hand therapy in their country, who may otherwise not have the resources to attend. Applicants for this grant must not be receiving funds from another source.

The recipient of this grant is fully funded to attend the IFSHT Triennial Congress providing an opportunity to further expand their knowledge and networking in hand therapy.

Recipients of the IFSHT Evelyn Mackin Grant to attend the 2025 Congress were:

- Nupur Binte Lili (Bangladesh)
- Quyen Pham (Vietnam)
- Cathy Pius (Papua New Guinea)
- Robert Sowa (Ghana)
- Hailu Seifu Tsegaye, (Ethiopia)
- Kinley Tshering (Bhutan)

The IFSHT-IFSSH Triennial Congress Grant supported 14 speakers and 11 attendees from 15 countries.

The IFSHT-IFSSH International Teaching Grant supports therapists involved in a hand therapy educational project in a low to middle income country where hand therapy is in the early stage of development. This initiative promotes the growth of hand therapy worldwide and ensures quality rehabilitation for persons receiving hand therapy. Recipients of this Grant were Pascalle Smith (UK) to support her work in Sierra Leone and Kalyani Hemalatha (Sri Lanka) to support her work in Sri Lanka.







## SPOTLIGHT ON:

# AIRM – Italian Association of Hand Rehabilitation

The Italian Association of Hand Rehabilitation (AIRM) is a voluntary non-profit organisation addressed to any physiotherapists or occupational therapists who work in the field of hand therapy in Italy.

AIRM was established in 2007, succeeding previous similar associations (AIRM in 1985 with only 5 members and GIS RASM since 2001) which, however, had not included occupational therapists, as the profession was still not widely recognised in Italy at that time. We started with about 39 members (37 physiotherapists and just 2 occupational therapists) slowly but constantly growing up, until, in 2013, we obtained the official EFSHT and IFHST recognition. Nowadays, to gain admission to our association, candidates are required to present their curriculum vitae, which is then examined and approved by the Members Commission. It is necessary to attend at least one national or international official hand therapy congress, to demonstrate their commitment by completing a number of specific, officially recognised courses in the area and to present a reference letter by another member or a hand surgeon; it is also highly recommended to attend the post graduate Masters in Upper Limb and Hand Therapy Rehabilitation.

In 2025, we are proud to have reached 293 members (192 physiotherapists and 101 occupational therapists), including 54 'Ordinary Members', i.e. professionals who have been part of the association for at least five consecutive years, have actively contributed to its activities, and have pursued personal scientific achievements in the field of hand therapy; whoever gets that recognition is also automatically awarded as an Italian Certified Hand Therapist. As per our latest census, 94% of members reported working primarily in orthopaedics, 4% in neurology, and 2% in paediatrics. 62% of them are self-employed, 27% work in the private healthcare system, and 11% in public services.

The Executive Committee consists of a President, a Vice President, a Past President, a Secretary, a Treasurer, three Advisors, as well as an European Delegate and an International Delegate. We also have three Prohibition [NAI] members and three Auditors. The Board is also actively supported by an Educational Commission, a Scientific Commission, a Social Media Commission, and a Membership Commission.

Our primary goal has always been to develop and spread high-quality education in hand therapy, in accordance with the newest European and International standards. At the same time, we are driven by a strong desire to establish a solid national network to share the professional experience and knowledge, as well as to promote and protect the profession. To achieve this, we have consistently devoted our efforts to enhancing collaboration with the official Italian associations of Physiotherapists (AIFI), Occupational Therapists (AITO), and Hand Surgeons (SICM); moreover, in addition to regular updates on our social profiles, we have also provide a free, interactive map available on our website, where anyone can look for the nearest AIRM member in Italy.

Currently, the association's activities have thrived in both quantity and quality. In addition to the annual national congress, we annually organise specialised training with an exclusive webinar for members and/or a practical course with national/international guests, physiotherapists/hand surgeons; our Scientific Commission is also in charge of supporting a number of other private courses in the hand therapy field, ensuring the quality of the content (we endorsed 26 in 2024!). Thanks to the efforts of the volunteers, in 2021 our own Italian Journal of Hand Therapy (RIRM) was officially born; it is now digitally released twice a year and it offers a valuable selection of scientific articles and researches by hand therapists and surgeons in Italy.



## SPOTLIGHT ON:

# AIRM – Italian Association of Hand Rehabilitation

Besides that, to further support evidence based practice and the scientific research, our members also benefit from a subscription to *Hand Therapy*, the official journal of the British Association of Hand Therapists and the European Federation of Societies for Hand Therapy, as well as the opportunity to apply for a scholarship to support a research project deemed worthy by the Executive Committee.

Finally, the three best papers presented during the free session of the national congress are selected by the Scientific Committee and awarded with a cash prize or enrollment in future specialised courses.

We are very proud with all the progress we have made so far and everything we have achieved, but we hope there's still a long road ahead and many exciting goals to fulfill!

## Italian delegation at Congress in Washington DC



*(from left to right): Davide Giulian (Past President); Sabrina Centaro; Rossella Pagliaro (Secretary General); Ilaria Saroglia (President); Manuela Morin (Treasurer); Paolo Bocculari; Fabrizio De Lazzeri.*

# TRIBUTE TO JEAN CLAUDE ROUZAUD

At each Triennial Congress, IFSHT organises a Silent Auction. This is a very important event in the IFSHT diary as it is used as a source to raise significant funds to support speakers to attend the next Congress.

## Foreword by Susan de Klerk

During the 2025 Washington Congress opening ceremony, the IFSHT honoured past president Jean Claude Rouzard (1992 – 1995) through past president Victoria Frampton (1995 – 1998) delivering a tribute to Jean Claude who passed away in October of 2023.

In addition to the moving tribute, the content of Victoria's talk also served as history to the IFSHT, and we therefore thought it appropriate to share with the members through this publication. Victoria spoke in a wonderful personal style and her friendship with Jean-Claude and institutional knowledge of IFSHT is evident.

It is also a testament to the networking at IFSHT conferences which lead to collaboration and ultimately lifelong friendships. May others be encouraged to take on IFSHT committee member or EXCO roles in the future to experience this for themselves.

This presentation is a tribute to my friend and our colleague Jean Claude Rouzaud whose memory we recognise today and always – compiled by Victoria Frampton.

Jean Claude was a gentle bear of a man. We met in the early 80's through our interest in Hands and through the friendships of hand specialists we worked with, Yves Allieu and Dr Wynne Parry.

When he was young, he played in a football club and he was a bass player in a rock band, but most significantly he was a legend in Hand Therapy, teaching and sharing his knowledge and skills all around the world.

As his obituary on the IFSHT website states "he spent 30 years engaged in scientific research and he published 51 peer reviewed articles "





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His contribution to the development of global Hand therapy is extensive. He lectured, taught and presented all over the world including, Europe, USA, South America, China, and Iran, to name only a few.

## Achievements

His achievements were numerous:

- He was a founding member of the French Society of Hand and Upper Limb Rehabilitation GEMMSOR
- Secretary General of the French Society
- President of the French Society
- Founding Member of the European Society of Hand Therapy
- Secretary General of the European Society
- Recipient of the IFSHT Lifetime Achievement Award – Berlin June 2019
- President of the Council of Elders of the French Society of Hand Rehabilitation
- Permanent member of the Scientific Committee of the European Society of Hand Therapy...and much more, but for us today he is remembered as a founding member of IFSHT with Evelyn Mackin from the USA

The idea for an International Federation of Societies for Hand Therapy was born in 1980 when Therapists attended the IFSSH congress for the first time in the Netherlands invited by Alfred Swanson.

It was however at the joint French Hand Surgery and Hand Therapy meeting in Paris during December 1986 that a group of Therapists met to discuss the formation of the IFSHT, encouraged by European surgeons, Raoul Tubiana, Yves Allieu and Giorgio Brunelli.

On December the 10<sup>th</sup> 1987 the IFSHT was officially registered as a Federation in Montpellier, where Jean Claude lived and worked. Initial member societies were Belgium, France, Great Britain and the USA. The Executive committee comprised of Evelyn Mackin (President), Jean Claude (Secretary General) and Corrianne Van Velze (Historian).



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