



Fingerprints

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HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

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Editors' Note

Kia Ora colleagues,

This is the third edition of 2022. In this edition I have included a report about the IFSSH, IFSH & FESSH Combined Congress in London in June 2022. I have also provided you with a short guide on how to retrieve research papers if you are having difficulty. If you have any material that you would like to share on Fingerprints, please send us an email at

fingerprints@handtherapy.org.nz

Nico

Report for the British Association of Hand Therapists: The combined IFSSH, IFSHT and FEESH congress at London's ExCeL centre June 2022

By Thomas Mitchell, Advanced Physiotherapy Practitioner in primary care, Hand Therapist (UK)

A return to conferences could not have come in more impressive scale and in surroundings which bring some glamour into usually dry world of scientific conferences. The combined IFSSH, IFSHT and FEESH congress at London's ExCeL centre June 2022 saw both surgeons and therapist together in location, and on occasion toward integrated goals. Praise must be given for the leadership of Nicola Goldsmith and organisation committee at the BAHT and IFSHT, especially for their international programme which has commendable reach and motivation.

The keynote speakers had appropriate standing and delivered their messages well and with vigour, and the quality of the scientific programme gives optimism that the field of hand therapy is beginning to identify the questions which are important helping manage those suffering with hand and wrist conditions.

The scope of the programme meant careful navigation was needed to attend the most suitable presentations. That said, as expected when gathering many different clinicians from across the globe, this was not a conference with a consistent quality control nor a singular narrative. An obvious fault-line was evident when discussing management of carpal instability as opposed to osteoarthritis. It appears that elements of the hand therapy community seem to have become attached to the highly biomechanical theory of the specific

use of 'secondary stabilisers' being an elixir to dysfunction following scapholunate injury. One had to be mindful of using the phrase 'dart throwers motion' as a suggestion for rehab due to theoretical contraindications. This differs significantly to the OA management suggestions where patient-centred and holistic care was sensibly reinforced by several speakers and difficult questions were not shied away from in the osteoarthritis presentations. Established management of splinting for 1st CMC OA was convincingly challenged through the presentations of Victoria Jenson (Otter Trial) and for splinting in general hand OA by the prolific Nico Magni. The latter deserves praise in fielding expertly questions ranging from therapist overprotection in rehab due to the myth of causing damage as well as the thorny issue of whether more care equals better care.

Other highlights include the enthusiasm shown by the indomitable Elizabeth Haggert in jolly along our hands-on clinical reasoning, Alex Lluch discussing wrist instability as only a transient period between the stability of normal function and the ultimate stability of carpal collapse, and Anina Schmid gently letting us know that if you want to improve self-management and reduce surgical conversion for carpal tunnel syndrome, use less experienced therapy staff to screen surgical lists! Michael Thacker reminded us that pain is a perception (interpretation of sensation) rather than a sensation (information generated by nociceptors). According to this paradigm, the brain can reduce pain by remodelling its interpretation of injuries/conditions, which provides us with a positive outlook on persistent pain.

The session on nerve compression and CRPS was at times outstanding, and at others patently bonkers. Akira Wiberg and Isam Atroshi skilfully delivered their reasons to believe that carpal tunnel syndrome isn't or is a work-related injury respectively. They showed that carpal tunnel syndrome presents both genetic (50% of the risk) and work-related/biomechanical risks factors. In the future, we may all get our genome sequenced to make an informed decision about the type of work we choose, should we be equipped with the means. In bright contrast, the "CRPS does not exist" presentation, delivered by

Francisco del Piñal, was a glory of false equivalence and double standards. They discarded the large amount of evidence on the existence of CRPS by comparing it to vagotomy treatment of peptic ulcers (a treatment no longer utilised but with large amounts of published research). Just because the lack of effectiveness of an intervention does not deny the existence of the condition. Interestingly, after dismissing the evidence for the existence of CRPS, they presented their own research showing that 53 of their patients with CRPS got better after carpal tunnel release. This was an act of astonishing double standards discrediting the evidence from other authors, they relied their own case series data to supporting their controversial hypothesis. The take home message is that all of us including surgeons, hand therapists, occupational therapists, and physiotherapists are entitled to strong opinions, but all require careful dissection and scrutiny. The conference closed with the Douglas Lamb Lecture delivered by David Ring, which reminded us all of how much psychological aspects play a vital role in our patients' journey and their perception of pain and disability. This provided inspiration and ideas for future research and clinical work.

The combined IFSSH, IFSHT and FEESH congress at London's ExCeL centre June 2022 was a celebration of the mission we are all on to improve the lot of our patients, and huge respect must be paid to the organisers for their ambition, operational capabilities and ability to put on a great show. As always, the stage set the agenda, but the arena allowed new connections, conversations and friendships are what will sustain and shape our future missions.

Finding research papers .pdf

Nico Magni

If you are currently enrolled in an undergraduate or postgraduate physiotherapy course, it is likely that you can access most articles through the library database. In the DHB, you have access to several databases through their library, which would cover most of your needs. If this is not the case, a quick Google search of the title will provide you with either the full text or the link to the journal. If the article is closed access, you can try using [Google Scholar](#). When you find the article on Google Scholar, you can click on “All x versions” at the bottom of the article. The x stands for the number of versions Google Scholar is linked to (e.g. ResearchGate, personal websites). If you find a .pdf there, it is most likely to be the authors’ version of the final manuscript which has been peer reviewed but not formatted according to the Journal’s standards. In most cases, these versions are legal to download as they are not covered by the Journal’s copyright ([McLean & Durando, 2018](#)). If all this fails, you can get in contact with the first author through email, [ResearchGate](#), or [LinkedIn](#). Often, they are stoked that somebody is reading their research and they will be happy to send you a copy of the pre published, peer reviewed manuscript. Your next possible step is the request for an [inter-loan](#) through your professional body (e.g. PNZ). There is a limit on how many articles you can access free of charge so use it wisely. The following methods are getting progressively more time consuming. If you live in Auckland and you have been a student of Auckland University of Technology (AUT), you can apply for an [Associate Membership](#) which will give you access to all the AUT library resources. However, you will only have access to it on site, not remotely (from your home). Other universities may have similar policies, you need to check with them. Finally, council libraries have an [inter-loan](#) option, which is a paid service. Have a look on next page to the journals HTNZ subscribes to and make sure you use them if the paper you are interested is from one of those journals :) Happy reading!

Educational opportunities

Below are a series of resources for educational purposes that the HTNZ Education committee and us have identified in the last period:

Online Journals

Hand Therapy New Zealand offers access to several fantastic journals. If you haven't already done so, head over the [Journal page](#) and try accessing any of the resources available (e.g. Journal of Hand Therapy). If you do not have a log in, contact admin@handtherapy.org.nz to receive a unique login code. The benefit of having access to these journals is that if you find an article on [HandyEvidence](#) that you like or you just want to search for information in the journals, you can often access the full text.

The International Federation of Societies for Hand Therapy (IFSHT)

This organisation provides some resources related to Hand Therapy and technologies applicable (e.g. apps) to hand therapy. Have a look at their [resource page](#).

Anatomy Standard

This resource contains anatomy images, which are free to reproduce for non-commercial use. You can access [Anatomy Standard](#) online and cruise through several upper limb anatomical layers. Thanks to Tom Adams from AUT who pointed this resource out.

HandyEvidence

Nico's website reviews and assesses three clinically relevant scientific articles on Hand Therapy every week. In addition, it contains a database of over 300 previous synopses

searchable by topic and level of evidence. It has been sponsored by HTNZ for 2022 for all New Zealand Hand Therapists. Get the [HTNZ Special](#) and you will have full access.

Consent for clients' information and images



Consent form – use of clinical case information and images

I, (*patient's name:* _____) consent to the use of information and images including photographs or videos from my hand therapy assessment and treatment to be used for (*mark agreement by clicking on box or print and tick*)

- Educating clinicians relevant to hand therapy
- Educating clinical students
- Service audit
- Publication in professional or scientific journal

I understand that the information and images will not have my name attached to them and will not obviously identify me in any way.

Patient Details:

Name: _____ Tel: _____

Email: _____

Signed: _____ Date: Click or tap to enter a date.

Clinician Details:

Name: _____ Tel: _____

Email: _____

Organisation: _____

Hand Therapy New Zealand membership Full Associate Membership No. _____

Signed: _____ Date: Click or tap to enter a date.

You can download the original document on [HTNZ webpage](#).