



The IFSHT Mission: To provide global networking and educational opportunities to develop and enhance the practice of hand therapy.

www.ifsht.org



**Join us in London
6-10 June 2022**

The British Society for Surgery of the Hand and the British Association for Hand Therapy are our hosts for the 2022 IFSSH / IFSHT joint congress in London.

Visit the [Congress website](#) for updates as you make your plans to attend.

A Message from our President about Covid-19

The world pandemic Covid-19 has interrupted our lives in 2020 in ways that none of us could have imagined. It has been heart-wrenching hearing the stories our members sent to us about the extraordinary changes hand therapists have been faced with. This includes both trying to deliver quality care in almost impossible situations and being transferred to work with Covid patients. This newsletter includes reports from USA, Chile and Nepal. [Visit our website](#) to read more Covid-19 stories from our members around the world. The exec of IFSHT want to send our best wishes to you all. May this all pass and, when it does, we look forward to seeing you all in London 2022. Stay safe and stay in touch.

Warm wishes,
Nicola Goldsmith, President, IFSHT 2019-2022

Hand Therapy and Covid-19: Reflections from Colleagues

Kim Kraft (USA), Alejandra Aguilera (Chile) and Tarannum Siddiqui (Nepal) shared reflections on hand therapy practice amid the COVID 19 pandemic with the IFSHT. Please see below:

Kimberley Kraft, PT, DPT, CHT, Hand Therapist, Oregon Health and Sciences University, Portland Oregon USA

On Sunday evening, March 15, 2020, I received a telephone call from one of my managers. The message was: "all patients have been cancelled for tomorrow; please report to the department at 8 AM for instructions." While COVID-19 outbreak had been in the news, the sudden curtailment of patient care that night was completely unexpected.

Upon arrival at work the next day, the outpatient rehabilitation department was instructed to triage our patients for urgency of care. We began sorting through our case loads for those whose injuries or post-op status could not wait, who would be harmed by delay in rehabilitation. All chronic conditions and non-urgent cases were called by the therapist to explain the situation and notify the person that once operations returned to normal at the hospital, their visits would be rescheduled. The task of contacting patients lasted a week. Many of them had questions about COVID-19 that none of the therapists could answer; many had emotional needs that were challenging to address in a phone call.

In the following months of April and May, the outpatient rehabilitation department was redeployed to hospital entrances. At that time, very little was known about how the virus is transmitted, except that it is easily transmitted and often fatal. Our role was to instruct employees and visitors in the new policies regarding entry to the hospital. Employees were required to first cleanse hands, then don a mask. Visitors were turned away; no bedside encouragement or good-byes would be permitted. Pregnant and pediatric patients were allowed only one companion for the duration of their care. The difficulty explaining the policies to people who were justifiably upset added to the strain of being exposed to the sinister and mysterious virus.

Elective surgeries were suspended for two months and our case load was light. One hand therapist at a time was scheduled in the department to see patients with post-op or post-trauma diagnoses urgently. Projects that had been awaiting attention were finally completed.

IN June, the department reopened with new policies in place. Employees complete an electronic health and COVID-19 exposure survey before arriving on the hospital campus. Patients are asked about symptoms, exposure, and testing status before each appointment. All workers and patients wear masks; therapists also wear goggles because of the prolonged close contact with each patient. New cleaning procedures are in place.

So much has changed since March 15th in terms of how I interact with my patients and colleagues. From this shared experience, I find comradery and increased awareness of the emotional toll the pandemic has taken on humanity. I am appreciating the skills of emotional support and the biopsychosocial nature of hand therapy much more than ever before.

I am a hand physiotherapist currently working in a Public Trauma Hospital in Santiago (Capital of Chile). Since mid-March suburbs and cities along Chile have been in lockdown and only in the last few weeks certain suburbs within Santiago have started to reduce their restrictions (The Metropolitan Region has been the region within Chile with the most confirmed cases of COVID 19).

From April onwards all hospitals and private clinics closed their trauma centres and only emergency services were provided. This was as a result of the large amount of citizens needing critical care and measures to reduce community transmission. Many therapy colleagues working in private clinics and public hospitals had to provide respiratory patient care. The out-patient unit at my hospital has been closed since the last week of March and has only started opening again in the last two weeks. During these months we initiated tele-rehabilitation by creating email accounts for each surgical team and developed exercise programs that were emailed to all patients that had surgery during this period. We were aware it was not enough to cover patient needs, but it was the only way to maintain contact with them. Exceptions were made with some patients that were struggling at home and for them we utilised video calls and in very few cases face to face appointments were offered.

From the third week of August, face to face appointments were initiated again, however precautionary protocols have to be adhered to and as a result intervention is not offered in the same way as before March 2020. Prior to the COVID 19 pandemic, we would see three patients at a time for a one hour session, twice a week (a minimum ten sessions per patient). Whereas now only one patient can be seen for a 30 minute evaluation/education/intervention, and a home exercise programme is provided. Follow up face to face appointments are made for two weeks' time (if required), depending on patients comprehension and severity of injury/complications, whereas others will continue with tele-rehabilitation (mainly emails).

During this time, the hand surgical team at our hospital was the one with the highest case load. There was a definite increase in the amount of mutilated hand injuries or fractures during lockdown, as persons, unable to work started DIY projects in an around the house, and injuring themselves in the process. The government created a phone line for emotional support and our hospital created a volunteer follow up group (which I was part of), to assist employees with COVID 19 symptoms. Persons were contacted during their quarantine period and a home program was developed toward emotional support during this time.

It has been my experience in the public sector that resources have a big impact on the type of assistance that can be provided. Together with my colleagues, we are proud and have been committed throughout this period to use what we had available to us to provide assistance, even though it was mainly through emails. Every patient that was referred to us during this time, received an adapted exercise programme and were followed up throughout their rehabilitation period.

Tarannum Siddiqui, Nepal Delegate for IFSHT, President NSHRR

As a result of the COVID 19 pandemic country wide lockdown came into

effect on 24 March 2020 in Nepal and was only lifted on 21 July 2020. All private hospitals were closed to outpatient care, only providing emergency care. Therapists were assigned to intensive care units and inpatient rehabilitation took place only for the most severe cases. Hand Therapy was provided under strict precautionary measures as prescribed and recommended by the World Health Organisation. However, many were unable to continue working as a result of the lock down and were forced to stay at home. Tele-rehabilitation approaches were initiated by some but as a result of limitation in resources and lack of awareness of tele-rehabilitation, few people were reached in this way.

Online continuing professional development opportunities aided therapists to keep themselves engaged and update their knowledge on hand therapy. Therapists in Nepal reported gratitude for the amount of online resources, webinars and podcast that became available for free since the start of the pandemic.

The lockdown and travel restrictions hindered the provision of routine rehabilitation to our patient population, as therapists were unable to support them socially or psychologically. There continues to be a need to increase awareness and education in both the public and rehabilitation professional on the use of tele-rehabilitation approaches.



Virtual session at FESSH-EFSHT Congress on the topic of CMC Joint Instabilities
Top Row left to right, Elisabet Hagert, Sarah Mee (lead) and Alison Taylor
Bottom Row left to right, Sandra Leu and Nicola Goldsmith (chair)

FESSH-EFSHT CONGRESS VIRTUAL MEETING A SUCCESS!

FESSH-EFSHT Congress Went Virtual in 2020. Here is a synopsis of what occurred. We hope this will inspire others to establish virtual meetings while we wait for the opportunity to resume in person congresses around the world.

From September 1 to 4, 2020, the EFSHT Online! week took place. It was organised by the Swiss Society for Hand Therapy on behalf of the European Federation of Societies for Hand Therapy (EFSHT), and took place instead of the triennial European Hand Congress (FESSH-EFSHT congress), which had to be cancelled due to the Covid-19 pandemic.

The therapists program consisted of 8 focused symposia on various important topics of hand rehabilitation. The symposia were broadcasted live, with a panel discussion held by the speakers and live question-and answers from the audience, which were submitted via the chat-function of the congress platform. During three "Ask the Expert " sessions, participants were able to ask their burning questions to experts in their field, respectively. This new format was very successful, and the discussions were lively and provided new insights into outcome measurements, relative motion splinting and CRPS.

On the congress platform, numerous free papers and e-posters from therapists and surgeons could be watched "on demand". Participants rated the free papers, thus nominating the two winners of the EFSHT Free Paper Award. There was also a virtual exhibition, where participants could exchange with the industry partners of the EFSHT congress.

Of course, the social contacts and networking that are so important in a congress were sorely missed, but a virtual party on Instagram was organised, to celebrate together safely from a distance. The five best posts even won a prize, which was sent out to Brazil, Belgium, Ukraine, Ireland and Switzerland!

The first edition of the EFSHT online Week has been a great success - welcoming 400 participants from 46 countries from all over the world! It has been a new and very instructive experience, enabling ongoing professional education and exchange in these very unusual times.

IFSHT thanks Vera Beckmann-Fries & Marianne von Haller (EFSHT online! Week - Congress Presidents) for submitting this summary of the Congress.

IFSHT Announces Member-to-Member Mentoring Project

The IFSHT is excited to announce the IFSHT Member-to-Member Mentoring Project.

Purpose: IFSHT has seen significant growth in the Associate and Corresponding Member categories, who demonstrate a passion for hand therapy. The IFSHT mission to develop and enhance the practice of hand therapy recognizes the need to address issues that these countries face in forming a national hand therapy society comprised of OT and PT hand therapists.

Survey: All IFSHT delegates were invited to participate in a survey regarding hand therapy development in their country. Full Member countries shared how their society was formed and its current scope of activity. Associate and Corresponding member delegates shared their opportunities and issues for growth of a professional society. Based on the survey responses, one or two full member countries have been paired with associate or corresponding member countries to foster a mentoring relationship.

Guidelines, outcome and timelines: each participating country has been given a guideline for the mentoring relationship and IFSHT will be asking for feedback every six months.

We hope this initiative helps to further the development of hand therapy around the world as per the IFSHT mission.

Congratulations to the German Association for Hand Therapy-- 25 years!

The IFSHT warmly congratulates full member, the German Association for Hand Therapy (DAHTH) on their 25th anniversary! In 1995 a group of physio- and occupational therapists with specific interest in the study of the hand, joined forces with physicians with the purpose of furthering research, distribution and quality management in the field of hand therapy.

Today DAHTH, the host of IFSHT's most recent triennial Congress, is made up of 600+ members practicing throughout Germany. To learn more about DAHTH [click here](#). IFSHT is proud to have DAHTH as our member and we wish them great success as they continue their commitment to providing top quality hand therapy in Germany.

British Association of Hand Therapists (BAHT) Webinar Series 2020 'Demystifying the Difficult'

Following government advice on public gatherings, the 2020 British Association of Hand Therapists (BAHT) Conference is being presented in a virtual format. BAHT's 2020 annual conference has been transformed into a series of free webinars which started in August and are scheduled to conclude in November. [Click here to register](#) and to learn more about the webinar series 'Demystifying the Difficult'.

Journal of Hand Therapy International Editorial Review Board Positions

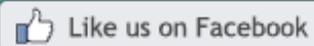
The Journal of Hand Therapy (JHT) has partnered with IFSHT to recruit qualified volunteers to serve on the journal's International Editorial Review Board (IERB). Hand Therapists, not living in the USA, with strong clinical knowledge and research appraisal skills are urged to consider serving in this role.

Applicants can apply online at IFSHT.org and submit their CV. IFSHT is grateful for this collaboration to foster global networking within the hand therapy community.

Interested in Getting Involved with IFSHT?

To register your interest in joining a committee go to the IFSHT website and complete the online application. Participation in an IFSHT committee is limited to therapists who are members of an IFSHT member society. If you are not sure if your national society is a member of IFSHT, check the list of member societies on the IFSHT website.

IFSHT is on Facebook!



IFSHT Compliance with General Data Protection Regulation Guidelines

In May 2018 the European General Data Protection Regulation (GDPR) went into effect. IFSHT sent everyone on the IFSHT mailing list an explanation regarding GDPR and the option to opt-out of our mailing list. IFSHT is making every effort to comply with GDPR, if you did not actively respond and let us know that you do not wish to receive mails, we will continue to include you on our mailing list. If you do not wish to receive mails from IFSHT please click on the Safe Unsubscribe link at the bottom of this mail to unsubscribe.

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