



UPPER HAND

Giving you the upper hand on upper extremity care.

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Welcome to the first edition of *Upper Hand*. This newsletter is a joint venture of Hand and Microsurgery Associates and Columbus Hand Therapy. As experts in upper extremity care, we will work together to provide you information that we hope will be beneficial.

Each issue of *Upper Hand* will include a patient story. We are privileged to have the opportunity to work with such wonderful people. Many of you are willing to share your story with others. A hand injury can be devastating. These stories will focus on how successful outcomes are sometimes measured in baby-steps. They also reinforce that support comes from many directions.

We will focus on seasonal injuries and provide tips that can decrease the risk of injury to your hands. In this issue, as we head into the winter season, we will focus on safety measures for snowblower use.

Every issue will include an article provided by one of our Hand Therapists. This column will be titled; **Did you know...?** We hope to provide tips to aid with rehabilitation, answer some of the frequently asked questions and inform you of what is new in the field of Hand Therapy. Our therapists have a wealth of knowledge and experience.

Our hope is that *Upper Hand* can give you the upper hand on upper extremity care. We would appreciate any ideas for future stories. We value what you bring to our practices and the support you offer to fellow patients.

Tammy Stoshak, R.N., C
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Snowblower Safety: Protecting your fingers and your hands

Keeping your fingers and hands safe is a priority any time of the year. During the winter there is an increased risk of injury due to the use of snowblowers. Following a heavy, wet snow the snowblower chute tends to clog resulting in injury as fingers are used to clear the blockage. The American Society for Surgery of the Hand provides information to help avoid these injuries during the winter season.

Snowblower Fast Facts

- Most snowblower injuries occur when temperatures reach 28 degrees or higher following at least six inches of accumulation; this results in wet, heavy snow.
- Snowblower injuries often occur after the exit chute becomes clogged and the operator attempts to clear the blockage with a hand. The hand then comes in contact with the rotating blades or the inside of the chute, potentially causing severe injury.
- Blades inside the snowblower may continue to rotate even after the machine is shut off.
- The most common snowblower injury is amputation of the tips of fingers, most often on the dominant hand.

Jammed Snowblower Safety Recommendations

- Turn it off!
- Disengage the clutch.
- Wait at least five seconds after the machine is turned off to allow blades to stop rotating before attempting to clear the impacted snow.
- Use a stick or broom handle to clear out blockage.
- NEVER put your hand into the chute or anywhere near the blades.
- DO NOT REMOVE any shields or safety devices on the snowblower.
- Keep hands and feet clear of any moving parts at all times.
- Keep a clear head, concentrate, and DO NOT DRINK before using your snowblower!

Patient Story: Maggie Johnson

It was July 2004. Maggie and her husband were traveling away from home, across Ohio. The accident occurred near Lima. Their car rolled over several times, coming to rest on its top. Fortunately, Maggie and her husband had been wearing their seatbelts. The only apparent injury was to Maggie's right hand, it had gone through the windshield sustaining a severe mangled injury. The first stop was to a hospital in Lima. Once all other injuries were ruled out, Maggie was transported by helicopter to Dr. Ruff for surgery on her hand.

Initially, all of the broken bones were repaired, the tip of her thumb was amputated, and the open wound on her hand was covered with a skin graft. Over the following months additional surgeries were needed for an amputation of her index finger, repairing tendons in her middle finger, and positioning a flap to cover the wound on her hand. Many times she was asked by Dr. Ruff about her ultimate goal for the surgeries. Maggie's response was always the same...“function over form”. She wanted to be able to use a knife for cooking and continue with her needlepoint.

It has been over two years. There were many surgeries and many more sessions in hand therapy. The outcome has been great. She challenged herself and won! This

past summer, Maggie presented Dr. Ruff with an original needlepoint artwork with 12,200 stitches she had completed for him. Without her index finger on her dominant hand, she labored for perfection using the middle finger to hold and guide the needle.



Maggie thinks “Dr. Ruff did wonders with my hand, and Kathy (her therapist from Columbus Hand Therapy) was wonderful!” She is also trying to get back into golf. She reports that her game was so bad before her injury, things might actually improve.

We salute Maggie and her hard work and dedication in overcoming her injuries.

If you, as a patient, would be willing to share your story with other patients, please contact our Hand Coordinator. (614-262-4263 x 0)

DID YOU KNOW...?

Most people see their hand as a simple instrument that they use from the beginning of their day to the end without giving it much thought. However the hand is a complex, remarkable structure used for self care, self expression and to perform work and leisure activities.

DID YOU KNOW.....?

Each hand contains

- 29 bones
- 29 major joints
- At least 123 named ligaments
- 34 muscles which move the fingers and thumb
 - 17 in the palm of the hand and
 - 18 in the forearm
- 48 named nerves
 - 3 major nerves
 - 24 named sensory branches
 - 21 named muscular branches
- 30 named arteries

The skin on the palm side of the hand and fingers is unique because

- there is no hair
- fingerprints are present
- of its inability to tan
- it is tough, durable yet sensitive
- it is anchored down to the bones beneath by fascia which keeps the skin from sliding around during gripping and twisting activities

The thumb is

- moved by 9 individual muscles which are controlled by all 3 major nerves of the hand
- moved in such a complex fashion at the basal joint there are 6 different descriptive terms for the directions of motion

Injuries

- One third of all acute injuries seen in the emergency room involve the upper extremity (arm and/or hand)

These injuries can involve one or more of the structures listed above in greatly varying degrees of severity. A certified hand therapist will evaluate the injured hand in the areas of swelling, wound status, stiffness/motion, circulation and sensation. A plan of care and goals for treatment will be developed in continuity with the hand surgeon, therapist and patient. It is also the job of the hand therapist to educate the patient in the areas of the

hand anatomy involved in the injury, the types of treatment that will be utilized and information on how to function during daily activities while recovering from their hand injury.

Our patients are always amazed when they first enter our clinic to see how many other people have injured their arms and hands. It can be very overwhelming for each and every patient no matter what the severity of their injury is. One of the most rewarding parts of our job as hand therapists is to see the level of concern and support our patients have for one another. Our clinical setting is very conducive for patients to share words of encouragement with each other and develop a sense of camaraderie. As therapists, we are always pleased when we hear an established patient saying to a new patient, **DID YOU KNOW.....?** followed by a helpful tip or sharing their experiences in therapy.

Denise Gravois, OTR/L, CHT
Columbus Hand Therapy



Maggie Sather

Winner 2006 Hand and Microsurgery Associates Holiday Card Contest

The 2006 Hand and Microsurgery Associates Holiday Card Contest was held in cooperation with art students from Dublin Scioto High School, Dublin, Ohio. Thirty-eight entries were submitted in hand drawing and computer graphic design. The students were extremely creative with the theme of the contest: depicting hands in a variety of holiday scenes. The idea of the contest came from Raymond Kobus, M.D. who described a similar contest in Philadelphia, PA. during his Fellowship Training. It supports the art in the school and provides a card focusing on the hand.

Maggie Sather is a senior at Dublin Scioto High School. Her first formal drawing class was the semester prior to the contest, although she has been drawing her entire life. She has been in photography classes for three years. Maggie was a winner of the Gold Award at the Scholastic Art and Writing Awards at the National Level in the spring of 2006.

Since her childhood, Maggie has planned on majoring in Art in college. She remains undecided in her specific area of study. She has narrowed her interests to art education, photojournalism, or graphic design.

IT'S OUR ANNIVERSARY!!!

January 2007 is the 20th Anniversary of Hand and Microsurgery Associates. We are celebrating twenty years of offering specialized services in hand and upper extremity care.

We salute the original founders, James Nappi, M.D., Michael Ruff, M.D. and Lawrence Lubbers, M.D. Their vision of excellence in upper extremity care in the central Ohio area continues.



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