

Summary of Presentation of PSC of the EFSHT; Ton Schreuders (PT, PhD)  
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1. What is the aim/purpose of EFSHT?  
Article 2: Purpose  
The main aims of the Federation are:  
Coordinating the activities of the various European Societies for Hand Therapy  
and increasing and enhancing the exchange of knowledge of Hand Therapy.
2. In hand therapy there is poor evidence  
See for example the two Cochrane reviews: Mallet and flexor tendon (Handoll and Vaghela, 2004, Thien et al. 2004) conclusions: “Unclear evidence on the best mobilisation programme after surgical repair of flexor tendon injuries of the hand” or “Not enough evidence about the best way to treat mallet finger injury”
3. “ If hand therapy is to be recognized as an independent discipline, it must have its own science “ (A research agenda for Hand Therapy, Joy MacDermid et al. J. Hand Ther. 2002; 15:3-15)
4. BAHT journal article: Now It's Your Turn  
a note form the Permanent Scientific Committee of the EFSHT
5. What if 1800 European hand therapists join hands or better their brains to find more evidence
  - Make use of all members EFSHT
  - We feel we belong to the EFSHT family
  - We can provide the EFSHT recommendations in book or on the web
  - We find evidence for our work
  - Improve quality of our work
  - Patient get better results
6. We need to find evidence or if evidence is lacking, we can come to a consensus about which outcome measure are most relevant for specific diagnosis. (Level four evidence)
  - Imagine we all use the same method for evaluation, then
  - we can compare our results, then
  - we will know which is best protocol
7. Proposal  
Work towards *EFSHT recommendation* on:
  - assessment instruments in hand therapy
  - treatment protocols

Resulting in presentations becoming more meaningful when standardized outcome parameters are presented .

8. Possible *EFSHT recommendation* in future

Flexor tendon outcome measures

- i. ROM according to Strickland method at 16 weeks postop
- ii. Rupture rate
- iii. Return to work (weeks)
- iv. Gripstrength at 16 weeks
- v. Register number of ruptures

9. Questionnaire on flexor tendon therapy was send to 38 EFSHT members to participate of which 7 did not respond

- The Strickland criteria is the preferred method for evaluation in zone II flexor tendon injuries.  
48 % agrees, 22 not agree, 30% not know
- The DASH is the preferred method for evaluating functional outcome in patients with a zone II flexor tendon injury.  
13% not know, 26% not agree, 61% agrees
- Range of motion of the PIP joint should be recorded as suggested by the AMA. Extension / Flexion. Extension lag as a negative number. Thus, -10° / 80° means an extension lag of 10° and 80° flexion.  
36% not agree, 64% agrees
- In tendon repair rehabilitation a rupture rate of 7% is permitted.  
52% agrees, 36% not agree, 10% no opinion
- Assessing maximal grip strength is permitted at 10 weeks after flexor tendon repair.  
82% not agree, 18% agrees
- A solitary repaired superficial tendon should be treated as a repaired deep flexor tendon.  
44% agrees, 57% not agree

10. IF EFSHT Executive Committee supports the idea

- Participation of all EFSHT members: e-mail network of experts
- Find sponsors
- Form organizing group
- Collect subjects (prioritize)
- Literature review
- Run Delphi on subjects without evidence
- Publish recommendation on website EFSHT