Disclosures

None pertinent to this lecture

AAOS website disclosures:

Item 1  Royalties from a company or supplier:
        Extremity Medical; Orthohelix

Item 2  Speakers bureau/paid presentations for a company or supplier:
        No Conflict Reported

Item 3A Paid employee for a company or supplier:
        No Conflict Reported

Item 3B Paid consultant for a company or supplier:
        No Conflict Reported

Item 3C Unpaid consultant for a company or supplier:
        No Conflict Reported

Item 4  Stock or stock options in a company or supplier:
        Articulinx LLC; Extremity Medical LLC; Illuminoss; OsteoSpring Medical, In

Item 5  Research support from a company or supplier as a PI:
        National Institutes of Health (NIAMS & NICHD); OREF

Item 6  Other financial or material support from a company or supplier:
        No Conflict Reported

Item 7  Royalties, financial or material support from publishers:
        No Conflict Reported

Item 8  Medical/Orthopaedic publications editorial/governing board:
        Orthopedics Today

Item 9  Board member/committee appointments for a society:
        Ruth Jackson Orthopaedic Society
Best Article – practical application

Amadio annual review

- ASSH, AAHS, AAOS 2012 annual meetings
- Articles August 2011 – July 2012
- Topically based
Skeletal trauma

- Distal radius fractures
  - ORIF vs. cast in elderly (*Shauver JHS Am 2011*)
    - Better x-ray, fewer malunions
    - Higher complication rates
    - not cost effective
Skeletal trauma

- Scaphoid fractures
  - Displaced – ORIF better healing rates, higher complication rates (Symes, JHS Eu 2011, Singh Injury 2012, Eastley JHS Eu 2011)
  - Non-displaced – cast works, thumb free is better (ASSH 2012 meeting)
Dupuytren contracture

- Collagenase vs. needle aponeurotomy vs. surgery
  - Controversial
  - Collagenase: least recurrence in MP joints
  - Needle: high recurrence, but patients like
  - Surgery: lowest recurrence, highest cost
  - Quality-adjusted life year (QALY) assessments
Nerve

- Carpal tunnel syndrome
  - Recovery possible in even longstanding CTS
    - ASSH 2012

- Nerve grafts and conduits
  - Conduits liked, no science yet
  - Allograft > 30 mm poor outcome
    - AAHS 2012
Arthritis

- Carpometacarpal (CMC) arthritis
  - Relaxin receptors in surgical CMC ligaments
    - > in women, with variability
      - ASSH 2012
Arthritis

- Metacarpophalangeal (MP) joint implants in RA
  - Comparative study to non-operative treatment – 3 years
  - Patients preferred it, little functional difference
    - *ASSH 2012, Waljee JHS 2012*

- Proximal interphalangeal (PIP) joint implants in OA
  - Comparative study silicone, titanium, pyrocarbon
  - Silicone performed best for longevity
  - High complication rate and reoperation in metal
    - *Daecke: JHS Am 2012, Pritsch: JHS Am 2011*
Arthritis

- Distal radioulnar joint (DRUJ) implant arthroplasty
  - Promising choices, preliminary data
  - Van Schoonhoven: JHS Am 2012, ASSH 2012
Kienböck disease

- Type 3B – carpal collapse but no arthritis, many options, no consensus
  - Old procedure scaphocapitate resurrected, an option
  - AAHS 2012
Cost effectiveness of hand surgery

- Surgical Care Improvement Project measures US hospitals
  - Use of preoperative antibiotics
  - For clean CTS/hand surgery not justified (*Bykowski: JHS 2011*)

- 2010 Patient Protection and Affordable Care Act
  - Need for surgeon follow-up?
  - British study: initial 3 months therapist followup
  - Suggests not needed for certain conditions (*AAOS 2012*)

- Continuing anti-platelet therapy recommended for surgery
  - *ASSH 2012*
Education in hand surgery

- Fellowship directors study *(Davis Sears: JHS Am 2012)*
  - Various responses regarding shoulder, elbow, burn, plexus, microsurgery
  - Generally one year sufficient

- Recent hand fellowship graduates *(AAOS 2012)*
  - Inadequate training in shoulder, elbow, plexus, micro
  - 60% preferred 2-year fellowship if offered
Education in hand surgery

- Microsurgery
  - Replantation significantly decreased in recent years
  - Success rate variable
  - Suggestion for centers of microsurgery rather level I trauma
    - *ASSH 2012, Friedrich JHS Am 2011*

- Surgical proficiency – objective markers
  - Flexor tendon lab training – skill retained at 6 mos
    - *Bari: Pl Recon Surg 2012*
  - Distal radius fracture fixation simulated cadaver
    - No correlation to surgical year or staff rating
      - *ASSH 2012*
Conclusions

- Peter Amadio reports excellent annual summaries
- JBJS Specialty Update