



From our Hand Works Occupational Therapy family to yours, we wish you a wonderful festive season of celebrations with those you love. Thank you for trusting your patients care with us in 2022 and we look forward to working with you again in 2023!

LUNCH AND LEARN

2023 Bookings now available for in house splint demonstrations or educationals – we'll even bring lunch! Learn the latest methods for the treatment management of common hand injuries and conditions, or pick a topic for us to present!

Contact our Practice Manager, Suzanne on **practicemanager@handworks.net.au | 1300 887 798**





STAFF UPDATE

Love is in the air!

Congratulations to our 2022 newlyweds – Kavitaah and Yogesh, Sath and Dee!





Welcome to the world

Therapists, Samantha Mears and Jade Robeck added to our Hand Works family beautiful baby boys, Henry and Blake. As we welcome back Sam from maternity leave, both new mums are settling into their new roles and enjoying every minute of parenthood – congratulations!





HOLA!

Hand Works Spanish Tapas Cooking Class

Teambuilding at its best, thanks to Salt & Co for the delicious menu superbly cooked and enjoyed by all!



ELBOW DISLOCATIONS

Is therapy treatment required?

Simple elbow dislocations are often seen as just that, simple.

Elbow dislocations are relatively common and account for approximately 1/5 of all dislocations, following the shoulder and fingers. The elbow joint is highly congruous with the bony and ligamentous structures providing stability. Elbow dislocation most commonly occur following a fall with a posterior dislocation. As when the elbow is in full extension, it has less bony contact and relies on the olecranon and soft tissues structures, explaining why it is the most vulnerable to injury in this position. Initial treatment is about realigning the joint to re-create congruency.

Is further treatment required?

Elbows can be problematic joints if left still for too long as they are prone to stiffness and joint contracture. Dislocations can cause trauma to both intrinsic and extrinsic tissue. Scarring and adhesions between the injured structures and the joint capsule can occur limiting movement, as even in a simple dislocation there can be soft tissue damage and involvement of the medial and lateral collateral ligaments. Research suggest that movement should be commenced no later than 3 weeks following injury, with the risk of stiffness and negative outcomes increasing with the length of time of immobilisation.

So, what can be done to prevent this?

At Handworks we provide care and treatment for patients following elbow dislocations. This care can involve assessment for post dislocation instabilities, splinting to address instabilities, or providing oedema and pain management. We further provide specific exercise programs to prevent stiffness through active, passive, and active assisted movements. We also assist patients return to valued occupations through targeted strengthening within appropriate timeframes.

If you would like more information on how we can manage your patient with an elbow dislocation or any other upper limb condition, please contact us on 1300 887 798.

PROFESSIONAL DEVELOPMENT



Hand Works is dedicated to ongoing professional development and evidence-based practice. This quarter we had in-house presentations by our fellow therapists Lara Van Poecke with a literature review and case study on the assessment and post-operative management of Galeazzi fractures (radial shaft fracture and dislocation of the DRUJ), and an update on current concepts and management of thumb metacarpal fractures by Katrin Wurster. Lara notes her key learning from her research into Galeazzi fractures is "It's always important to go back to basics with anatomy and healing timeframes when forming treatment plans for these fractures and having a good understanding on wrist and forearm stability to prevent risk of further complications".



SURGEON SPOTLIGHT

DR WAEL CHIRI

Orthopaedic Surgeon - Perth Orthopaedic Specialist Centre

Dr Chiri is a specialist shoulder, elbow, wrist and hand surgeon who is determined to achieve the best outcome for his patients. Currently operating at SJOG Mt Lawley, SJOG Murdoch & Mount Hospital, with consultations from his rooms at SJOG Murdoch Hospital & SJOG Mt Lawley Hospital.



Where did you complete your training and fellowship?

I came to Perth when I was 2 years old and have lived here for the majority of the time. I completed medical school at UWA in 2009 and began as a Junior Doctor at Royal Perth Hospital in 2010. My 5 year Orthopaedic training took me to all of Perth's public hospitals which allowed me to experience every aspect of Orthopaedics. I then moved with my family to Adelaide for a one year Upper Limb Fellowship at Flinders Hospital and University with the world leader of Upper Limb Surgery – Professor Gregory Bain. It was an amazing fellowship with an inspirational mentor who has a Doctorate in Wrist Surgery.

What hand and upper limb conditions do you enjoy treating?

Making a functional change in a person's life is the most rewarding aspect of my job. Whether it is pain relief, being able to sleep better or being able to knit again - these are all so important for patients. A condition like carpal tunnel or trigger finger is simple to treat yet makes a huge difference in a patient's quality of life. I have a special interest

in minimally invasive surgery and perform certain operations like endoscopic carpal tunnel release, endoscopic cubital tunnel release, endoscopic assisted distal biceps tendon repairs, arthroscopic debridement of volar and dorsal ganglions and arthroscopic rotator cuff repairs. These procedures can help patients recover from surgery quicker than having an open procedure and are safe.

What do you see in the future of hand surgery in the next decade?

I think we will see more Artificial Intelligence taking place in surgery and we are already seeing it in the realm of shoulder surgery. Seeing a bone or joint in all dimensions during surgery will help us in performing more accurate and precise surgery more consistently. I think we will also see patients with degenerative changes at a younger age due to our increasing levels of activity.

Where is your favourite place to holiday?

Europe! Our favourite country so far is Austria. The proximity of different countries and cities makes it easy to travel around and we get to experience multiple cultures, cuisines and scenery.

