A Publication of the American Association for Hand Surgery

Summer 2007

HAND SURGERY QUARTERLY

2006 VARGAS INTERNATIONAL HAND THERAPY TEACHING AWARD

Vargas Award 2006 Destination: Cluj-Napoca, Romania

by Donna Pendleton, PT, CHT and Lorna E. Ramos, M.A., OTR/L

WHERE IS ROMANIA? Very good question! For starters, we decided to include a very brief introduction of this little known country somewhere in Europe to set the stage for our sojourn to this beautiful country.

Romania is in southeast Europe and is slightly smaller than Oregon. The Ukraine is up north and bounded by Moldova in the east; the Black Sea is southwest; Bulgaria in the south; Yugoslavia is southwest and Hungary is just northeast.

Donna Pendleton, PT, CHT (first left) and Lorna E. Ramos, M.A., OTR/L (5th from left) joined hand surgeons from Italy, Spain, and Greece with colleagues from Romania during the Second Annual International Hand Symposium to form the initial charter for the Romanian Hand Therapy Society.

Donna Pendleton, PT, CHT with Nikko in a plaster cast and gauze dressing. Nikko worked as a patient interpreter during therapy session, using Lorna's Spanish as a link to his native Italian then sharing the translation in Romanian.

Romania's post WWII history as a communist-block nation is more widely known, primarily due to the excesses of the former dictator Nicolae Ceausescu. In December 1989 a national uprising led to his overthrow. The 1991 Constitution established Romania as a republic with a multiparty system, market economy and individual rights of free speech, religion and private ownership. Romania is now a full member of the European Union since January 2007.

Romania's capital, Bucharest, is an overnight train ride southeast of Cluj-Napoca where we were hosted in the fall of 2006 by Drs. Alexandru and Constanza Georgescu. Cluj- Napoca or Cluj, is a city in north-western Romania and is one of the most important academic, cultural and industrial centers in the country. It is located in the historic province of Transylvania.

Dr. Alexandru Georgescu, is the Chief of the Plastic Surgery Department with an impressive staff of over twelve interns, residents, and fellowship training physicians. He employs one physiotherapist to rehabilitate his hand cases. This physiotherapist, Octavian Olariu, is a trained kinesiotherapist.

In Romania, therapists seem to have distinct but confusing margins in their credentials. Different

continued on page 8

continued from page 1

than our traditional separations of occupational and physical therapist, these Romanian therapists distinguish their professional boundaries by subtle didactic training differences. In practice, these professional boundaries are repeated throughout the hospital setting by arranging like therapists in distinct and separate departments. Examples that we saw at the hospital, Spitalul Clinic de Recuperare, where we worked for three weeks, included electrotherapy being performed by electrotherapist, soft tissue work done in another department by massage therapists, and even rheumatological patients separated again in another area. Neurology has its own therapy, and so on. The system, different than therapy in the USA, more closely resembles the sub-specialization trends of the United States physicians.

Cluj-Napoca was our host city and we worked in an emergency-recuperative hospital, the Spitalul Clinic de Recuperare. This hospital was home to approximately twelve floors of trauma patients. It became home for many months to patients with several staged procedures and home to any patient whose home was in the countryside, often 3-6 hours travel from Cluj-Napoca. The hospital spent immense resources housing patients, often allowing their recuperative hospital stay to last months as the physician waited for wounds to heal and recover sufficiently to receive second and tertiary staged surgeries. This was fascinating for us. Now the US system will not let even sick people stay in the hospital for sufficient recovery, while the Romanian system was allowing patients a hospital bed simply to guarantee they receive their subsequent surgical procedures. This practice would likely make a good US insurance carrier reel!

Housing patients in shared rooms, usually six patients per room, seemed to bring us back to

Dr. Georgescu with Dr. Ileana Matei and Lorna discussing a recent flexor tendon repair and his unique rehabilitation concepts.

black and white photos of WWII veteran illustration books. In Romania, these rooms become the family gathering place during the day, with the family responsible for the basic care of the patient during the day, from bringing soaps and personal care items, to assisting them to and from the common bathroom at the end of the hallway. Patients spend a great deal of time in their beds, and idle most of their weeks waiting for news of their next surgery; often surgery stages being decided one day and performed the next.

With plaster cast materials and imagination, Octavian Olariu, PT develops a unique splinting style.

Patients are bandaged on the floor by the physicians around 6AM. During the therapy session, bandages and dressings remain untouched, not allowing for visual wound inspection or for better understanding of the extent of the injury. This tradition of not permitting wound care activities in therapy has a great effect on the rehabilitation process and final result. Simply, wounds are left to scar, and do so with abandon, and these scar processes created significant adhesions, loss of joint motion, and permanent deformities that could be preventable with greater confidence in therapeutic interventions of wound care and scar management.

These topics were shared in Romania, with attention to scar management being critical if the wound care could not be added to the therapy regime. The use of scar management tools such as foam to replace silicone (not available in Romania) and the use of massage, vibration, and other techniques were simple and effective additional armamentarium for the therapists to implement.

Splinting in Romania requires great imagination. Octavian Olariu prides himself in the use of plaster casting to substitute for thermoplastic, which are not available. He is

adept and innovative in using this medium. His use of dynamic extension outriggers with plaster was impressive, but the protocols for timeframes and indications for dynamic extension were often conflicting with US standards of practice. For example, during post-op week one, we were surprised to see a flexor tendon repair placed in dynamic extension outriggers. This protocol is under careful scrutiny by Dr. Georgescu, and he predicts these patients will recover similar or even better than our classical Modified Duran passive protocol or even the early Active Mobilitzation protocol used in the US. The jury is out on this one still for us, but we have to share with you that Dr. Georgescu was able to show us many images of flexor tendon repairs treated in this novel way with good final clinical and functional results.

A hardship in our work was desiring the details we were often lacking. The value of operative reports and radiographic images became better appreciated by us in Romania. Often, charts were not available, details of the surgery were brief verbal physician reviews, wounds were forbidden to be exposed, and specifics had to be shrouded beneath the gauze. These made therapy practice one of what-it-could-be and running through the "safe zone" only. Our capabilities as therapists are intimately connected to the detail of the surgery and the knowledge of the do's and don'ts of these surgeries. We found Romania to limit the detail we desired. Without the detail, we struggled to match the "perfect therapy" intervention to each patient. That is great for everyone! Use the basic again like edema control, passive range of motion, and make these basics work to the patient's advantage. Making our interventions safe in a shroud of gauze became our work.

One of the highlights of our stint in Romania was our participation in the Second International Course of Hand Surgery and Hand Therapy held at Spitalul Clinic de Recuperare in Cluj-Napoca which was a three-day event attended by surgeons, medical students and therapists from all over Europe. Invited speakers presented their areas of expertise which included surgical techniques and rehabilitation management. Luckily for us, the whole course was conducted in English! The conference offered a unique opportunity for the participants in that we had a half-day splinting lecture and lab. The attendees had hands-on experience in making simple splints; surgeons, students and therapists alike.

It is with pride and pleasure to report that we became charter members of the Romanian Hand Society. The task to unite therapists from all over Romania was a difficult process but with a very positive outcome. Hopefully, the Romanian Hand Society will thrive and survive the growing pains of a new organization.

Our experience was enriching.

Dr. Alexandru Georgescu hosts the gala dinner following the Second International Course of Hand Surgery and Hand Therapy which was attended by colleagues from across Europe and the United States.

Donna with Dr. Georgescu during the International Hand Symposium.

People in Romania are generous with their hospitality, delightfully open and curious about the United States, and excited about learning and created a joy-filled three weeks for us.

We would like to extend our warmest gratitude and thanks to the American Association for Hand Surgery for affording us this unique experience of sharing and learning. We encourage others to consider the Vargas Award as a great opportunity to give something back to the field of hand therapy.