

TREATMENT OF HAND INJURIES

Numerous discussions at conferences, congresses and symposia show how grave a problem it is. Difficulties in the treatment of hand injuries and post-operative rehabilitation and numerous discussions with members of the Polish Society of Orthopaedics and Traumatology and the PSOT's Hand Surgery Section have led to our decision to devote a separate issue to this very important and topical issue.

The issue will traditionally feature articles written by invited experts and original clinical reports from orthopaedic centres in Poland. We are particularly looking forward to receiving papers exploring new directions and methods in the diagnosis, treatment and rehabilitation of injuries of the hand (the distal part of the upper limb). There is a preference for papers submitted in accordance with the list of topics below.

1. Treatment of fractures and bone defect within the hand;
2. Management of wounds and soft tissue defects in the hand;
3. Multi-tissue injuries of the hand, including the treatment of both acute and old injuries to tendons and nerves;
4. Reconstructions of the prehensile function of the hand;
5. Microsurgical management – replantation, transplantation;
6. Hand rehabilitation following injury.

All papers should comply with the following recommendations:

- please use generally accepted divisions of types/stages of injuries or conditions, such as the AO classification of fractures;
- if a classification is used that is not universally acknowledged and is specific to the clinical problem, the entire classification must be presented and its use must be justified;
- any abbreviations used must be expanded to full term in the language that they originate from and, if not Polish, translated into Polish;
- joint range of motion data should be given in degrees from a neutral position and/or as compared with that of the healthy limb or as a percentage of the healthy limb range of motion;
- please use generally accepted scales for objective (usually condition-specific) and subjective assessment of treatment results, e.g. assessment of nerve regeneration according to the Medical Research Council scale for sensory (M0-M5) and motor (S0-S4) regeneration and the Functional Sensory Recovery Score. Assessment of hand function should be based on the [International Federation of Societies for Surgery of the Hand \(IFSSH\)](#) system;
- assessment of results as “good, poor”, etc. is only possible if the assessment criteria are defined according to an accepted scale.

Leading Topic Co-Ordinator:

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