

**DAVID P. GREEN, MD**

***SYMBIOSIS***  
***The Surgeon-Therapist***  
***Relationship***

**SYMBIOSIS  
IN NATURE**

In a symbiotic  
relationship, one member  
**ALWAYS** benefits

**SYMBIOSIS  
IN NATURE**

**Any two different species of  
organisms that live together  
in a close relationship**

**SYMBIOSIS  
IN NATURE**

**The other member (HOST)  
may either**  
  
**be harmed (parasitism)  
be unaffected (commensalism)  
also benefit (mutualism)**

## **SYMBIOSIS – MY DEFINITION**

Either of the two members can exist and function alone, but each is made better or more productive by the other

## **IN MUSIC**



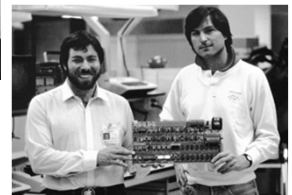
## **SYMBIOSIS**

The world is full of mutually beneficial symbiotic relationships – in which the combination is better than the individuals

## **IN CREATIVITY**



Paul Allen & Bill Gates



Steve Wozniak & Steve Jobs

## IN SPORTS



**Quarterback**

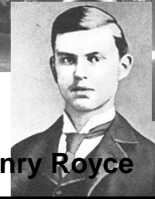


**Coach**

## IN DESIGN



**C.S. Rolls**



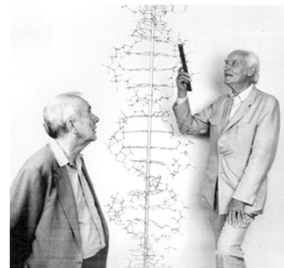
**Sir Henry Royce**



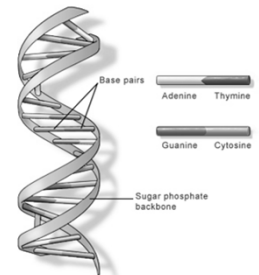
## IN BUSINESS



## IN SCIENCE



**Watson & Crick**



## **IN NEW ACHIEVEMENT**



**Sir Edmund Hillary & Tenzing Norgay**

## **SURGEON/THERAPIST**

**It wasn't always this way**

## **SURGEON/THERAPIST**

**Has the potential to be a  
very productive mutually  
beneficial symbiosis**

## **MY OWN EXPERIENCE**

**To put story into context**



**Absolutely no  
concept of  
hand therapy**

**NYOH -- 1960s**

## HOW IT WAS THEN



**Robert E. Carroll, MD**

**“Physiotherapists”  
were not allowed in  
the hand clinic**

## DIFFERENT MIND-SET

**Do not mean to speak  
disparagingly of my mentor  
and other teachers  
It was simply a different time  
No concept of hand therapy**

## “HAND THERAPY”

- 1. Give the patient a rubber ball**
- 2. Put his wife in charge of “therapy”**



## SAN ANTONIO -- 1970

**So that is the legacy (and  
mind-set) I brought with me**



**University of Texas Medical School**

## **HAND CLINIC (1970-1978)**

**I invited PTs & OTs  
Observers only  
Thought they could learn  
from us – the surgeons**

## **THE 1<sup>ST</sup> HAND THERAPIST IN SA**



**Sylvia Davila**

**LPT**



## **PRIVATE PRACTICE 1978**

**No hand therapists in San  
Antonio  
Decided I needed one  
(Initially just to save me time)**

## **SOON JOINED BY**



**Jan Kinnunen**

**OTR**



## HAND THERAPY

Combines the principles  
of Physical Therapy and  
Occupational Therapy

Sylvia and Jan taught each other  
(SYMBIOSIS!)



38 years ago – No hand therapists  
in San Antonio  
Now 35 CHT's incl. military

## FURTHER DEVELOPMENT

Soon they began to teach ME  
I learned that they could  
teach me  
My patients often did better  
because of them  
*THAT is symbiosis!*

## EVOLUTION OF HAND THERAPY

So...  
What brought about this  
evolution (explosion) of hand  
therapy?

## **SURGEONS WITH VISION**

**In the 1970s, a few hand  
surgeons began to see the  
need for (and the importance  
of) specialized hand  
therapists**

## **PIONEERS IN HAND REHABILITATION**



**Jim Hunter -- Philadelphia**

## **PIONEERS IN HAND REHABILITATION**



**Ray Curtis -- Baltimore**

## **PIONEERS IN HAND REHABILITATION**



**James H. Dobyns – Mayo Clinic**



## **PIONEERS IN HAND REHABILITATION**



**Paul Brand – India & Louisiana**

## **PIONEERS IN HAND REHABILITATION**



**Erik Moberg -- Sweden**

## **PIONEERS IN HAND REHABILITATION**



**Guy Pulvertaft -- England**

## **PIONEERS IN HAND REHABILITATION**



**Göran Lundborg -- Sweden**

This presentation is the intellectual property of the author.  
Contact them for permission to reprint and/or distribute.

## **HAND THERAPY**

**Developed and evolved later  
than hand surgery in the  
United States**

## **AMERICAN SOCIETY OF HAND THERAPISTS**

**First meeting in 1975  
Now has 3363 active members  
>5800 Certified Hand  
Therapists (CHT) in the U.S.**

## **AMERICAN SOCIETY FOR SURGERY OF THE HAND**



**Formed immediately after  
World War II in 1946**

## **IFSHT**

**INTERNATIONAL  
FEDERATION OF SOCIETIES  
FOR HAND THERAPY**

**Est. 1985**

**1<sup>st</sup> meeting Tel Aviv 1989  
11 countries represented**

## **IFSHT -- TODAY**

**36 Countries**  
**9238 hand therapists**  
**worldwide**  
**70% OT 30% PT**

## **SYMBIOSIS**

***So what makes a great  
surgeon/therapist  
relationship?***

## **HAND THERAPY**

**A critical part of hand surgery**  
**A good surgical plan must**  
**include appropriate post-op**  
**therapy**

***#1 -- MUTUAL  
RESPECT***

## MUTUAL RESPECT

The *sine qua non*  
Respect must be earned

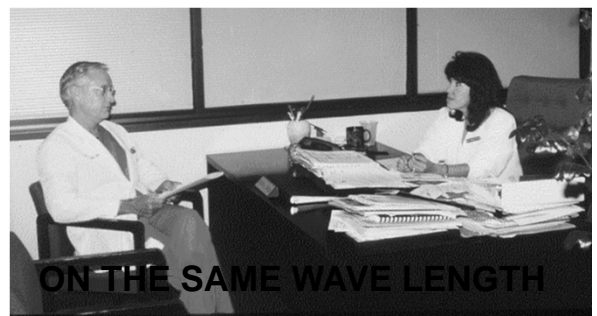
- Sharing credit for a good result
- Recognizing that the therapist does her (his) job better than I could do it
- Their time is as valuable as mine

## #2 – *CLEAR* *COMMUNICATION*

## MUTUAL RESPECT

Build up the patient's  
confidence in both  
surgeon and therapist

## CLEAR COMMUNICATION



## **IT WAS EASY FOR ME**



**Our offices were entirely separate, but side-by-side**

## **COMMUNICATION**



**I went the therapy department**

## **COMMUNICATION**



**Therapists came to my clinic**

## **COMMUNICATION**



**Therapists observed in the OR**

## COMMUNICATION

ST. LUKE'S LUTHERAN HOSPITAL  
OPERATION NOTE

PATIENT NAME	MR	MRSA	MRSA	MRSA	MRSA
ROBERT, EDWARD	X				

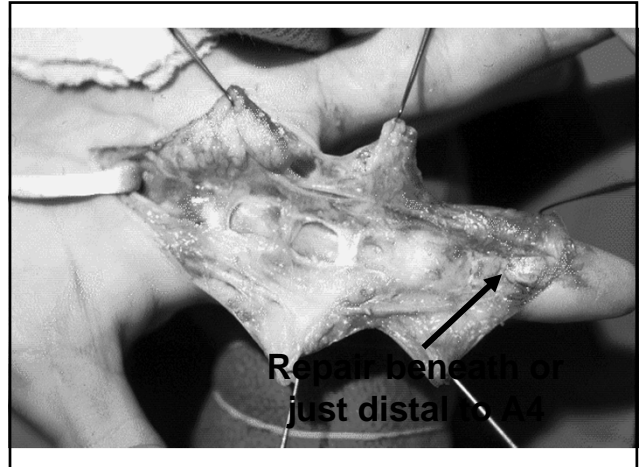
2873941

passed beneath the intact pulleys and sutured to the distal stump, reinforcing this with a 6-0 epitendinous Prolene. The repair was distal to the A4 pulley and was slightly bulbous and I would be surprised if this patient regains any significant DIP flexion without a subsequent tenolysis. The sheath was quite severely damaged at the PIP and middle phalanx level and was not repairable.

The wound was thoroughly irrigated with antibiotic solution and the skin closed with 5-0 nylon. A dry sterile dressing was applied incorporating the dorsal platelet splint with the wrist at 90 degrees of flexion and the fingers in intrinsic plus position. The patient left the operating room in good condition having tolerated the procedure well.

DAVID P. GREEN, M.D. JRM ID: 5/23/74 DT: 5/24/74 RA355

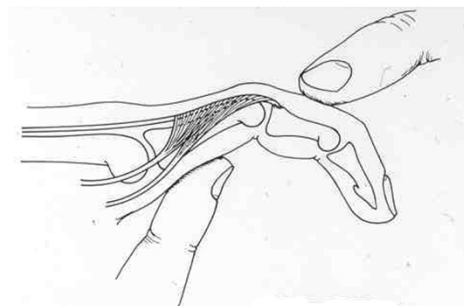
**My op notes contained important information for them**



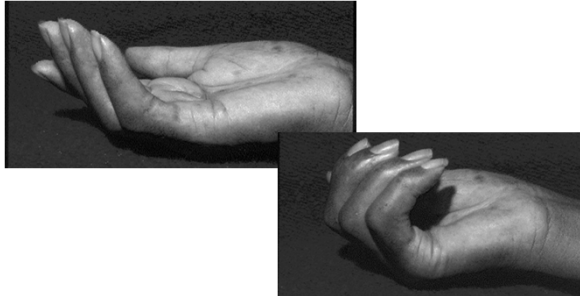
## COMMUNICATION

**For nerve and tendon repairs  
"Safe" range of motion**

**My op notes contained important information for them**



**Often they pick up details  
I may have missed  
(e.g. intrinsic tightness)**



**Or warn me of impending RSD  
(Chronic Regional Pain Syndrome)**

## **FEEDBACK**



**. . .anxieties,  
concerns,  
problems, family,  
job, etc.**

***Communicate* those to the surgeon**



**Or alert me if a patient is  
unhappy or having problems**

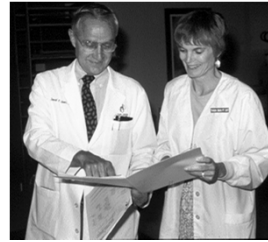
## **COMMUNICATION**

**Availability**

**An open door and a receptive ear  
Listening – not doing all the  
talking**

# ***#3--TEACH EACH OTHER***

## **TEACH EACH OTHER**



**Yes, surgeons  
can teach  
therapists. . .  
but we can  
*learn* from  
you as well**

## **TEACH EACH OTHER**

***Be willing to learn from  
each other***

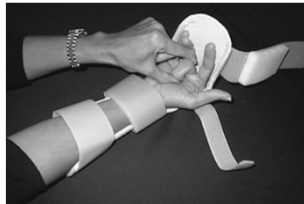
## **WHAT HAVE THEY TAUGHT ME?**

**What has changed over the  
past few decades?**



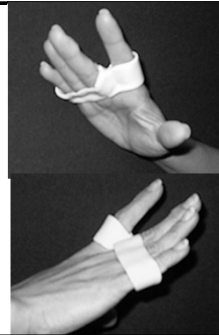
## **#1 FLEXOR TENDON REHAB**

Improved flexor  
tendon rehab  
protocols is the  
**MAIN** reason we  
have better  
results



## **#3 EXTENSOR TENDON REHAB**

Wyndell Merritt  
protocol has  
revolutionized  
extensor tendon  
rehab

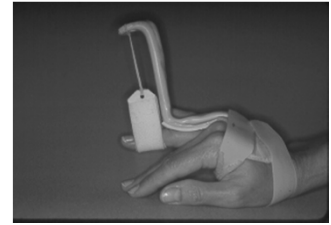


## **# 2 LIMITED FOREARM ROTATION**

Jan Kinnunen  
came up with  
this idea  
It really works!



## **#4 STATIC PROGRESSIVE SPLINTING**





**Separate journals and meetings**

## **BE OPEN MINDED**

**Hand surgery is a dynamic,  
constantly changing field  
Need a sense of adventure  
Be willing to try new  
approaches and techniques**

***#4—BE OPEN  
MINDED***

## **BE OPEN MINDED**

**That includes new  
techniques of hand  
rehabilitation**

This presentation is the intellectual property of the author.  
Contact them for permission to reprint and/or distribute.

## **BE OPEN MINDED**

**“Be not the first by whom the  
new are tried, nor yet the last  
to lay the old aside”**

**Alexander Pope (1711)**

**Requires sound judgment**

## **BE FLEXIBLE**

**There is rarely only one  
“right way”  
to do anything**

***#5—BE  
FLEXIBLE***

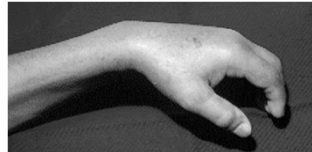
## **FLEXIBILITY**

**What’s important is  
the end result, not how  
we get there**

## HAND THERAPY “ORDERS”

Surgeons should  
allow the  
therapists some  
flexibility

## HAND THERPAY “ORDERS”



I make recommendations, but. . .  
. . .”do whatever it takes”

## HAND THERAPY “ORDERS”

#6—*COMPLIMENT*  
& *COMPLEMENT*

DEFINITIONS
<p><b>COMPLIMENT</b> – to say something nice about someone</p> <p><b>COMPLEMENT</b> -- to <u>complete</u> or make perfect</p>

COMPLEMENT
<p><b>COMPLEMENT</b> is more important</p>

COMPLIMENT
<p><b>COMPLIMENTS</b> are nice, but. . .</p>

COMPLIMENT & COMPLEMENT
<p><b>COMPLEMENT</b> is how we can develop a <i>truly</i> symbiotic relationship</p>

## **SURGEON/THERAPIST**

**We have an extraordinary  
opportunity to create a  
highly productive  
symbiotic relationship**



***TOGETHER* we can make each  
other better**

This presentation is the intellectual property of the author.  
Contact them for permission to reprint and/or distribute.