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

| McCartney | Lennon |

### 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 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

NYOH -- 1960s

Absolutely no concept of hand therapy
**HOW IT WAS THEN**

“Physiotherapists” were not allowed in the hand clinic

Robert E. Carroll, MD

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**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

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**“HAND THERAPY”**

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

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**SAN ANTONIO -- 1970**

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

University of Texas Medical School

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<table>
<thead>
<tr>
<th><strong>HAND CLINIC (1970-1978)</strong></th>
<th><strong>THE 1ST HAND THERAPIST IN SA</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>I invited PTs &amp; OTs</td>
<td>Sylvia Davila LPT</td>
</tr>
<tr>
<td>Observers only</td>
<td></td>
</tr>
<tr>
<td>Thought they could learn</td>
<td></td>
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<tr>
<td>from us – the surgeons</td>
<td></td>
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<table>
<thead>
<tr>
<th><strong>PRIVATE PRACTICE</strong></th>
<th><strong>SOON JOINED BY</strong></th>
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<tbody>
<tr>
<td><strong>1978</strong></td>
<td>Jan Kinnunen OTR</td>
</tr>
<tr>
<td>No hand therapists in San</td>
<td></td>
</tr>
<tr>
<td>Antonio</td>
<td></td>
</tr>
<tr>
<td>Decided I needed one</td>
<td></td>
</tr>
<tr>
<td>(Initially just to save me time)</td>
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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?
In the 1970s, a few hand surgeons began to see the need for (and the importance of) specialized hand therapists.

Jim Hunter -- Philadelphia

Ray Curtis -- Baltimore

James H. Dobyns – Mayo Clinic
PIONEERS IN HAND REHABILITATION

Paul Brand – India & Louisiana

Erik Moberg -- Sweden

Guy Pulvertaft -- England

Göran Lundborg -- Sweden
# HAND THERAPY

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

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# AMERICAN SOCIETY OF HAND THERAPISTS

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

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# AMERICAN SOCIETY FOR SURGERY OF THE HAND

Formed immediately after World War II in 1946

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# IFSHT

*INTERNATIONAL FEDERATION OF SOCIETIES FOR HAND THERAPY*
Est. 1985
1st meeting Tel Aviv 1989
11 countries represented
IFSHT -- TODAY

<table>
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<tr>
<th>36 Countries</th>
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<tbody>
<tr>
<td>9238 hand therapists worldwide</td>
</tr>
<tr>
<td>70% OT 30% PT</td>
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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

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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

ON THE SAME WAVE LENGTH
<table>
<thead>
<tr>
<th>IT WAS EASY FOR ME</th>
<th>COMMUNICATION</th>
</tr>
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<tbody>
<tr>
<td>Our offices were entirely separate, but side-by-side</td>
<td>I went the therapy department</td>
</tr>
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<table>
<thead>
<tr>
<th>COMMUNICATION</th>
<th>COMMUNICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapists came to my clinic</td>
<td>Therapists observed in the OR</td>
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</table>
COMMUNICATION

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

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#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

#2 LIMITED FOREARM ROTATION
Jan Kinnunen came up with this idea. It really works!

#3 EXTENSOR TENDON REHAB
Wyndell Merritt protocol has revolutionized extensor tendon rehab

#4 STATIC PROGRESSIVE SPLINTING
Separate journals and meetings

#4—BE OPEN MINDED

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

BE OPEN MINDED

That includes new techniques of hand rehabilitation

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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

FLEXIBILITY

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

#5—BE FLEXIBLE
Surgeons should allow the therapists some flexibility

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

#6—COMPLIMENT & COMPLEMENT
**DEFINITIONS**

**COMPLIMENT** – to say something nice about someone
**COMPLEMENT** -- to complete or make perfect

**COMPLEMENT**

COMPLEMENT is more important

**COMPLIMENT & COMPLEMENT**

COMPLIMENTS are nice, but . . .

**COMPLEMENT** is how we can develop a truly symbiotic relationship
SURGEON/THERAPIST

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

TOGETHER we can make each other better

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