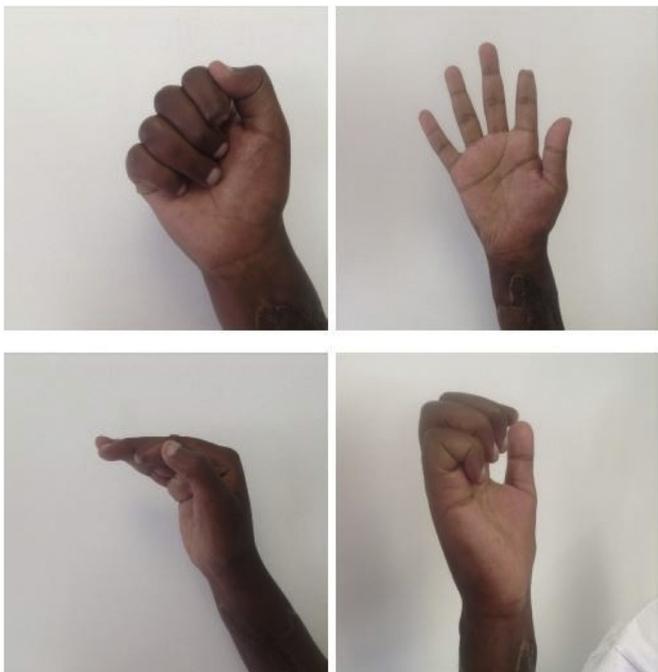




Complete avulsion amputation at distal forearm level.



Almost full AROM of digits 12 months after replantation.



Using hand in a fine motor task with vision occluded.

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Factors Impacting American Society of Hand Therapy Membership: Survey Research

J. BLAUSEY¹, J. CAMPBELL¹, R.R. DURAN¹, A. GILES¹, C. MATTHYS¹, S. MIESNER¹, B.W. SCHROEDER¹, D. SMOLYANSKY¹, K.A. VALDES²

¹Occupational Therapy, Gannon University, Ruskin, FL, United States

²Occupational Therapy, Gannon University, Ruskin, FL, United States

Purpose: The purpose of this research is to present the rationale and perceived benefits of actively engaging as an American Society of Hand Therapy member and to understand the rationale behind the decision of certified hand therapists when electing to become a member or not.

Methods: The data was collected from a sixteen question survey that was created by two professionals who are familiar with survey design. The pilot survey was electronically mailed to research survey experts for additional review. The sixteen questions were to be answered by multiple choice, open-ended format, or by Likert scale. The first survey was sent out on January 29, 2018 and the survey was sent out again two weeks later on February 12, 2018. Participation in the survey was completely voluntary and the option to not respond to individual questions was provided. Data was collected from Survey Monkey at the close of the response window and was themed by Occupational Therapy Doctorate students.

Results: 1,271 people responded to the survey, 489 (39%) identified as being non-active members of the American Society of Hand Therapy. Out of these respondents, 1,098 were occupational therapists. There were 341 respondents (27%) that stated they were members of the American Occupational Therapy Association and 926 (73%) stated that they were not a member. Out of these respondents, 158 were physical therapists. There were 53 respondents (34%) that stated they were members of the American Physical Therapy Association and 105 (66%) stated they were not a member. Four respondents chose to skip this question.

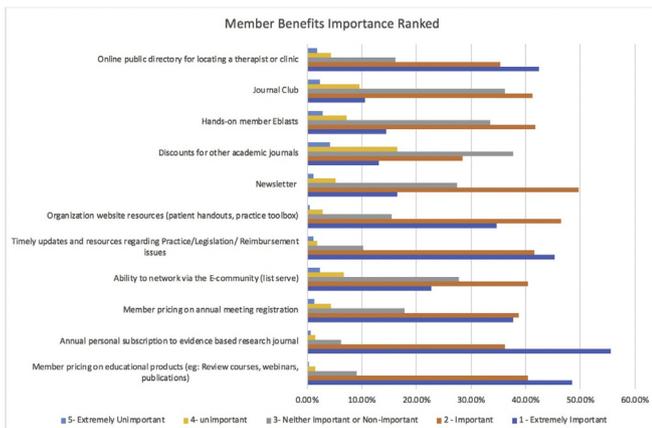
Practitioners that chose to be members rated the top three benefits as: subscription to scholarly journals, member only pricing on educational products, and updated resources on legislative and reimbursement issues related to practice. The rationale provided by respondents for not joining the American

Society of Hand Therapy includes the cost, uninformed of membership benefits, and being either retired or an out of country practitioner.

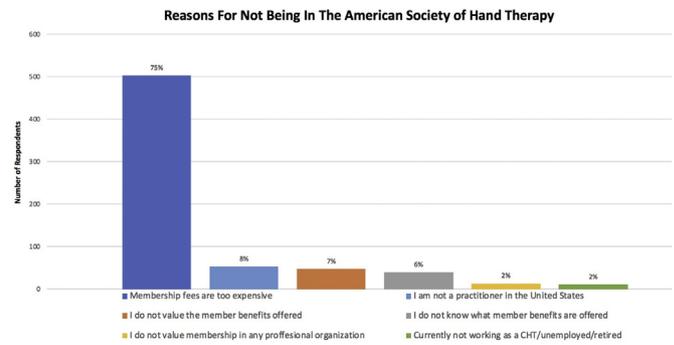
From the survey, 202 (16%) respondents characterized themselves as millennials (1977-1995), 552 (44%) respondents characterized themselves as generation X (1965-1976), 499 (40%) respondents characterized themselves as baby boomers (1946-1964), (1%) respondents identified themselves as other, and nine respondents skipped this question.

Out of the survey respondents, 581 (46%) worked in a hospital based practice (inpatient or outpatient). There were 222 (18%) respondents answered that they worked in private therapist owned practice. Additionally, 216 (17%) respondents answered that they worked at a physician owned practice. There were 155 (12%) respondents that worked in a corporate therapy owned practice and 91 (7%) respondents answered other.

Conclusion: Many current American Society of Hand Therapy members value their membership and find it beneficial not only for themselves, but for furthering hand therapy practice as well. Some certified hand therapists identified cost as the most apparent factor for not joining the American Society of Hand Therapy.



Gender Identification (1,263 responses)	Percentage	Total Number of Responses
Male	14%	176
Female	85%	1077
Preferred Not to Answer	1%	8
Generational Cohorts (1,262 responses)		
Millennial	16%	202
Generation X	44%	552
Baby Boomers	40%	499
Other	1%	9
Skipped	1%	9
Practice Credential (1,265 responses)		
OT	86%	1098
PT	12%	158
Both	1%	9
Skipped	<1%	6
Practice Setting (1,265 responses)		
Private Therapist Owned Practice	18%	222
Hospital Based Practice (Inpatient or Outpatient)	46%	581
Corporate Therapy Owned Practice	12%	155
Physician Owned Practice	17%	216
Other	7%	91
Skipped	<1%	6



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Overuse Musculoskeletal Injuries After Upper Limb Amputation
 J. CANCIO^{1,2}, S. ESKRIDGE³, K. SHANNON⁴, A. ORR⁵, B. MAZZONE^{2,5}, S. FARROKHI^{2,5}

¹ Center for the Intrepid, Brooke Army Medical Center, San Antonio, TX, United States

² Extremity Trauma and Amputation Center of Excellence, JBSA Fort Sam Houston, TX, United States

³ Leidos, San Diego, CA, United States

⁴ Axiom Resource Management, Inc, San Diego, CA, United States

⁵ Naval Medical Center San Diego, San Diego, CA, United States

Purpose: Service Members who have sustained traumatic upper limb amputation are thought to be at high risk for developing painful secondary overuse musculoskeletal conditions that can be detrimental to daily function and quality of life. Regardless of whether the Service Member's goal is to return to active duty or transition to civilian life, these individuals generally share a common goal to continue a highly active, relatively pain-free lifestyle. The objective of this study was to compare the one-year incidence of overuse musculoskeletal injuries in Service Members with different levels of combat-related upper limb amputation compared to Service Members who have sustained minor combat-related upper limb injuries.

Methods: The Expeditionary Medical Encounter Database was queried for deployment-related, immediate unilateral upper limb amputations between 2003 and 2015, with an exclusion criteria of concurrent lower limb amputation. Service Members with a single deployment-related skin abrasion, contusion or laceration to the upper limb were queried to serve as a minor injury comparison group. These queries resulted in 148 Service Members with a deployment-related unilateral upper limb amputation and 371 Service Members with a minor upper limb injury. Of those who sustained a unilateral upper limb amputation, 55 were at or proximal to the elbow (above elbow) and 93 were below the elbow. Overuse musculoskeletal conditions were defined through International Classification of Diseases, 9th edition and retrieved from the Military Health System Medical Data Repository for one year prior to and after the date of injury and divided into three regions: lower limb, upper limb, low back. The incidence of overuse musculoskeletal conditions was calculated by excluding Service Members with the identical overuse condition within one year prior to injury. Separate logistic regression models were used to determine the association between injury type (above elbow amputation, below elbow amputation and minor upper limb injury) and developing an overuse musculoskeletal condition (lower limb, upper limb, low back) after controlling for age.

Results: One year incidence rates of overuse musculoskeletal conditions were consistently higher in Service Members who sustained upper limb amputation compared to minor upper limb