



RESEARCH HIGHLIGHTS: DEPARTMENT OF ORTHOPAEDIC SURGERY HAND AND UPPER EXTREMITY SECTION



WHEN CAN PATIENTS SAFELY DRIVE AFTER ROTATOR CUFF REPAIR?

Testing driving fitness of post-operative patients using a unique on road, in-sling multidimensional approach.

Read more on page 2

CAN TELEHEALTH REPLACE IN-PERSON OCCUPATIONAL THERAPY AFTER HAND SURGERY?

Finding out if teletherapy visits can effectively replace in-person therapy after CMC arthroplasty.

Read more on page 2

WHAT FACTORS AFFECT WHEN PATIENTS RETURN TO DRIVING FOLLOWING HAND AND UPPER EXTREMITY SURGERY?

Describing return-to-driving behavior in patients following routine hand and upper extremity procedures.

Read more on page 2



Meet our new hand and upper extremity fellow.

Beren Tomooka, D.O.

Read more on page 3



WHEN CAN PATIENTS SAFELY DRIVE AFTER ROTATOR CUFF REPAIR?

Typical driving restrictions are in the range of 6-8 weeks. According to previously collected data by Dr. Apel and his team, subjects drive more conservatively when they perceive that they are physically impaired. Patients with rotator cuff tears may have **developed adaptive driving behaviors** due to the chronicity of the tear. Therefore, we hypothesize that the sling restrictions will have minimal impact on driving fitness in actual RTCR patients and may have no impact due to presurgical adaptive behaviors. Patients have a strong desire to return to driving as they need to get to therapy, to work, and to other locations for daily activities. Thus, there is a clear need for realistic evaluation of patient driving fitness after RTCR.

CAN TELEHEALTH REPLACE IN-PERSON OCCUPATIONAL THERAPY AFTER HAND SURGERY?

In-person therapy requires patients to have significant flexibility in transportation, work schedule, and childcare, increasing the risk of failed treatment. Therefore, our current objective is to determine if a **telehealth program** of pre-recorded instructional videos and teletherapy visits can effectively replace in-person therapy after thumb arthroplasty.

Subjects will be randomized to one of two groups: in-person therapy or the telehealth program. Both groups will start their respective therapy programs starting four weeks after surgery. The therapy will last seven weeks, concluding 10 weeks after surgery.

Telehealth has the potential to expand access to healthcare and patients living in rural areas.

WHAT FACTORS AFFECT WHEN PATIENTS RETURN TO DRIVING FOLLOWING HAND AND UPPER EXTREMITY SURGERY?

Physician-imposed driving restrictions are burdensome for patients, and their necessity is unknown. Currently, little is known about the actual behavior of patients following surgery. Our research group is seeking to understand when patients return to driving and what factors influence this. We are interested in studying patients who have undergone 1) minor hand procedures, 2) thumb basal joint arthroplasty, 3) distal radius fracture volar plating and 4) arthroscopic rotator cuff repair (RTCR). This study is designed to investigate the **real-time return-to-driving behavior of patients** following these common hand and upper extremity procedures through daily or weekly text message surveys. This understanding of patient behavior will allow the development of reasonable recommendations and will inform future studies on driving fitness following hand and upper extremity surgery.

OUR NEW HAND FELLOW

Beren Tomooka, D.O., M.S., joined the Hand Clinic in August 2020. He graduated with honors from Western University College of Osteopathic Medicine and completed his residency in Orthopaedic Surgery at Community Memorial Hospital in Ventura, CA. He enjoys sports such as baseball, softball, golf, snowboarding and exploring the outdoors. You may also find him working on a Sunday crossword puzzle, discovering new restaurants and spending quality time with his fiancé, Teresa, and their Himalayan cat.



"I recognize that taking the time to do a fellowship will afford me the training to provide specialized care within a distinguished branch of our practice; and there is no other subspecialty that I would rather have the privilege of being a part of."

Dr. Beren Tomooka

MESSAGE FROM OUR SECTION CHIEF

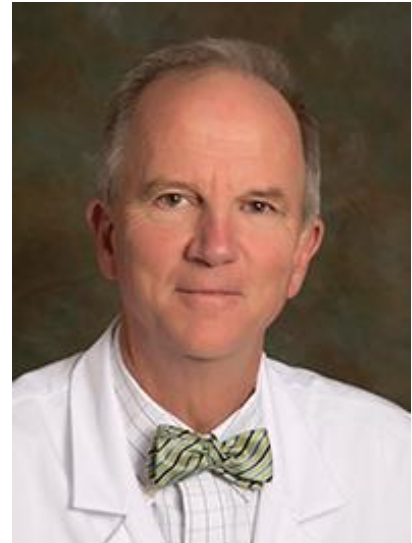
Thank you for your interest in the first edition of our hand surgery newsletter. We are excited to share just a few of the projects that are going on in our program.

Our clinical operations are operating at full capacity, amid the COVID pandemic. We have adopted numerous precautions allowing us to see our patients safely and efficiently.

With eight full-time and one part time faculty hand surgeons, our attending physicians are trained in general, orthopaedic and plastic surgery. We have expanded services for patients with brachial plexus pathology through our multi-disciplinary brachial plexus clinic. We continue to offer routine and complex upper extremity care from the fingertip to the shoulder.

Academically, our section is producing meaningful research and we have seen an increase in the numbers of published articles in peer reviewed literature.

We welcome surgeons in training who are looking to expand their practice in the field of hand surgery. Please contact [Janice M. Gleisner, M.B.A.](#), if you want to learn more about training opportunities in Roanoke, VA through the Carilion Clinic Hand Fellowship program.



Hugh J. Hagan, III, M.D



WEBSITE

RESOURCE LINKS:

[Carilion Clinic Orthopaedic Education YouTube](#)

[Hand Surgery Fellowship](#)

CONTACT US:

Janice M. Gleisner, M.B.A., Program Manager

☎ 540-797-5743

✉ jmgleisnearilionclinic.org

YOUTUBE

