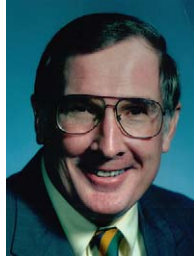


## Preface



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*Guest Editors*

We must seek truth, much as Diogenes searched with his lamp for an honest man, knowing that perfect and absolute truths may be elusive in the inexact science of medicine. Of the many variables that may impact upon statistical validity, one can usually find at least one flaw in any clinical study. A single preferable treatment may exist, but alternative methods often may be comparable. In hand fracture management, principles may typically be more important than the specific implant selected.

We must increase our knowledge of biostatistics, scientific method, and study design so that we are better able to analyze the strengths and weaknesses of individual reports, construct new and improved studies, improve validity, and progressively build our levels of evidence. More subjective patient outcome information and safety and cost analyses are needed. These review articles provide a composite of available information. True students and continuing investigators will “peel the onion,” analyze the “building blocks” and references provided by the authors, and continue the quest.

This issue of the *Hand Clinics* is dedicated to Leonard Goldner, a man for all seasons as a peerless husband, father, grandfather, physician, educator, mentor, role model, and friend. He deeply touched so many of our lives. We will carry on his precepts and his work and ultimately pass the torch of his legacy and ours to future generations.

Ollie Edmunds, a Goldner-trained orthopedist and hand surgeon, is our alpha and omega. He will lead off with a heartfelt tribute to Dr. Goldner and finish with a compelling dissertation on his life’s work, the carpometacarpal joint of the thumb, with special regard to dislocations of this joint.

The remainder of this issue will examine cutting-edge challenges in the management of hand fractures and dislocations. For inherently stable undisplaced or minimally displaced fractures and ligament sprains, “the art of medicine consists in amusing the patient while nature cures the disease” (Voltaire). Temporary protective functional splinting, early gentle progressive soft tissue modulated rehabilitation, and encouragement are typically sufficient treatment.

For unstable fractures and ligament sprains, the principles of anatomical repair and minimally invasive surgery in relation to the relative severity of the injury are added to the regimen. The doctrine of “*primum non nocere*” or “at least do no harm” is derived from Hippocrates’ *Epidemics* and was frequently quoted and advocated by Sir William Osler. Hand surgeons have traditionally applied this canon to hand fractures through the judicious selection of candidates for surgery and by favoring the use of temporary percutaneous Kirschner wire splinting for stabilization whenever feasible. This is clearly elucidated in our

“classic” lead article on “Management of Proximal Interphalangeal Joint Injuries” by Freiberg, Pollard, Macdonald, and Duncan. This report originally appeared in the *Journal of Trauma* in 1999 and remains so fundamentally sound that we felt it worth repeating in a venue that might afford more exposure to hand surgeons. Baritz and Bauman revisit and update Zemel and Stark’s discourse on “Problem Fractures and Dislocations of the Hand” [1] in their treatise on “Simple Fractures that Aren’t . . .” Lindley and Rulewicz’ contribution on “Children’s Fractures” emphasizes the importance of sound traditional fundamental management principles in the developing hand, alerts the reader to potential pitfalls, and provides sage advice for safe passage.

There have been advances in treating long oblique metacarpal and phalangeal shaft fractures with percutaneous intramedullary fixation. Downing and Davis demonstrate the efficacy of closed reduction and internal fixation with multiple percutaneous fasciculated intramedullary wires for transverse or short oblique metacarpal shaft fractures. Long oblique metacarpal shaft fractures may also be treated in a like manner, and one or more transmetacarpal wires may be added to the distal fragment to ensure stability, if necessary. Orbay and Touhami report excellent results using pre-bent flexible rods for transverse and short oblique metacarpal and phalangeal shaft fractures. A locking pin is added to ensure stability when using this method for long oblique fractures.

Kawamura and Chung have reviewed the treatment of oblique metacarpal and phalangeal shaft fractures. They report that equipoise may exist among percutaneous and open Kirschner wire or mini-screw fixation techniques for closed oblique phalangeal and metacarpal fractures. A midlateral approach; incising or resecting the adjacent lateral band; sparing of the gliding tissue between the periosteum and the extensor mechanism; precise reduction; more secure fixation; and earlier and more intensive therapy may be among the factors that account for these somewhat paradoxical outcome equivalencies.

Geissler’s experience using percutaneous headless mini-screw fixation for large articular phalangeal condylar fractures suggests that this technique may be preferable to percutaneous or open wiring or open conventional mini-screw fixation.

DeKesel, Burny, and Schuind update the reader on the efficacy and versatility of mini-external

fracture fixation for the entire spectrum of hand fractures. Saint-Cyr and Gupta report upon the selection of patients for and the efficacy and safety of primary internal fixation and bone grafting for patients with open hand fractures with bone loss or extensive comminution. Geissler reviews biologic and synthetic options for bone graft substitution, a virtually unexplored area within the domain of hand fractures.

Freeland and Lindley discuss patient selection and methodology in treating hand fracture malunions. Lourie (another Goldner-trained orthopedist and hand surgeon), Gaston, and Freeland review the management of partial and complete metacarpophalangeal joint collateral ligament injuries.

Debora Dellapena, *Hand Clinics* editor, Alvra Jenkins, administrative assistant, and Virginia Keith, BA, must be singled out for their consummate skill, professionalism, encouragement, and constant good spirit. They kept us on time, on track, formatted, grammatically correct, and spell checked. Any errors are ours.

We believe that Leonard Goldner would be pleased to have his name associated with this issue of the *Hand Clinics* as a part of his legacy. He was an inspirational and beloved leader. Enjoy!

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## Reference

- [1] Zemel NP, Stark HH. Problem fractures and dislocations of the hand. *Instr Course Lect* 1988;37:235-49.