

Learning Objectives – Orthopaedic (Hand & Upper Extremity) Service

	Junior Resident	Senior Resident/Fellow
Patient Care	<p>In general a Junior resident is expected to achieve the following learning objectives:</p> <p>Perform a thorough and accurate history and physical examination including history of the chief complaint, history and mechanism of the injury, past medical and surgical history, social history. The physical exam should include exam for identification of: peripheral nerve, tendon integrity and chronic tendon disorders (de Quervain’s, ECU tendonitis, stenosing tenosynovitis), vascular status, skin and nail disorders, joint evaluation including stability and the presence of arthritis (CMC, PIP, DIP, MCP arthritis) as well as specific and pertinent provocative maneuvers;</p> <p>Apply the knowledge of the natural history of upper extremity disorders with and without surgical treatment;</p> <p>Evaluate the following conditions thoroughly with history, physical examination and radiographs as appropriate: animal and human bites, carpal tunnel syndrome, cubital tunnel syndrome, de Quervain’s tendonitis, fingertip injuries and amputations, flexor and extensor injuries, flexor tenosynovitis, ganglia of the hand and wrist, infections - finger and hand, mallet finger injuries, phalangeal and metacarpal fractures, soft tissue coverage problems (open tibia fracture, dorsal hand trauma), sprains and dislocations of the CMC, MCP, and PIP joints, static carpal instability, tendonitis, thumb basal joint arthritis, trigger finger;</p> <p>Effectively communicate the history as taken from the patient and/or the patient’s guardian or family in a succinct and accurate fashion;</p> <p>Effectively communicate and demonstrate respectful and caring behavior when interacting with patients, their guardians and their families;</p> <p>Competent in assuming responsibility for specifically inquiring about the presence or absence of systemic disease relevant to conditions commonly encountered in the hand such as diabetes mellitus, hypothyroidism, seropositive and seronegative arthritides;</p>	<p>In general a senior resident or fellow is expected to achieve the learning objectives of the junior resident in addition to:</p> <p>Demonstrate mastery of all elements in the realm of patient care as described for the junior level resident;</p> <p>Demonstrate the ability and maturity to directly supervise the junior level resident;</p> <p>Effectively follows all inpatients and any patients seen in the emergency room including ensuring appropriate follow up after discharge;</p> <p>Demonstrate expertise in obtaining a history and physical examination in patients with hand and upper extremity conditions and disorders;</p> <p>Utilize information gathered in the history and exam to effectively generate a pertinent differential diagnosis, order necessary radiographic evaluations most appropriate to the differential diagnosis, and be able to formulate an appropriate treatment plan based on the information gathered.</p> <p>Evaluate, diagnose, and treat the following conditions: all condition ascribed to the junior level trainee, arthritis of the hand, boutonniere deformity, Dupuytren’s disease, flexor tendon injuries (describe suture techniques and their rationale, and perform a flexor tendon repair, and describe postoperative regimens for flexor tendon rehabilitation and their rationale), intraarticular fractures of the distal radius and ulna, malunions of the distal radius (technique and planning of a corrective osteotomy for malunions including plating and grafting options), fractures of the scaphoid, osteonecrosis of the carpus, including Kienböck’s and Preiser’s disease, complex, intraarticular fractures of the phalanges and metacarpals, fractures of the base of the thumb metacarpal (Rolando, Bennett), tumors of the hand and wrist, static carpal instability (management of scapholunate dissociation and traumatic ligamentous injuries of the wrist, perilunate dislocations); dynamic carpal instability (treatment options for SL instability, midcarpal instability), upper extremity conditions related to cerebral palsy, the “stroke hand”, treatment of radial, ulnar and</p>

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<p>Demonstrate knowledge and application of knowledge of non-operative treatment, which includes anti-inflammatories, hand therapy, application of heat and cold as well as basics of splinting;</p> <p>Perform simple invasive procedures for patients suffering from hand-related complaints – such as injections of trigger finger, carpal tunnel and base of thumb arthritis at the CMC joint;</p> <p>Demonstrate the ability to systematically and accurately interpret plain and special view radiographs and other imaging methods (MRI, arthrography, computed tomography imaging, angiography) commonly used in the evaluation of upper extremity disorders and understand the indications for ordering such exams, including their applications;</p> <p>Assess hand surgery problems/injuries in the emergency department, obtain history, perform pertinent physical exam, develop differential diagnosis, and communicate findings in a succinct and professional manner;</p> <p>Demonstrate facility in the more commonly encountered surgical procedure;</p> <p>Generate an operative plan and perform a substantial portion of the corrective surgical procedures for the following conditions: animal and human bites, carpal tunnel syndrome, cubital tunnel syndrome, de Quervain’s tendonitis, dorsal and volar ganglia of the hand and wrist, drainage of fingertip and hand deep space infections, extensor tendon injuries, fingertip injuries and amputations (initial stabilization and wound care), flexor tenosynovitis (purulent), mallet finger, phalangeal and metacarpal fractures (extra-articular), tendonitis, trigger finger;</p> <p>Demonstrate facility in the application of a brachial or forearm tourniquet in the operating room, appropriate prepping and draping of the patient, and the appropriate application of a postoperative dressing to control edema and hematoma formation;</p> <p>Manage the basic postoperative hand patient and inpatients with hand conditions including presenting the patients during rounds with the faculty/consultant;</p> <p>Demonstrate knowledge of the basics of postoperative hand therapy</p>	<p>combined medial-ulnar nerve paralyses including tendon transfers and indication for arthrodesis (tendon transfers for major peripheral nerve dysfunction including indications, techniques, complications, and risks), treatment of the rheumatoid hand, including thumb MP arthrodesis, MCP interposition, wrist arthrodesis (complete and partial), basic wrist arthroscopy (portal placement and familiarity with structures at risk), DRUJ instability, TFCC injury, radial tunnel syndrome, AIN palsy, PIN palsy, proximal median nerve entrapment, small joint arthroplasty (discuss the reconstructive ladder for soft tissue deficiency of the upper and lower extremities);</p> <p>Be familiar with hand surgery operating room protocols as related to patient preparation and be able to direct the appropriate room setup, including the physical placement of the lights, surgical assistants, scrub personnel and radiology technician;</p> <p>Be able to effectively participate as an assistant surgeon and perform certain aspects of the corrective surgical procedure for all conditions ascribed to the junior level trainee: arthritis of the hand, boutonniere deformity, Dupuytren’s disease, flexor tendon injuries, complex fractures of the distal radius, malunions of the distal radius, fractures of the scaphoid, osteonecrosis of the carpus, including Kienböck’s and Preiser’s disease, complex, intraarticular fractures of the phalanges and metacarpals, fractures of the base of the thumb metacarpal (Rolando, Bennett), tumors of the hand and wrist, dynamic carpal instability, upper extremity conditions related to cerebral palsy, the “stroke hand”, treatment of radial, ulnar and combined median-ulnar nerve paralysis including tendon transfers and indication for arthrodesis, treatment of the rheumatoid hand, including thumb MP arthrodesis and MCP interposition arthroplasty, basic wrist arthroscopy, ulnar sided wrist pain and instability, radial tunnel syndrome, small joint arthroplasty, soft tissue coverage using a groin flap, reverse radial forearm flap, cross finger flap and random advancement flaps;</p> <p>Be prepared to be the primary surgeon on designated cases as technical skills permit.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>	
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	<p>and be able to generate appropriate orders for hand therapy and splinting;</p> <p>Use information technology such as data from current clinical studies as well as information from current journals to support patient care decisions and patient education;</p> <p>Demonstrate ability to practice culturally competent medicine.</p> <p><i>(Additions as further specified by the Review Committee)</i></p>	
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Medical Knowledge	<p>Be familiar with bony and soft tissue anatomy of the hand and upper extremity;</p> <p>Be familiar with standard surgical approaches to the upper extremity;</p> <p>Understand the basic science of fracture healing, wound healing, tendon healing, and nerve regeneration;</p> <p>Possess an understanding of the scientific basis of evaluation, diagnosis and treatment of commonly encountered hand surgical conditions including: carpal tunnel syndrome, trigger finger, tendonitis: de Quervain's, ECU, FCR, thumb basal joint arthritis (describe the basic management of osteoarthritis of the hand and the radiographic findings, and understand the pathophysiology of arthritis in the hand including osteoarthritis, rheumatoid arthritis, and posttraumatic arthritis), animal and human bites, flexor and extensor injuries (classify and describe treatment for tendon lacerations, describe suture techniques for flexor tendon repair, and describe the basic steps of tendon healing, infections of the fingertip, tendon sheaths and deep spaces, recognize and list the classic signs of acute suppurative tenosynovitis, fingertip injuries and amputations), nail bed injuries; phalangeal and metacarpal fractures (describe an algorithm for management, and understand complications and risks associated with treatment), ganglia of the hand and wrist; mallet finger injuries; sprains and dislocations of the CMC, MCP and PIP joints (classify and describe treatment for joint injuries, static carpal instability, and be familiar with the classification and radiographic findings), cubital tunnel syndrome, chronic carpal tunnel syndrome including tendon transfers and indication for arthrodesis (understand the principles of tendon transfer, and describe commonly utilized opponensplasty procedures), describe a classification of flaps (random pattern, axial pattern, island, free; local regional, distant) and cite common examples of each;</p> <p>Develop and discuss a differential diagnosis of hand and upper extremity conditions based on physical exam and history obtained from patient;</p> <p>Demonstrate a working knowledge of the presentation and radiographic findings of common hand and upper extremity conditions;</p>	<p>Demonstrate mastery of all elements in the realm of medical knowledge as described for the junior level resident;</p> <p>Demonstrate a firm understanding of the fundamentals of hand and wrist anatomy including common anatomic variations and be able to instruct the junior resident in this realm;</p> <p>Demonstrate knowledge and expertise in the discussion of the natural history of hand injuries/conditions including fractures, dislocations, tendon injuries, instability patterns, osteonecrosis, non-unions, and malunions;</p> <p>Interpret and have an understanding of the significance of electrodiagnostic studies, vascular studies, autonomic function studies, and advanced radiographic study techniques;</p> <p>Possess a basic understanding of the priorities of treatment of hand conditions, including the revascularization of devitalized parts, skeletal stabilization, tendon fixation, nerve reconstruction, and soft tissue coverage for complex injuries of the hand and wrist (possesses a basic understanding of the goals of treatment and the techniques used to achieve these goals in the treatment of combined injuries of the hand and wrist, including skeletal fixation, tendon/nerve/vessel repair, and soft tissue coverage);</p> <p>Demonstrate advanced knowledge and familiarity with rehabilitation methods for non-operative and postoperative treatment of hand conditions as listed above;</p> <p>Develop an understanding of potential perioperative complications for both elective and emergent surgical hand and wrist conditions and the appropriate available treatment algorithms;</p> <p>Support clinical and surgical treatment plans using data from pertinent current literature and clinical studies;</p> <p>Demonstrate knowledge of the use of instrument sets (mini-fragment, modular handsets, external fixation, Herbert and Acutrak screws, etc.) specific to the care of injuries of the hand and wrist and the</p>

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<p>Demonstrate knowledge of complete history and physical exam results for patients on whom surgical treatment is being considered;</p> <p>Demonstrate knowledge of the indications for basic surgical procedures in hand surgery conditions as listed above;</p> <p>Demonstrate knowledge of non-operative treatment and initial management of the above conditions (anti-inflammatories, hand therapy, application of modalities as appropriate based on scientific evidence, basic splinting);</p> <p>Demonstrate an understanding of simple invasive procedures for patients suffering from hand related complaints as listed such as injections, anesthetic blocks, suture repair of nail bed injuries and lacerations, closed reductions;</p> <p>Demonstrate basic understanding of the classic and contemporary literature pertaining to surgery of the hand and upper extremity;</p> <p>Demonstrate knowledge of the basics of postoperative hand therapy.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>	<p>appropriate use of intraoperative imaging.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>
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Practice-Based Learning & Improvement	<p>Demonstrate familiarity and understanding of reading materials describing the diagnosis and treatment of carpal tunnel, trigger finger, tendinitis and thumb base arthritis;</p> <p>Accurately locate, appraise and assimilate evidence from scientific studies relating to the patient’s hand surgical problem, which requires knowledge of the pertinent recent literature, as may be obtained from the American and British Journal of Bone and Joint Surgery, American and British Journal of Hand Surgery, and the Journal of the American Academy of Orthopaedic Surgeons;</p> <p>Demonstrate facility in the critical reading of a manuscript, notably those from the American Journal of Hand Surgery, possibly through active participation in the service’s Journal Club;</p> <p>Demonstrate facility at using on-line search engines, such as MEDLINE, to locate and access appropriate educational materials and peer review reference articles relevant to patient care;</p> <p>Successfully maintain a record of all operative cases via the resident operative log via the ACGME web site;</p> <p>Facilitate the learning of 3rd and 4th year medical students and other health care professionals;</p> <p>Self-evaluation of performance should include the ability to analyze the effectiveness of his/her own interpretative, problem solving, and surgical skills;</p> <p>Search, retrieve, and interpret peer reviewed medical literature relevant to hand diseases and disorders;</p> <p>Apply study and case report conclusions to the care of individual patients;</p> <p>Reflective learning should include: communicate learned concepts to peers, receptive to constructive criticism, incorporation of feedback into improvement of clinical activity, utilize patient information</p>	<p>Demonstrate competence in the application of critical thinking and in the appraisal of clinical studies read in peer reviewed literature as well as in the treatment of patients;</p> <p>Responsibly perform preoperative examination in the holding area of patients on whom hand surgery is being performed;</p> <p>Responsibly confirms the surgical site with the junior level resident;</p> <p>Responsibly directs education of the junior resident and medical students on the team;</p> <p>Successfully maintains a record of all operative cases via the ACGME web site;</p> <p>Self-evaluation of performance should include search, retrieve, and interpret peer reviewed medical literature relevant to hand diseases and disorders, apply study and case report conclusions to the care of individual patients;</p> <p>Reflective learning should include: communicate learned concepts to peers, incorporation of feedback into improvement of clinical activity, utilize patient information systems to assess measurable clinical practices and outcomes.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>

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	systems to assess measurable clinical practices and outcomes. <i>(Additions as further specified by the Review Committee)</i>	
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Interpersonal & Communication Skills	<p>Demonstrate communication skills that result in an effective information exchange with patients, their families and caregivers, and other physicians and members of the health care team;</p> <p>Create and sustain a therapeutic and ethically sound relationship with patients and their families;</p> <p>Effectively use listening skills in communication with all parties involved in patient care;</p> <p>Effectively provide information via various methods – Confidence and effectiveness in transmitting information verbally and written;</p> <p>Effectively work with other members of the team, specifically medical assistants, chief residents, hand fellows and hand therapists;</p> <p>Present at conferences, to other physicians, and mentors both formally and informally effectively and succinctly.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>	<p>Demonstrate communication skills that result in an effective information exchange with patients, their families and caregivers, and other physicians and members of the health care team;</p> <p>Create and sustains a therapeutic and ethically sound relationship with patients and their families;</p> <p>Effectively use listening skills in communication with all parties involved in patient care;</p> <p>Effectively provide information via various methods – Confidence and effectiveness in transmitting information verbally and written;</p> <p>Effectively work with other members of the team, specifically medical assistants, chief residents, hand fellows and hand therapists;</p> <p>Present at conferences, to other physicians, and mentors both formally and informally effectively and succinctly;</p> <p>Seek necessary help from hand fellows and therapists for the provision of appropriate care to the patient when necessary.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>

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Professionalism	<p>Patient primacy: trainees are expected to demonstrate an understanding of the importance of patient primacy by placing the interest of the patient above their own interest, providing autonomy to their patients to decide upon treatment once all treatment options and risks have been outlined for them. Understand and demonstrate the ability to obtain an informed consent from a patient, which includes the presentation of the natural history of both surgical and non-surgical care of the patient’s condition, giving equitable care to all patients, treating all patients with respect regardless of race, gender and socioeconomic background;</p> <p>Physician accountability and responsibility: follow through on duties and clinical tasks. Demonstrate timeliness in required activities, in completing medical records and in responding to patient and colleague calls. Exhibit regular attendance and active participation in hand surgery service and orthopaedic departmental training activities and scholarly endeavors. Strive for excellence in care and or scholarly activities as an orthopaedic surgeon and hand surgeon. Work to maintain personal physical and emotional health and demonstrate an understanding of and ability to recognize physician impairment in self and colleagues. Demonstrate sensitivity to the culture, age, gender and disabilities of fellow health care professionals and be respectful of the opinions of other healthcare professionals;</p> <p>Humanistic qualities and altruism: exhibits empathy and compassion in patient/physician interactions, sensitive to patient needs for comfort and encouragement, courteous and respectful in interactions with patients, staff and colleagues, maintains the welfare of their patients as their primary professional concern;</p> <p>Ethical behavior including being trustworthy and cognizant of conflicts of interest. Maintaining integrity as a physician orthopaedic surgeon and hand surgeon pervades all of the components of professionalism. Demonstrate integrity when reporting back key clinical findings to supervising physicians. Be trustworthy in following through on clinical questions, laboratory results and other patient care responsibilities. Recognize and address actual and</p>	<p>Patient primacy: trainees are expected to demonstrate an understanding of the importance of patient primacy by placing the interest of the patient above their own interest, providing autonomy to their patients to decide upon treatment once all treatment options and risks have been outlined for them. Understand and demonstrate the ability to obtain an informed consent from a patient, which includes the presentation of the natural history of both surgical and non-surgical care of the patient’s condition, giving equitable care to all patients, treating all patients with respect regardless of race, gender and socioeconomic background;</p> <p>Physician accountability and responsibility: follow through on duties and clinical tasks. Demonstrate timeliness in required activities, in completing medical records and in responding to patient and colleague calls. Exhibit regular attendance and active participation in hand surgery service and orthopaedic departmental training activities and scholarly endeavors. Strive for excellence in care and or scholarly activities as an orthopaedic surgeon and hand surgeon. Work to maintain personal physical and emotional health and demonstrate an understanding of and ability to recognize physician impairment in self and colleagues. Demonstrate sensitivity to the culture, age, gender and disabilities of fellow health care professionals and be respectful of the opinions of other healthcare professionals. Demonstrate appropriate conduct in the timely completion of the dictated operative notes, chart operative summaries and discharge summaries as well as clinic notes;</p> <p>Humanistic qualities and altruism: exhibit empathy and compassion in patient/physician interactions, sensitive to patient needs for comfort and encouragement, courteous and respectful in interactions with patients, staff and colleagues, maintains the welfare of their patients as their primary professional concern;</p> <p>Ethical behavior including being trustworthy and cognizant of conflicts of interest. Maintaining integrity as a physician orthopaedic surgeon and hand surgeon pervades all of the components of professionalism. Demonstrate integrity when reporting back key clinical findings to supervising physicians. Be</p>

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	<p>potential conflicts of interest including orthopaedic device industry and pharmaceutical industry involvement in their medical education and program funding and guard against this influencing their current and future treatment recommendation habits.</p> <p><i>(Additions as further specified by the Review Committee)</i></p>	<p>trustworthy in following through on clinical questions, laboratory results and other patient care responsibilities. Recognize and address actual and potential conflicts of interest including orthopaedic device industry and pharmaceutical industry involvement in their medical education and program funding and guard against this influencing their current and future treatment recommendation habits</p> <p><i>(Additions as further specified by the Review Committee)</i></p>
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<p>Systems-Based Practice</p>	<p>Demonstrate an understanding of how their patient care and other professional practices affect other health care professionals and the health care organization. Specifically, the identification of a proper site before surgery and a confirmation of the operative procedure to be done with the chief resident (or hand fellow or faculty) in the preoperative holding area are crucial in the duties of the junior resident.</p> <p>Successfully teams with the chief resident and/or the hand fellow to ensure that all radiographic and clinical notes are available preoperatively and intraoperatively;</p> <p>Demonstrate the ability to partner with other members of the health care team to assess and coordinate the patient’s health care. For example, within the context of hand surgery, the resident should demonstrate the ability to interact in the most efficient manner with hand therapists, such that no time is lost in the provision of appropriate hand therapy after injury or surgery;</p> <p>Partners – Demonstrate the ability to utilize multiple providers and resources as needed for optimal patient care. Understand the hand surgeon’s role as well as when to consult other health professionals (physiatrist, nurse practitioner, visiting nurse, physical therapist, occupational therapist, podiatrist, social worker, vocational rehabilitation counselor, psychologist, others) in the outpatient and inpatient rehabilitation of patient with a hand disease or disorder.</p> <p>Demonstrate the ability to educate patients about outside resources, which might be of assistance to their physical, emotional and financial well being;</p> <p>Knowledge of the advantages and disadvantages of different health care systems that affect patients with hand diseases and disorders, which include the academic system, various private and public health care delivery systems, the governmental, volunteer and private agencies that are available to educate and assist patients, the bureaucracy faced by disabled patients negotiating these systems and the social and economic burden of hand and orthopaedic diseases and</p>	<p>In addition to the competencies listed for the PGY-3 trainee, the senior resident is responsible for the following:</p> <p>Demonstrate appropriate conduct in the timely completion of the dictated operative notes, chart operative summaries and discharge summaries as well as clinic notes. Understand how the delay of these activities affects patient care throughout the system overall;</p> <p>Effectively partners with other members of the health care team;</p> <p>Serve as an example for the remaining members of the team, especially 2nd and 3rd year residents and 3rd and 4th year medical students.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>

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	<p>disorders;</p> <p>Advocacy for the patient: demonstrate the ability to act as effective advocates for their patients in a variety of needs, such as dealing with insurance companies and HMOs for the preauthorization of medications, filing disability claims, preparing for postoperative rehabilitation, return to work issues, etc;</p> <p>Cost effective health care: utilization of appropriate, cost-effective diagnostic tests and antibiotics. Knowledge of the range of implants and devices needed in rendering hand surgical care as well as the associated costs. Knowledge of the availability of certain drugs (and unavailability of others) on the trainee’s hospital formulary, and knowledge of the mechanisms by which compensation (by CMS and other carriers) is dependent upon the delivery of various levels of service to patients and the methods in place for quality review of inpatient and outpatient practice patterns. Knowledge of the local costs of medications, durable medical equipment, e.g., splints they prescribe, imaging and lab tests they order and costs related to surgical equipment, devices, and implants. Demonstrate a commitment to the practice of appropriate evidence based cost conscious patient care;</p> <p>Systems: demonstrate knowledge about how different health care delivery systems affect the management of patients with hand and orthopaedic diseases and disorders. Be familiar with types of practice management, equipment, insurance, economics, personnel, ethical aspects, quality assurance, and managed care issues relating to the practice of hand surgery and orthopaedic surgery. Identify the strengths and weaknesses of the system in which they are training and practicing. Demonstrate the ability to develop strategies to overcome systematic problems they have identified, and or QI projects to improve it. Be familiar with the history of orthopaedic and hand surgical history. Understand the influence on hand surgery and orthopaedic surgery by the American Society for Surgery of the Hand, the American Academy of Orthopaedic Surgeons, the American Medical Association, Food and Drug Administration, HCFA and other governmental agencies involved in health care legislation, peer review organizations.</p> <p style="text-align: center;"><i>(Additions as further specified by the Review Committee)</i></p>	
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