



AHTF NEWSLETTER

September 2013

CHAIRMAN'S UPDATE

MISSION:

The mission of the American Hand Therapy Foundation (AHTF) is to fund clinical and scientific research and education in order to advance the practice of hand therapy and quality of patient care throughout the world.

VISION:

Our vision is for all evaluation and treatment methods in hand therapy to have well-documented, evidence based outcomes in the literature.

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www.ahtf.org



William W. Walsh, MBA, MHA, OTR/L, CHT
Chairman, American Hand Therapy Foundation

American Hand Therapy Foundation has had a very exciting 2013. A year of growth, collaboration, and acknowledgement, AHTF remains an authoritative source for funding hand therapy research and education. As part of our growth, we welcomed two new Board members, Jane Bear-Lehman, PhD, OTR/L, FAOTA and Mayuri Mody, OTR/L, CHT, CEAS, CLT. Read more about their professional careers in new member highlights. In addition, the Board of Directors approved the re-development of the AHTF web site.

On May 21st of last year, the hand therapy profession lost a pioneer, Mary C. Kasch, OTR/L, CHT, FAOTA. This year the Foundation was proud to collaborate with HTCC and ASHT to honor her memory with the formation of Mary Kasch Hand Therapy Certification Scholarship. It was Mary's stated desire to share her passion and commitment to our profession by offering financial assistance to a well deserving hand therapist. The purpose of the scholarship is to make available access to financial support and educational resources for an OT or PT who seeks certification in hand therapy. The Tri-alliance (ASHT, HTCC, AHTF) looks forward to announcing the recipient of the inaugural scholarship this October at the 36th ASHT Annual Meeting in Chicago, IL.

The Foundation's ability to support the Mary Kasch Hand Therapy Certification Scholarship is based on the generosity of our contributors. AHTF has been the recipient of several memorial gifts in Mary's name. To honor the wishes of our contributors, AHTF contacted each donor to clarify their gift designation. Donors specified their gifts were to be assigned either entirely to the Scholarship, entirely to further the work of AHTF, or to split the contribution. Thank you for your responses and for your generosity! We will track and honor your stated intent.

2013 is also the inaugural year the ASHT Founder's Grant. AHTF is proud to collaborate with ASHT to acknowledge the six founding members of ASHT with a grant named in their honor. The research focus must be within the domain of hand therapy, ranging from entry-level through more advanced lines of inquiry. The grant's intent is to promote meaningful research in hand therapy through funding of one or more grants available annually in the total combined maximum amount of \$5,000. The Foundation has received several excellent applications and looks forward to joining ASHT in announcing the winner of the inaugural grant in October at the ASHT Conference in Chicago, IL.

AHTF SELECTS VENDOR FOR NEW E-COMMERCE-BASED WEBSITE

By Jim King, MA, OTR



During its February, 2012 meeting, the AHTF Board approved the budget and process for the re-development of the AHTF.org website. The current website was developed over 10 years ago and has been lovingly cared for by Judy Bell-Krotoski. Judy and others have invested hundreds of hours and personal funds to develop and maintain the current version, which has met our needs until recently. The evolving need for foundations such as AHTF to participate in e-commerce including acceptance of on-line donations drove the decision to re-develop the website on a new platform.

A task force was commissioned to choose a vendor for this important project. The AHTF Board was polled to ascertain priorities for components and functionality of the new website. Based on these responses, a detailed Request for Proposal was developed by the task force. The RFP was submitted to a variety of potential vendors that were recommended by AHTF members. When the first round of responses failed to provide a clear choice for a vendor for the project, the RFP was posted to an on-line job market, which resulted in over 50 proposals.

After a pain-staking process to review these proposals, the task force identified three finalists to go through an in-depth review including interviewing principals and checking references. Following this process, Summersault, LLC, an experienced web design and hosting company from Richmond, IN was invited to present a final proposal. The proposal was reviewed by the entire Board and accepted at its October, 2012 Board meeting in San Diego. The definitive contracts for development, hosting and maintenance were signed in November, after attorney review.

The Board selected an implementation task force consisting of AHTF Chairman Bill Walsh, web master Judy Bell-Krotoski and Website Chair Jim King, who has been working with Summersault throughout the spring to design and develop the website. Many drafts of appearance and functionality have been reviewed by the task force and we stand on the verge of full review of the final draft by the task force and Board. Training for Board members will occur shortly and the new AHTF website is expected to be launched by the end of the year.



THE MEANING OF LEVEL OF EVIDENCE

By Jane Bear-Lehman, PhD, OTR/L, FAOTA



How do we, hand therapists, prepare our responses when asked for clinical advice? Often our initial tendency is to address the sought after advice by calling on our tacit or “know-how” knowledge. To justify our “know-how” advice, we need to rely on our formal “know-what and know-why” knowledge in order to identify the evidence that supports and informs our answer. Evidence includes both research and non-research sources, and is rated in a hierarchy so we can evaluate “how good” the recommendation is that we are making. *The Journal of Hand Therapy* uses the Oxford Centre for Evidence-based Medicine (CEBM) ranking system (as shown in Table 1 on the following page) to describe the strength of the results of research and non-research studies <http://www.cebm.net/index.aspx?o=1025>.

A valid and relevant answer is informed by strong evidence such as Random Control Trials (RCT), cohort studies, or published outcome measures. In clinical practice, stronger types of evidence are our first choice as they will likely provide greater confidence with a higher chance of showing efficacy for a particular problem. This is in the same way that a royal flush makes us much more confident at the poker table than a pair of twos, even though we know that a pair of twos sometimes wins games. The CEBM levels of evidence (as shown in the box) uses a five-level ranking system to describe the strength of the results measured in clinical trials (levels I-III), research studies and case series, and expert opinions (levels IV-V). These five hierarchies assist us in appreciating the scientific findings that are based on the body of knowledge and the strength of what is known. Although the highly regarded RCT is deemed the strongest level of scientific evidence, we need to be cautious; though the level of scientific knowledge in our field is striving for RCTs, the majority of our scientific evidence is in levels II-IV on the CEBM hierarchy.

Once we have identified the sources of scientific evidence, we can begin to make an informed decision that best suits the clinical situation, which includes the therapist’s experience and the patient’s preferences. The sources of evidence must be assessed for strength to determine the relevance and validity of the information. This is done by asking: “how good is the evidence for this particular clinical situation?”



THE MEANING OF LEVEL OF EVIDENCE

Table 1. Oxford Centre for Evidence-based Medicine – Levels of Evidence

Level	Therapy / Prevention, Aetiology / Harm	Prognosis	Diagnosis	Differential diagnosis / symptom prevalence study	Economic and decision analyses
1a	SR (with homogeneity*) of RCTs	SR (with homogeneity*) of inception cohort studies; CDR" validated in different populations	SR (with homogeneity*) of Level 1 diagnostic studies; CDR" with 1b studies from different clinical centres	SR (with homogeneity*) of prospective cohort studies	SR (with homogeneity*) of Level 1 economic studies
1b	Individual RCT (with narrow Confidence Interval"i)	Individual inception cohort study with > 80% follow-up; CDR" validated in a single population	Validating** cohort study with good" " " reference standards; CDR" tested within one clinical centre	Prospective cohort study with good follow-up****	Analysis based on clinically sensible costs or alternatives; systematic review(s) of the evidence; and including multi-way sensitivity analyses
1c	All or none§	All or none case-series	Absolute SpPins and SnNouts" "	All or none case-series	Absolute better-value or worse-value analyses " " " "
2a	SR (with homogeneity*) of cohort studies	SR (with homogeneity*) of either retrospective cohort studies or untreated control groups in RCTs	SR (with homogeneity*) of Level >2 diagnostic studies	SR (with homogeneity*) of 2b and better studies	SR (with homogeneity*) of Level >2 economic studies
2b	Individual cohort study (including low quality RCT; e.g., <80% follow-up)	Retrospective cohort study or follow-up of untreated control patients in an RCT; Derivation of CDR" or validated on split-sample§§§ only	Exploratory** cohort study with good" " " reference standards; CDR" after derivation, or validated only on split-sample§§§ or databases	Retrospective cohort study, or poor follow-up	Analysis based on clinically sensible costs or alternatives; limited review(s) of the evidence, or single studies; and including multi-way sensitivity analyses
2c	"Outcomes" Research; Ecological studies	"Outcomes" Research		Ecological studies	Audit or outcomes research
3a	SR (with homogeneity*) of case-control studies		SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies	SR (with homogeneity*) of 3b and better studies
3b	Individual Case-Control Study		Non-consecutive study; or without consistently applied reference standards	Non-consecutive cohort study, or very limited population	Analysis based on limited alternatives or costs, poor quality estimates of data, but including sensitivity analyses incorporating clinically sensible variations.
4	Case-series (and poor quality cohort and case-control studies§§)	Case-series (and poor quality prognostic cohort studies***)	Case-control study, poor or non-independent reference standard	Case-series or superseded reference standards	Analysis with no sensitivity analysis
5	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on physiology, bench research or "first principles"	Expert opinion without explicit critical appraisal, or based on economic theory or "first principles"

Notes:

Users can add a minus-sign "-" to denote the level of that fails to provide a conclusive answer because:

- EITHER a single result with a wide Confidence Interval
- OR a Systematic Review with troublesome heterogeneity

Such evidence is inconclusive, and therefore can only generate Grade D recommendations.

Produced by Bob Phillips, Chris Ball, Dave Sackett, Doug Badenoch, Sharon Straus, Brian Haynes, Martin Dawes since November 1998. Updated by Jeremy Howick March 2009.

*x By homogeneity we mean a systematic review that is free of worrisome variations (heterogeneity) in the directions and degrees of results between individual studies. Not all systematic reviews with statistically significant heterogeneity need be worrisome, and not all worrisome heterogeneity need be statistically significant. As noted above, studies displaying worrisome heterogeneity should be tagged with a "-" at the end of their designated level.

- Clinical Decision Rule. (These are algorithms or scoring systems that lead to a prognostic estimation or a diagnostic category.)

"i See note above for advice on how to understand, rate and use trials or other studies with wide confidence intervals.

§ Met when all patients died before the Rx became available, but some now survive on it; or when some patients died before the Rx became available, but none now die on it.

§§ By poor quality cohort study we mean one that failed to clearly define comparison groups and/or failed to measure exposures and outcomes in the same (preferably blinded), objective way in both exposed and non-exposed individuals and/or failed to identify or appropriately control known confounders and/or failed to carry out a sufficiently long and complete follow-up of patients. By poor quality case-control study we mean one that failed to clearly define comparison groups and/or failed to measure exposures and outcomes in the same (preferably blinded), objective way in both cases and controls and/or failed to identify or appropriately control known confounders.

§§§ Split-sample validation is achieved by collecting all the information in a single tranche, then artificially dividing this into "derivation" and "validation" samples.

" " An "Absolute SpPin" is a diagnostic finding whose Specificity is so high that a Positive result rules-in the diagnosis. An "Absolute SnNout" is a diagnostic finding whose Sensitivity is so high that a Negative result rules-out the diagnosis.

"i"i Good, better, bad and worse refer to the comparisons between treatments in terms of their clinical risks and benefits.

" " " Good reference standards are independent of the test, and applied blindly or objectively to applied to all patients. Poor reference standards are haphazardly applied, but still independent of the test. Use of a non-independent reference standard (where the 'test' is included in the 'reference', or where the 'testing' affects the 'reference') implies a level 4 study.

" " " " Better-value treatments are clearly as good but cheaper, or better at the same or reduced cost. Worse-value treatments are as good and more expensive, or worse and the equally or more expensive.

** Validating studies test the quality of a specific diagnostic test, based on prior evidence. An exploratory study collects information and trawls the data (e.g. using a regression analysis) to find which factors are 'significant.'

*** By poor quality prognostic cohort study we mean one in which sampling was biased in favour of patients who already had the target outcome, or the measurement of outcomes was accomplished in <80% of study patients, or outcomes were determined in an unblinded, non-objective way, or there was no correction for confounding factors.

**** Good follow-up in a differential diagnosis study is >80%, with adequate time for alternative diagnoses to emerge (for example 1-6 months acute, 1 - 5 years chronic).

EVELYN MACKIN HENRY, PT – 9TH IFSHT TRIENNIAL CONGRESS

By William W. Walsh, MBA, MHA, OTR/L, CHT



Evelyn is an avid supporter and Advisory Board member of the American Hand Therapy Foundation. In March of this year, she attended the 9th Triennial IFSHT Congress in New Delhi, India where she was honored by IFSHT and IFSSH at a special session entitled "Reflections of Legends". In addition to personal podium remarks, Evelyn shared her insights in a prepared video which was debuted during the presentation.

As the first president of IFSHT, Evelyn revealed her inaugural vision of IFSHT as an organization founded to promote an exchange with our international colleagues. She encouraged therapists to read and discover, to travel and explore, to make life interesting and keep their passion for life. She urged attendees to find a balance between their personal and professional lives and to take time off to do things in life that are important to them.

Evelyn stressed the importance of seeking and acknowledging mentors and to work as part of a team. The occupational therapist, the physical therapist, the surgeon and most importantly the patient were highlighted as essential elements of a successful team. She recognized several early influences in her career including Dr. James Hunter and Dr. Lawrence Schneider and well as the work and publications of Dr. Wynn Parry, Dr. Paul Brand and Maude Malick. Crediting Dr. Hunter as her mentor, she identified him as a man of vision who encouraged Evelyn's professional growth and development. She revealed the lack of reference books in the foundational years and thus the importance of information exchange amongst colleagues.

The address highlighted the importance of having a passion for your profession and therapists were encouraged to follow their dreams. Evelyn reflected on the plush tapestry of her life and the numerous people, places and professional challenges she encountered which enriched her professional career. She emphasized the importance of love and relationships with family, friends, and colleagues. Evelyn revealed the common interest that therapists share worldwide in doing the best for their patients and the value of learning from and about other therapists.

In 2012, IFSHT established the Evelyn Mackin Triennial Award to honor her as a leader in hand therapy worldwide. The award supports one or more therapists to attend the IFSHT Triennial Congress from a country where hand therapy is developing and does not currently hold membership in IFSHT. The recipient is someone who is a potential leader of hand therapy in their country who may otherwise not have the resources to attend.



Thank you, Evelyn, for sharing your passion for hand therapy, your insight for guiding our choices and the reflections on your inspiring professional career.



NEW MEMBER HIGHLIGHTS



Jane-Bear-Lehman, PhD, OTR/L, FAOTA

Jane-Bear-Lehman, PhD, OTR/L, FAOTA conducts research inquiries that center around upper limb assessment and intervention with a focus on the hand and spanning different populations. She is a National Institutes of Health (NIH) and National Institute of Aging (NIA) funded researcher for the study of cognitive and physical bases of disablement in adults. She serves on faculty at NYU and is the guest co-editor and guest manager of the April/June 2013 Special Issue on "Strategies to address neurological conditions affecting the hand" of the Journal of Hand Therapy (JHT).



Mayuri Mody, OTR/L, CHT, CEAS, CLT

Mayuri Mody, OTR/L, CHT, CEAS, CLT is an occupational therapist and certified hand therapist with over 35 years of clinical and professional experience. She currently works at Torrance Memorial Medical Center in Southern California with a focus on hand therapy and development of the ergonomics program she pioneered in 1991. She also served on the board of the South Bay chapter of the Occupational Therapy Association of California (OTAC) from 1995 to 1999. Simultaneously she developed and presented an interdisciplinary fibromyalgia management program at the 7th International Symposium of the Physical Medicine Research Foundation while at Cedars Sinai Medical Center. Furthermore, she co-facilitated the hand therapy portion of the Annual Occupational Therapy Practice issues forum from 2009-2011 and participated in the 2012 OT forum panel discussion on the use of standardized assessment and outcome measures for hand therapy. She served on Hand Therapy Society of Greater Los Angeles (HTSGLA) as a board member from 2007-2008 and as president from 2009-2011. During her presidency, HTSGLA established scholarships for occupational therapy schools at the University of Southern California and California State University Dominguez Hills. Mrs. Mody currently researches evidence-based practice and outcome measures in hand therapy, while simultaneously specializing in arthritis, ergonomics, and lymphedema.





2013 SILENT AUCTION

October 25, 2013 | Sheraton Chicago Hotel and Towers, Exhibit Hall

Auction will take place during scheduled breaks

DONATION INSTRUCTIONS:

All Items must be pre-registered by October 1, 2013

Items that are not pre-registered will not be accepted

PRE-REGISTRATION PROCEDURES:

For each donated item, please e-mail the following to auctionAHTF@aol.com

1. Contributor name as you wish it to appear on the bid sheet
2. One sentence description of each item
3. Dollar value of each item
 - Minimum value per item is \$25.00. If you have multiple smaller value items, please combine them to meet/exceed this minimum value. This limitation is due to space constraints for Auction tables.
 - *NOTE: Dollar value assignments of items are the responsibility of those who contribute items. Due to IRS regulations, AHTF does not assign values to items.*

FOLLOWING PRE-REGISTRATION, YOU WILL RECEIVE THE FOLLOWING BY RETURN E-MAIL:

1. Contributor registration number
2. Item Number Tag
 - If you contributed multiple items, you will receive a separate Item Number Tag for each item
 - Attach the Item Number Tags to their respective items
3. Instructions for dropping off and mailing items



AN OPPORTUNITY TO GIVE BACK TO THE PROFESSION OF HAND THERAPY

Dear Colleague,

The American Hand Therapy Foundation invites you to participate in its annual appeal for funds to support therapist clinical and scientific research. This is an opportunity for you to help AHTF fund clinical and scientific research, establish standards of practice in hand therapy, and advance the practice of hand therapy.

The Foundation was established as a 501(c) 3 Not-For-Profit Organization in 1989, to help make seed grants available to therapists in preparation for them to have increased chances for larger outside grants. First time grants today are even harder to achieve. Self-starting and funding our own professional research makes sense. We face a great challenge especially at this time of increased need for substantiation of practice and changes in health care administration. We need your help!

A monetary contribution at any level provides the opportunity for therapy grants. The greater the funds we receive, the more grants possible, and any contribution is welcomed and appreciated. With these grants we are able to provide an investment in our profession. Your contribution can help move us forward. If you would like to contribute, you can do so through our website: www.ahtf.org or by completing the contribution form in this newsletter and mailing a check payable to the American Hand Therapy Foundation to American Hand Therapy Foundation P.O. Box 38491 Greensboro, NC 27438

You may also wish to consider applying for one of our grants which are found detailed on our website: www.ahtf.org. Thank you for your consideration of this special request, as well as your ongoing support of the American Hand Therapy Foundation.

Sincerely,

William W. Walsh, MBA, MHA, OTR/L, CHT
Chairman, American Hand Therapy Foundation



AMERICAN HAND THERAPY FOUNDATION 2012 & 2013 CONTRIBUTIONS (AS OF 9/1/2013)

The AHTF Board of Directors thanks the following individuals and corporations for their generosity.

PLATINUM CONTRIBUTOR \$1,000 – \$4,999

Randy Bratrud – *in memory of Mary Kasch and the Kasch Scholarship Fund*

Denver Hand Special Interest Group

Elaine Fess – *in memory of Mary Kasch. She was truly one of our “Hand Therapy Greats”. Thank you, Mary.*

Hand Care

Judith Leonard – *in memory of Mary Kasch*

Mark Biehl

North Coast Medical, Inc. – *in honor of Gloria DeVore*

Michigan Chapter, ASHT

GOLD “HIGH FIVE” LEAGUE \$500 – \$999

3-Point Products – *in Honor of Evelyn Mackin-Henry*

Aaron & Rose Hand Therapy Services, Inc.

Peter Amadio, M.D. – *in Memory of Mary Kasch*

California Chapter, ASHT – *Kasch Scholarship Fund*

Elaine Fess – *In honor of Evelyn Mackin-Henry and the Kasch Scholarship Fund*

Alan Freeland, M.D.

Hand Rehabilitation Foundation – *in memory of Mary Kasch and the Kasch Scholarship Fund*

Harmony Hand and Physical Therapy Center

Kansas City Hand Rehabilitation SIG – *in honor of Nancy Cannon*

James King

Keri Landrieu – *Kasch Scholarship Fund*

North Coast Medical, Inc.

Donald Pitts – *Kasch Scholarship Fund*

SILVER “HAND SHAKE” CIRCLE \$250 – \$499

Aaron & Rose Hand Therapy Services, Inc.

Brown-Rogers Therapy

American Society of Hand Therapists – *in memory of Mary Kasch*

Dan Creal – *in honor of Dr. William F. Garvin*

James and Lynnlee Fullenwider – *Kasch Scholarship Fund: Never far dear friend!*

North Coast Medical, Inc.

Chris Reynolds – *in memory of Mary Kasch and the Kasch Scholarship Fund*

Barbara Winthrop Rose

Robert Swider

Heidi Hermann Wright – *in memory of Mary Kasch and the Kasch Scholarship Fund*



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The AHTF Board of Directors thanks the following individuals and corporations for their generosity.

BRONZE “THUMBS UP” CLUB \$100 – \$249

Lynne Finney – *Kasch Scholarship Fund: Mary was my teacher, employer, and friend. She will be sorely missed by the Hand Therapy Community. She was dedicated to Hand Therapy development and education throughout the world. Each step she took progressed to a bigger step and she continued to contribute to the end. I give this gift in loving memory of her.*

Jeanine Beasley – *in memory of Mary Kasch: Mary set the bar high for herself and all of us. Hand Therapy would not be where it is now without her.*

Roslyn Evans – *in memory of Mary Kasch: We will miss her so; an overwhelming loss to us all*

Randi Schatz – *Kasch Scholarship Fund: An inspiration to our profession.*

Applied Measurement Professionals – *Kasch Scholarship Fund*

Jean Baumgartel

David Bierwagen – *Kasch Scholarship Fund*

Leonard Cancio

Nancy Cannon – *Kasch Scholarship Fund and in honor of James B. Steichen, MD*

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Mary Dimick – *Kasch Scholarship Fund*

Stacy and Marc Doyon – *Kasch Scholarship Fund*

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The AHTF Board of Directors thanks the following individuals and corporations for their generosity.

FRIENDS OF AHTF \$1 – \$99

Anonymous – *Kasch Scholarship Fund*
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Barbara Haines
Lynda Heigho – *Kasch Scholarship Fund*
Nicole Kutch
Ann Lang – *in memory of Mary Kasch*
Marilyn Lee – *in memory of Dr. Paul Brand: Who gave himself to God, his patients, and taught and touched so many of us*
Pegge and Elio Mariani – *in memory of Mary Kasch*
Dan Mendiola
Julie Milasich
Mary Nordlie
Virginia O'Brien – *in honor of Rachel Schreiner, OTR, CHT*
Arlene Ono
Marianne Outzen – *in memory of Mary Kasch: Thank you for ensuring the quality of care delivered to hand therapy patients worldwide*
Martha Paterson – *in memory of Mary Kasch*
Julie Paull
Barbara Puddicombe
Rochelle Reichel – *Kasch Scholarship Fund: With gratitude for her contributions to hand rehabilitation*
Loraine Resoff
Amy Sibboni – *in memory of Jerome D. Gottesman*
Amy Umansky
Pam Vettleson – *Kasch Scholarship Fund*
Virginia Willett-Green – *Kasch Scholarship Fund*
Susan Williams – *Kasch Scholarship Fund*
Heidi Wills – *in honor of Monica Morman, MD, FAAOS, CAQSH*
Lisa Yee



BOARD OF DIRECTORS

The American Hand Therapy Foundation was founded in 1989, the Foundation currently has thirteen members of the Board of Directors including:



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YOUR CONTRIBUTIONS AND SUPPORT**



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