

# Becoming a Hand Surgeon

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Although the hand is a complex part of the body, involving many varied structures from skin to bone, treatment of related injuries has been fragmented and performed by surgeons of many backgrounds. During the 1940s, physicians in the West Coast, New York, Chicago, and Europe devoted their careers to caring for patients with hand problems. The advent of wars, with many resultant upper-extremity injuries, led to the establishment of specific care centers. From there, the hand subspecialty evolved, encompassing care for children, adults, and reconstructive problems.

The evolution of hand surgery as a subspecialty area in the United States (US) is closely linked to the military. Norman T. Kirk, the Surgeon General of the US in the 1940s, was himself an orthopaedic surgeon. Following WWII and the return of injured soldiers in 1944, he commissioned Dr. Sterling Bunnell (a general surgeon in San Francisco, CA) to establish hand-surgery centers for treating war-related injuries. Dr. Bunnell, considered the father of hand surgery in the US, was aged 64 at the time. Yet he traveled around the country, and nine centers were established.

Soon after, the American Society for Surgery of the Hand (ASSH) was born and the first meeting was held in Chicago, IL in 1947, with 35 founding members (Figure 1). It was a 1-day conference, during which actual patients were presented. In the first 10 years, only 50 members were admitted to the society (Figure 2). In the early 1970s, fellowships in hand surgery were organized for graduates of orthopaedic, plastic, and general surgery residencies. Subsequently, by 1976, the number of members increased to 340 (Figure 3). The Journal of Hand Surgery was published in the same year, with articles completely devoted to topics on hand and upper-extremity surgery. At this time, a member of ASSH who completed a post-residency fellowship program in hand surgery could be loosely identified as a hand surgeon. Currently, more than 3000 members make up ASSH, including orthopaedic, plastic, and general surgery specialists. Hand therapists were recently admitted as associate members.



**Figure 1.** In 1946, a total of 26 of 35 founding members were present at the meeting in Chicago, IL of the American Society for Surgery of the Hand. Reprinted from the American Society for Surgery of the Hand.

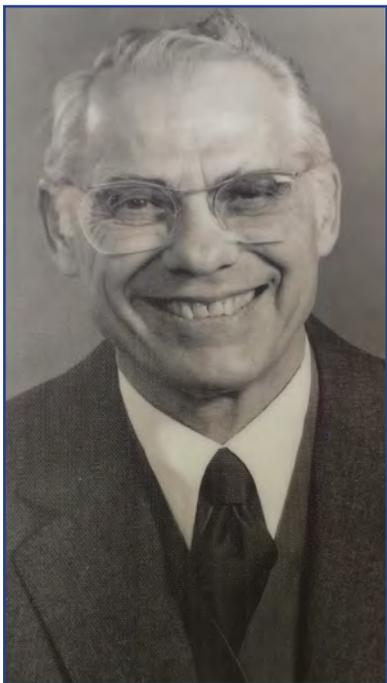


**Figure 2.** Annual meeting in 1957 of the American Society for Surgery of the Hand, showing the 50 members and 4 additional attendees. My own mentors, Lee R. Straub, MD, (top-left circle) and J. Leonard Goldner, MD, (top-right circle) attended. Reprinted from the American Society for Surgery of the Hand.



**Figure 3.** More than 340 members of the American Society for Surgery of the Hand at the annual meeting of 1980 in Atlanta, Georgia, including myself (circled). Reprinted from the American Society for Surgery of the Hand.

George E. Omer, MD, Professor and Chair of the University of New Mexico Department of Orthopaedics & Rehabilitation, took the lead in promoting hand surgery as a recognized specialty throughout his career. Dr. Omer was the president of the ASSH in 1978 and American Board of Orthopedic Surgery in 1987 (Figure 4). The American Medical Association and the American Board of Medical Specialties were petitioned. Consequently and after approval was granted, a Certificate of Added Qualifications in Surgery of the Hand (CAQ) was established in 1986 by the governing boards of orthopedic, plastic, and general-surgery specialties. At about the same time, the Accreditation Council for Graduate Medical Education (commonly known as the ACGME) approved requirements for hand-fellowship training in each specialty, which were the same. Onsite inspections of programs by residency review committees started in 1989.



**Figure 4.** George E. Omer, MD (Professor and first Chair of the University of New Mexico Department of Orthopaedics & Rehabilitation), was a nationally recognized figure in promoting the subspecialty of hand surgery.

The CAQ, later called subspecialty certificate, was offered to surgeons that demonstrated qualifications in hand surgery beyond those expected of other orthopaedic, plastic, and general surgeons by virtue of additional training (12-month fellowship), a practice of most cases in hand surgery (125 cases/year), passing an examination, and contribution to the field of hand surgery. The first examination was held on January 30, 1989. A total of 510 participants attended (412 of whom were orthopaedic

surgeons), and 471 were granted a 10-year certificate in hand surgery. The failure rate was 7.7%. A practice devoted to hand surgery, fellowship training, and annual load of cases correlated with successful performance.

A qualified hand specialist is trained to diagnose and treat all related problems of anatomical structures, including the wrist and forearm. Such surgeons have received additional training aside from board-specialty programs. Two major steps solidified the role of hand-surgeon subspecialties in modern society: 1) the organization of hand-care centers and ASSH in the 1940s, and 2) the agreement between governing boards of orthopaedic, plastic, and general-surgery fields to launch a certificate of added qualification in 1989. With the guidelines of certification for hand surgery firmly established, the pathway became and continues to be clear for graduates to pursue this area of medicine.

### Works Consulted

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