



## 7th Annual National Conference of Society for Hand Therapy, India

13th (Friday) & 14th (Saturday) September, 2019

(Joint conference with 43rd Annual National Conference of the Indian Society for the Surgery of the Hand )

**Venue:** Hotel Holiday Resort, Chakratirtha Road, Puri, Odisha, 752002, India

**Website:** [www.isscon2019.org](http://www.isscon2019.org), **Email:** [shticon2019@gmail.com](mailto:shticon2019@gmail.com)

**Theme: Redefining the scope of Hand Rehabilitation**

### Office Bearers of Society for Hand Therapy, India ( 2014 to 2019)



**President**  
Dr Amol Sangekar



**Vice President**  
Dr Shovan Saha



**Secretary**  
Dr. Suresh Mani



**Joint Secretary**  
Dr Prabhakar Chavan



**Treasurer**  
Dr Mugdha Wagh Shaan



**EC Member**  
Dr Punita V Solanki



**Ex-officio**  
Dr Hemant P. Nandgaonkar

**Society for Hand Therapy, India**  
**Affiliated to International Federation of Societies for Hand Therapy (IFSHT)**



### Registered Office

Society for Hand Therapy, B/302, Heritage Holy, Jawaharlal Nehru Road,  
Mulund West, Mumbai 400080, Maharashtra, India

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**Organizing Team**

**ADVISORY BOARD PANEL**

Dr. Santosh Rath  
Dr. Biswajit Mishra  
Dr. Biswajit Sahu  
Dr Shakti P. Das

**ORGANIZING CHAIRPERSON**

Dr. Amol Sangekar  
Mumbai

**ORGANIZING SECRETARY**

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**JOINT ORGANIZING SECRETARY**

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**SCIENTIFIC COMMITTEE CHAIRPERSON**

Dr. Bishnupriya Lenka  
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**REGISTRATION COORDINATOR**

Dr. Sibani Sankar Tripathy  
Bhubaneshwar, Odisha  
sibani.bhu@amrihospitals.in  
Ph:7008109301

# 7th Annual National Conference of Society for Hand Therapy, India 13th (Friday) & 14th (Saturday) September, 2019



## Welcome Message

### Dear Colleagues,

We take immense pleasure to invite you to participate in the 7th Annual National Conference of the Society for Hand Therapy (SHT), India, to be held on 13th & 14th September, 2019, in the holy city of Puri, Odisha, India .

The 7th Annual National Conference of the Society for Hand Therapy (SHT), India, will be organized in collaboration with the 43rd Annual National Conference of the Indian Society for the Surgery of the Hand (ISSH). The Society for Hand Therapy (SHT), India is affiliated with International Federation of Societies for Hand Therapy (IFSHT).

This event will be one of its kind and a unique platform for all Occupational Therapists and Physical Therapists sharing a common interest in the field of hand rehabilitation. It will be a great opportunity for experts to share their valuable knowledge and the art and science of rehabilitation of the upper quarter region of the human body. The scientific program will offer a platform to witness presentations on current and future trends as regards specialized skills in assessment and treatment to promote the goals of prevention of dysfunction, restoration of function and/or reversal of the progression of pathology, in order to enhance participation in life roles, for individuals with upper quarter disease or injury. The academic meet will enable attendees to update their knowledge, confirm their current practices and receive valuable take-home information for their clinical practice, academic enhancement and future research goals.

We look forward to having you with us at the conference.

**Sincerely**  
**Society for Hand Therapy, India**

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## General Information for the Speakers/ Presenters

- Only electronically submitted abstracts are accepted.
- Abstracts must be written in English.
- Please proof read your abstract for spelling and grammar before submission.
- Abstracts must not exceed 300 words in length.
- Do NOT use all upper-case letters when entering your abstract.
- The abstract's authors' names / institutions must NOT be inserted in the 'Content' field. It would be considered as unfair-means and may be rejected.
- No graphs, tables, photographs, or slide presentations are accepted while submitting the abstract.
- Abstracts will be published as one paragraph, so do not break your abstract into multiple paragraphs. If you wish to use headings within your abstract, such as Introduction, Methods, Results, etc., they should be added at the beginning of a sentence within the paragraph and a colon (:) should be inserted after each heading.
- The material submitted must not have been published / presented at any national / international meeting before this one. Submission of an abstract implies that the presenting author will register for and attend the Conference in Puri to present the abstract either as a podium presentation or as a poster if it is accepted.
- The SHTICON 2019 Organizing Committee reserves the right to change the topic and the form of presentation (podium / poster) of the abstract or to reject it.
- Avoid using all upper case. Provide ample spacing between words and letters.
- Word choice should be simple. Use active voice, short sentences with appropriate syntax.
- Please email your Research Abstract (Structured) up to 300 words in Times New Roman font with 12 font size, 1.5 spacing, in justified alignment, in MS-Word doc format (Version: MS Office 2010-2013) along with the Undertaking.
- The completed abstract to be sent on **[shticon2019@gmail.com](mailto:shticon2019@gmail.com) and [bishnupriyaotist@gmail.com](mailto:bishnupriyaotist@gmail.com) on or before 2nd Sept, 2019.**
- Please contact at [shticon2019@gmail.com](mailto:shticon2019@gmail.com) if you do not receive a confirmation.
- All queries relating to abstract submission must be sent to [shticon2019@gmail.com](mailto:shticon2019@gmail.com)

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## General Information for the Speakers/ Presenters

### Conference Presentations will include

- **Oral Presentations: (10 minutes duration):** Scientific, Original Research Study & Case Study Presentations on topic related to hand and upper- extremity rehabilitation
- **Mini Movie: (5 minutes duration):** on any aspect of hand rehabilitation and its outcome (a brief write-up to be submitted by 2nd Sept, 2019)
- **Essay Competition:** on *"The Challenges of Hand Rehabilitation in India"* (**Word limit: 1500 words**) (to be submitted by 2nd Sept, 2019)
- **Demonstration of Exhibits:** The items should be limited to Upper -Extremity splinting, Adaptive Devices, Hand Exercise Equipment, Hand Evaluation Instruments.

**Scientific Committee Chairperson**

**Contact Details: [shticon2019@gmail.com](mailto:shticon2019@gmail.com), [bishnupriyaotist@gmail.com](mailto:bishnupriyaotist@gmail.com)**

# 7th Annual National Conference of Society for Hand Therapy, India

## 13th (Friday) & 14th (Saturday) September, 2019



### SCIENTIFIC SCHEDULE

SESSIONS & TIMINGS DAY 1 (13th Sept, 2019)	EVENTS	SESSIONS & TIMINGS DAY 2 (14th Sept, 2019)	EVENTS
7:30am – 8:30am	Breakfast	7:30am – 8:30am	Breakfast
8:30am – 9:00am	Registration	8:30 am – 10:30 am	Scientific Session II
9:00am– 9:30 am	Inauguration of SHTICON - 2019	10:30 am – 11:00 am	Tea/ Coffee Break
9:30 am – 11:30 am	Pre-conference Workshop on Hand Splinting	11:00 am – 1:00 pm	Oration Lecture with ISSHCON 2019 (shared session)
11:30am— 11:45am	Tea/ Coffee Break	1:00 pm– 2:00 pm	Lunch Break
11:45 am– 1:30 pm	Pre-conference Workshop on Hand Splinting	2:00 pm– 3:45 pm	Scientific Session III
1:30 pm—2.30 pm	Lunch Break	3:45 pm– 4:15 pm	Tea/ Coffee Break
2:30 pm– 4:00pm	Scientific Session I	4:15 pm– 5:00 pm	Scientific Session III
4:00 pm– 4:30pm	Tea/ Coffee Break	5:00 pm – 6:00 pm	Valedictory
4:30 pm– 5:30pm	Scientific Session I	7:00 pm onwards	Gala Banquet Dinner
6:00pm onwards	ISSHCON 2019 Inauguration & Cultural Program		
	Inaugural Welcome Dinner		

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## ABSTRACT FORM

(Oral Presentation/Mini-Movie/ Demonstration of Exhibits)

SHT, India Membership No	
Title of Presentation	
Author/s name	
Correspondence address	
Mobile & Email	
Conference Registration No	

Abstract for Mini-Movie and Demonstration of Exhibits should be a brief write-up about the topic of presentation (300 words)

### Research Abstract (300 words max)

**Background of the Study:**

**Study Design:**

**Objectives of the Study:**

**Methods:**

**Results:**

**Conclusion:**

**Key Words:**

The Research Abstract Form along with the Undertaking should reach the Chairperson, Scientific Committee, on or before **2nd Sept, 2019** at the email id:

**[shticon2019@gmail.com](mailto:shticon2019@gmail.com)**  
**[bishnupriyaotist@gmail.com](mailto:bishnupriyaotist@gmail.com)**

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## Undertaking Form

I/We hereby certify that this is my/our original work. I/We have read all the rules and regulation for submission and wish/do not wish to compete for Oral Presentation/Mini-Movie/Essay Competition/ Demonstration of Exhibits.

I/We shall abide by all rules of the competition and the decision of the judge in this respect shall be final and binding.

I/We hereby declare that I/We have not presented the Oral Presentation/Mini-Movie/Essay Competition/ Demonstration of Exhibits, in any other conference in the past.

I/We shall be bound to observe all the rules and regulations and specifications of the articles, before submitting for printing in the conference souvenir.

Place and Date: \_\_\_\_\_

Signature of the First Author: \_\_\_\_\_

Signature of Other Author (s): \_\_\_\_\_

Enclosures: Duely completed Research Abstract Form

### For Office Use

Scientific Presentation: **ACCEPTED / NOT ACCEPTED**

Remarks if any: \_\_\_\_\_

**Chairperson, Scientific Program Committee**

**For Further Details: Contact**

**[shticon2019@gmail.com](mailto:shticon2019@gmail.com)**

**[bishnupriyaotist@gmail.com](mailto:bishnupriyaotist@gmail.com)**

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**REGISTRATION FORM**  
**(HAND THERAPIST/ POST GRADUATE STUDENT)**

Name (as you would want in the certificate): \_\_\_\_\_

Age/Gender: \_\_\_\_\_

Qualifications: \_\_\_\_\_

Profession/Affiliation: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Id: \_\_\_\_\_

Society for Hand Therapy, India Membership Number: \_\_\_\_\_

**If Post Graduate Student (MPT/MOT) - Signature & Seal of HOD** \_\_\_\_\_

**Mode of Payment**

Indicate: (Demand Draft/Cheque/Net Transfer). Amount Paid: \_\_\_\_\_

Net Transaction/Demand Draft/Cheque Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Branch: \_\_\_\_\_

Date of Payment: \_\_\_\_\_

**Official Use**

Registration Serial Number: \_\_\_\_\_

Payment Confirmation: \_\_\_\_\_

**Contact for Further Details**

**JOINT ORGANIZING SECRETARY/ REGISTRATION COORDINATOR**

**[shticon2019@gmail.com](mailto:shticon2019@gmail.com)/[physioindiacpd@gmail.com](mailto:physioindiacpd@gmail.com)/[dibyajyoti.8@gmail.com](mailto:dibyajyoti.8@gmail.com)/[sibani.bhu@amrihospital.in](mailto:sibani.bhu@amrihospital.in)**

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**REGISTRATION  
(HAND THERAPIST)**

Contact for Further Details

**JOINT ORGANIZING SECRETARY**

Dr. Sanjay K Ram  
Cuttack, Odisha  
physioindiacpd@gmail.com  
9338108837

Dr. Dibyajyoti Sahu  
Bhubaneswar, Odisha  
dibyajyoti.8@gmail.com  
9853248805

[Online Payment Link](#)

**Registration Fees (Therapist)**

On or before 31st August, 2019 (non-residential package): Rs. 5000  
From 1st Sept, 2019 onwards (non-residential package)-spot: Rs. 7000  
On or before 31st August, 2019 (residential package): Rs. 12,500 (5000+7500)  
From 1st Sept, 2019 onwards (residential package)-spot: Rs. 14,500 (7000+7500)

**Post Graduate Student (MOT/ MPT)**

On or before 31st August, 2019 (non-residential package): Rs. 4000  
From 1st Sept, 2019 onwards (non-residential package)-spot: Rs. 5000

[Accommodation - Rs. 2500per night on twin sharing basis- 12th, 13th and 14th night]

The completed Registration Form with the mention of the transaction details to be send to the

**JOINT ORGANIZING SECRETARY/ REGISTRATION COORDINATOR**

[shticon2019@gmail.com](mailto:shticon2019@gmail.com)/[physioindiacpd@gmail.com](mailto:physioindiacpd@gmail.com)/[dibyajyoti.8@gmail.com](mailto:dibyajyoti.8@gmail.com)/[sibani.bhu@amrihospital.in](mailto:sibani.bhu@amrihospital.in)

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## Mode of Payment

### 1. Online Transfer

Please Login [www.issicon2019.org](http://www.issicon2019.org)

### 2. Bank Transfer

**Account Name** : ISSHCON 2019

**Account Type** : Current Account

**Account Number** : 37950623022

**IFSC Code** : SBIN0016569

**Bank Name** : State Bank of India

**Bank Address** : AIIMS Campus (Sijua), Patrapada, Bhubaneswar

### 3. Cheque / Draft

Cheque / Demand Draft is to be drawn in favour of “**ISSHCON 2019**”, payable at **Bhubaneswar** and sent to the following address

**Contact for Further Details**

[shticon2019@gmail.com](mailto:shticon2019@gmail.com)