

TENDON TRANSFER IN PALSIED HAND DEFORMITIES

Essay

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List of Abbreviations

❖ *Scientific abbreviations:*

<i>AbDQ</i>	<i>Abductor Digiti Quinti.</i>
<i>AbPB</i>	<i>Abductor Pollicis Brevis.</i>
<i>AbPL</i>	<i>Abductor Pollicis Longus.</i>
<i>AdP</i>	<i>Adductor pollicis.</i>
<i>AHC</i>	<i>Anterior Horn Cell.</i>
<i>BR</i>	<i>BrachioRadiallis.</i>
<i>CMC</i>	<i>Carpometacarpal.</i>
<i>CP</i>	<i>Cerebral Palsy.</i>
<i>CPM</i>	<i>Continuous Passive Motion.</i>
<i>DIP</i>	<i>Distal InterPhalangeal.</i>
<i>ECRB</i>	<i>Extensor Carpi Radialis Brevis.</i>
<i>ECRL</i>	<i>Extensor Carpi Radialis Longus.</i>
<i>EDC</i>	<i>Extensor Digitorum Communis.</i>
<i>EDM</i>	<i>Extensor Digiti Minimi.</i>
<i>EDQP</i>	<i>Extensor Digiti Quinti Proprius.</i>
<i>EIP</i>	<i>Extensor Indicis Proprius.</i>
<i>EPB</i>	<i>Extensor Pollicis Brevis.</i>
<i>EPL</i>	<i>Extensor Pollicis Longus.</i>
<i>FCR</i>	<i>Flexor Carpi Radialis.</i>
<i>FCU</i>	<i>Flexor Carpi Ulnaris.</i>
<i>FDP</i>	<i>Flexor Digitorum Profundus.</i>
<i>FDS</i>	<i>Flexor Digitorum Sublimis, Superficialis.</i>
<i>FPB</i>	<i>Flexor Pollicis Brevis.</i>
<i>FPL</i>	<i>Flexor Pollicis Longus.</i>
<i>IP</i>	<i>InterPhalangeal.</i>
<i>IQ</i>	<i>Intelligence Quotient.</i>
<i>MCP</i>	<i>Metacarpophalangeal.</i>
<i>MPS</i>	<i>Mucopolysaccharides.</i>
<i>ODQ</i>	<i>Opponens Digiti Quinti.</i>
<i>OP</i>	<i>Opponens Pollicis.</i>
<i>PIP</i>	<i>Proximal InterPhalangeal.</i>
<i>PL</i>	<i>Palmaris Longus.</i>
<i>pROM</i>	<i>passive Range Of Motion.</i>
<i>PT</i>	<i>Pronator Teres.</i>
<i>rER</i>	<i>rough Endoplasmic Reticulum.</i>
<i>TC</i>	<i>TriCeps.</i>

❖ *Mathematical abbreviations:*

Cm.: centimeter. *Mm.*: Millimeter. *Nm.*: Nanometer.
Kgm.: Kilogram.
Kn.: Kilonewton. *N.*: Newton.

Introduction & Aim of the Work

Introduction and **Aim of the Work**

The hand's enormous capacity for adaptability has allowed primitive humans to make stone tools and modern humans to pilot complex aircraft (*Bender and Light, 1996*).

This is owing to the miraculous accuracy of the fingers in clasping and pinching to judge both power and space simultaneously (*Milford, 1975*).

The concept of providing a more equitable distribution of forces acting upon a disabled limb is the basis of tendon transfers. (*Hovius, 1993*).

So tendon transfer procedures may prove to be a viable option to restore balance and function of a disabled hand, with the extreme necessity to focus on specific protocol for each palsied hand. (*Hoard et al., 1995*).

The surgeon who attempts reconstruction of the palsied hand must have a precise knowledge of structural, functional anatomy and current methods of tendon transplantation, as an important line of treatment at this field. (*Riordan, 1987*).

The aim of this study is to mention the basics of operative and peri-operative tendon handling, using the transference techniques in the palsied hand as a field, as well as how to think systematically to capture the appropriate choice of the transfer, putting in mind the biomechanical disturbances that occurred.

Anatomy of The Tendons

