difference between methods is not significant (P value < .71 for RT, < .70 for VT). The 95% confidence interval (CI) for g-method is (22.4°-24.1°) for RT and (8.56°-10.79°) for VT, and for pp-method, it is (22.5°-24.2°) for RT and (8.67°-10.9°) for VT. Variation between observers represents 2% of total variation for RT and 1% for VT. Kappa index for g-method and RT variable (g-RT) is 0.426, for pp-RT method is 0.40, for g-VT method, it is 0.371, and for pp-VT method, it is 0.30. **Conclusion:** Statistical analysis shows that all the observers have the same behavior against both methods (P value < .82 for RT and < .85 for VT). However, kappa index shows that the agreement between observers is acceptable and that the differences between them represent, at most, 2% of the total variation. According to the results obtained, and having observed that there is no significant difference between traditional measurement with goniometer and the method we proposed to study, we believe that this is a valid and useful tool for radiologic measurement for those orthopedists who do not have a software designed for this purpose. The advantage of having Microsoft PowerPoint in most of the computers of the world makes this method an even more seductive choice.

Investing in Knowledge for Those Most in Need: Preparing General and Visceral Surgeons in Hand Surgery for Humanitarian Surgical Aid

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Background: Worldwide, increasing numbers of violence and trauma victims are to perceive. Humanitarian surgery is treating an essential part of the global burden of disease. As an international humanitarian aid organization, we are aiming to save life, reduce suffering, and support social reintegration of our patients. Humanitarian surgery is a fundamental pillar of our humanitarian medical assistance. Acute or chronic sequelae of hand trauma are very frequent in this field, affecting the victim's social and/or economic life substantially negative in a long term. In the absence of highly specialized surgeons, support is predominately provided by general and visceral surgeons. Due to the specification of surgeons within their qualification trajectory, many surgeons are lacking specific knowledge in orthopedic and hand surgery, which is urgently requested in the day-to-day business in humanitarian aid. **Objective:** How do surgeons, working in the humanitarian aid, benefit from a context-tailored training activity? **Method:** Conduction of a 4-day "International Surgical Workshop," held in the anatomy lab of a German University Hospital, open for surgeons working in the humanitarian field. The training activity consists of 9 different modules. Participants receive 16 hours' lecturing and 16 hours' practical teaching on corpses. The course is evaluated 2 times: (1) overall evaluation (e.g. set up, timing, content), conducted in the end of the course, using focus group discussions and formulized questionnaires and (2) evaluation regarding its sustainability, conducted 6 month back after training, with the support of a formalized online questionnaire (return rate 69% in 2014). **Results:** Since 2009, 181 surgeons, from 41 nationalities participated in the training. The training's content, timing, and format met highly the requirements of the target group. The overall evaluation was 3.6 points out of 4. Among other modules (e.g. craniotomy, gynecology, vascular, external fixation, reconstructive surgery), participants were qualified on most common hand-surgical traumata seen in the field of humanitarian crisis (e.g. machete and explosive/gunshot lesions, burn, contractures) by experienced hand surgeons. The practical focus was hereby on tendon repair, tendon transposition, nerve repair, contracture release, local flaps for soft tissue repair, infection, and bone trauma management. The theoretical and practical knowledge gained in hand and reconstructive surgery and external fixation had the highest practical relevance and usefulness for humanitarian work (4.7-5.1 out of 6) in the evaluation 6 months after training. As all surgeons went back to the field after training, this activity has a high degree of sustainability. **Conclusion:** Hand surgery is an essential part of humanitarian surgery. A context-tailored training activity, incorporating theoretical and hands-on training in hand surgery for humanitarian surgeons is fundamental. The training activity has a great benefit for the humanitarian surgeons and the victims in humanitarian crisis with a high degree of sustainability. However, the conduction of the activity remains as a high challenge for humanitarian aid organizations.

Overuse Syndrome: A Prospective Study in Argentinean Instrumentalist Musicians

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Objective: Overuse syndrome is a repetitive strain injury or cumulative trauma disorder that affects instrumentalist musicians. It consists of work-related muscle and ligament symptoms associated with weakness, loss of control, or speed, but objective lesions are not found. The aim of this study is to report incidence, predisposing factors, and follow-up of patients with this current entity in our center in Argentina. **Materials and Methods:** We performed a 15-year prospective study at our medical center in Buenos Aires. During this period, we evaluated 782 instrumentalist