

A Q&A with Alta Fried, OTR/L

Alta Fried, OTR/L, is an occupational therapist in Central New Jersey specializing in hand and upper extremity rehab. Alta's path to her now-bustling practice began as a childhood dream, when the ambitious youngster developed a deep connection for children with special needs while volunteering at her sister's after-school program, yet Alta could not have foreseen her own intimate foray into the world of OT. Here, the therapist describes for us the pivotal moment that catapulted her—quite literally—into her career, and how her dramatic start impacts the treatment that she provides for her patients today.

Tell us about the incident that led you to pursue a career in hand therapy.

It was March 16, 2010, a typical winter's day, and I was driving down the road in my minivan. Concentrating on the road in front of me, I crossed a busy intersection, when suddenly—*slam!* A vehicle collided with my car, striking into its side and sending it on a horrible spiraling roll across the roadway. The world around me seemed to come to a standstill as I tumbled over and over inside the car, finally coming to a stop as my van settled into place on its side. It had felt like an eternity.

My initial instinct, once I was still, was to check on my glasses. I lifted my right arm to my face to ensure that I was in one piece. I then froze with a shocking realization: *my left arm!* No longer at the wheel where I had last placed it, my left arm was now trapped between my car...and the road! The impact of the collision's aftermath had severely damaged the vehicle's structure, so that although the majority of my body was stuck inside my van, my left arm was trapped underneath it. I began feeling

lightheaded and nauseous, while I tugged desperately at my arm, trying to free it.

I heard a shout.

"I smell smoke!" another driver yelled.

Mustering the little strength I had left, I reached up and pulled the key from the ignition.

When a big man in a black cap and a white Harley Davidson T-shirt stuck his head through an opening in the wreckage that had been my car, it felt like I had been lying there for years. He assured me that help was on the way, and then noticed my hand. Quickly, without thinking, he stripped off his T-shirt and wrapped my hand in a tourniquet—saving my arm and ultimately my life.

A short while later, a team of paramedics and members of the fire department

arrived and performed an extrication to free me from my van, then transferred me to a waiting ambulance. En route to the trauma center, I was plagued by one nightmarish question: *Would my hand survive this accident?*

That's an incredibly scary thought to have. Did the paramedics give you a hint, one way or another?

During the first part of the trip, I was not fully conscious, so I don't know if I had the presence of mind to ask. My imagination, however, was working in overtime as I pictured my life without a second arm.

I remembered a neighborhood boy I had known growing up who wore a prosthesis due to a congenital birth defect, and I now shuddered to think that I might soon possess one, too. Would I bear the brunt of the neighborhood jokes, be the "pity case,"





#3: Wound vac application

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because I had lost my arm in a traumatic car accident?

I slipped in and out of consciousness, my mind's eye releasing dozens of gruesome scenarios.

About 20 minutes into the ride, I opened my eyes and asked the paramedic bluntly, "Will my hand survive this accident?"

The EMT turned his head to a nearby machine and began pressing buttons.

"Don't pretend you don't hear me!" I demanded. "Will I come home from the hospital with *my* hand?"

This time he answered. "Yes, for sure."

I wasn't convinced and I only learned later how extensive my injuries were: my hand was utterly crushed, my hamate bone was shattered, both sensory nerves to the thumb were missing large gaps, the thenar musculature was gone, my skin was shredded and my palm was full of debris that required extensive debridement.

Sitting straight up in my stretcher—knocking off the brace around my neck—I yelled, "Don't be so unrealistic! Did you see

the extent of the damage? Why are you so sure my hand will survive?!"

Bending his head to avoid my gaze, he set about readjusting my neck brace.

"I guess you're right," he muttered, as the ambulance arrived at the emergency trauma center.

What followed was a haze of X-rays, CT scans, MRIs, screenings and a mass of emergency room physicians, nurses and technicians, until I was told that I would be having emergency surgery, where the surgeon would make every attempt to try and save my left arm.

Six hours later, I awoke to an empty room and a bulky dressing covering my arm. I was sure it had been amputated.

Was it?

I pressed the call button repeatedly, summoning the nurse on call to my room multiple times, each time asking if my arm was still there. He told me it was, but I didn't believe him. I asked to see the doctor, but he was gone for the night.

Finally, the fellow on call came to my room and agreed to remove some of the dressing,

so that I could see the proof for myself.

He unwrapped it, and I saw the tips of my fingers! I could finally relax—my hand was still there!

Little did I know that the road ahead would require extensive reconstruction to enable my hand to return to full function.

Were your therapy sessions smooth sailing or did you encounter difficulties along the way?

During the initial week, my entire arm was heavily bandaged and I had to relearn how to move each finger. Every time my therapist would try to elicit movement from my fingers, I would scream out in pain. I attended therapy five days a week and had a nurse at home assisting me with daily functional tasks. I learned how to care for the wound on my thumb and palm and I would pull out stitches and change dressings with precision! But physically, the most difficult part at this point in time was the wound vac, which was placed after my second surgery to aid the regrowth of skin on the palmar side of my hand. I found the dressing changes to be especially painful and difficult to bear. After four long weeks,

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the doctor allowed me to discontinue the wound vac, but I was left with a large contracture on the palm of my hand, which caused my fingers to contract toward the distal palmar crease and severely limited my thenar web space. Additionally, the contracture resulted in extreme sensitivity, so that I was forced to hold my hand in a guarded position and was unable to utilize it for functional tasks. The doctor attempted a z-plasty scar revision surgery in an attempt to release the contracture, to no avail.

At that point, after three surgeries in the local trauma center, my parents and I travelled to the University of Pennsylvania for a second opinion, where Dr. Scott Levin performed a radial forearm flap skin graft and an FDS transfer from my ring finger to my thumb in an effort to restore opposition and release the heavy contracture on my palm.



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Emotionally, I encountered difficulties, as well. It was challenging and oftentimes painful to face looks, questions and comments from passersby, friends

and family members. I endured two subsequent surgeries debulking the flap of the palm, scar revision and cadaver nerve transfers.

One heartbreaking moment especially stands out in my mind. My sister-in-law had just given birth to a new baby boy, and came to visit me and show me her sweet addition. She handed me the baby,



A year after my sixth surgery—which I had thought would be my final one—I presented with tremendous improvement in motion, but lacked sensation in my thumb and I suffered from hypertrophic and keloid scars.

After conducting extensive research, I was guided to the chief hand surgeon at the NYU Langone Medical Center, Dr. David Chiu, who performed a sural nerve graft to replace the median nerve in my arm. At the same time, he released the ulnar, radial and median nerves that were encased in thick fibers of scar tissue and he attempted to revise the thick superficial layers of scar tissue when closing the wound.

When my cast was removed following the surgery, I was flabbergasted to discover that the pain was completely gone. I had never believed that I could be pain-free again. To me, that was a defining moment.

I made the decision to dedicate my life to becoming a Certified Hand Therapist and improving the lives of patients who suffered from injuries similar to mine. My desire to enter the field encompassed the immense feeling of gratitude I had from surviving such a major accident and



and I had to ask her to take him right back. I just couldn't hold him.

How did the entire incident and recovery process spark the desire to enter the field of hand therapy?

Due to my injury, I underwent eight surgeries and three years of intensive therapy. A year after my sixth surgery—

which I had thought would be my final one—I presented with tremendous improvement in motion, but lacked sensation in my thumb and I suffered from hypertrophic and keloid scars. Additionally, I experienced intense shooting pain that traveled from my thumb up my arm and toward my neck, severely impacting my function and daily routine.

I also learned that it is critical for therapists to collaborate with other health professionals, such as the patient's physician and surgeon, so that their combined efforts can complement each other and result in a whole-picture approach.



achieving recovery, as well as the strong desire to give back to other patients.

Then and there, I promised myself and my surgeon that one day I would be on the giving end of the therapy sessions, aiding patients in their recoveries, both physically and emotionally.

Do you find that your own emotional and physical journeys through therapy improve your ability to treat your patients?

Absolutely. Sitting on the other side of the table enabled me to gain a great sensitivity toward the process and enter the minds of the patients.

When I emerged from my final surgery pain-free and decided to devote my life to the treatment of hand injury patients, I realized that I could understand my patients' concerns, fears, worries and pains better than anyone else. The memories that I created as I underwent my own grueling therapy journey have been stored in a database, upon which I draw, when I approach a patient with a treatment plan.

I realized the necessity for therapists to set realistic goals with their patients: goals that are clearly and properly conveyed, so that patients are informed about what to expect, are a crucial component of successful therapy.

I also learned that it is critical for therapists to collaborate with other health professionals, such as the patient's physician and surgeon, so that their combined efforts can complement each other and result in a whole-picture approach to achieve total care of the patient. I am in close contact with all my surgeons and they are always eager and quick to respond to treatment questions I may have.

What would you say is the most important lesson you have learned in your road to becoming a licensed occupational therapist?

Studying and researching all of the different components of the body, and for me, especially the hand, has given me a deeper appreciation of the complexity of the human body. The body is an amazing, intricate masterpiece with a seemingly infinite number of inner elements, and



each one is crucial to ensure healthy functionality. The thumb in particular, as we know, is what defines us as human beings, has amazed me how many adaptations I had to employ while my thumb was not functioning.

I am truly thankful that I not only survived my accident, but that I survived fully intact, and that I was blessed to be treated by a wonderful team of knowledgeable, expert surgeons, physicians and therapists.

It is my hope that through my own work in this field, I can bring to my patients that blessing of a fully functioning body.

What are your goals in hand therapy and life?

My ambition and vision in life as a hand therapist is to gain the title and certification of CHT while remaining an

active participant of ASHT in both research and active clinical practice. I am passionate about treating symptoms from a seemingly mundane trigger finger or carpal tunnel syndrome and at the same time I seek to restore strength in the young adult population whose lives have been disrupted from a devastating accident or sports injury. Today I have returned to skiing, exercising and, most important, using technology with BOTH of my thumbs. I am also known as the favorite aunt and neighbor who is always ready to clean out a badly bleeding laceration, pull out leftover stitches or make an orthosis for a broken finger. I am a staunch hand therapy survivor and I am eager to assist patients in similar situations to my own. ♦



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