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Scaphoid fractures: anatomy, diagnosis and treatment

Buijze, G.A.

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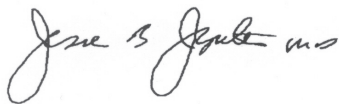
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Epilogue

I am so honored to write an epilogue acknowledging this extraordinary Thesis and the tremendous scholarly efforts of Dr Geert Buijze. While the Thesis could stand alone as a tribute to Dr Buijze's academic integrity, dedication, and scientific investigations, it does not truly reflect the extent of the investigative efforts, the independent paths taken for answers, and the ability to put to paper the outcome of his quests.

Geert did far more than documented in this Thesis, much of which has also been published in peer review Journals. His investigation of a long term follow-up of lower extremity limb salvage provides extraordinary insight into the impact of limb salvage and the improvement in the patients' quality of life. The independent investigations bypassed the potential prejudices of the surgeon yet accurately reflected the complexity of the problems and the patient's own insights.

I am very confident that Dr Buijze will have an outstanding medical and surgical career and will be a credit to both the AMC and the Massachusetts General Hospital and its Orthopaedic Hand and Upper Extremity Service.

A handwritten signature in black ink, reading "Jesse B. Jupiter MD". The signature is written in a cursive, flowing style with a prominent loop at the end.

Jesse B. Jupiter, MD
Hansjorg Wyss/AO Professor
Harvard Medical School

After 7 AMC-MGH combined PhD candidates (8 including mine), I discovered that having a dedication in the PhD book was unconventional and unique to our collaboration. I want to respect tradition, but as I write this epilogue the question is not whether or not Geert's Thesis will be successfully defended, but rather whether or not it will be recognized as Cum Laude.

This is particularly remarkable given that Geert arrived in Boston intent on focusing on the scaphoid and I warned him how difficult it would be to do clinical studies of the scaphoid at MGH. Undaunted, Geert found collaborators in Sweden to help complete a prospective cohort study of the diagnosis of scaphoid fracture displacement; in the Netherlands to finish our randomized trial of thumb vs. thumb-out casts for nondisplaced scaphoid fractures; in the United States to bring latent class analysis to the suspected scaphoid fracture dilemma; and in Scotland to further apply that technique. I made the Scotland connection, but everything else was 100% Geert.

Geert is the kind of scientist a science enthusiast like me dreams of. He has added critical data in all the areas that matter to me and my patients with scaphoid fractures. For that, he is my hero. Many questions remain unanswered though, so let's hope Geert infected with the enthusiasm will continue the quest.



David C. Ring, MD, PhD
Associate Professor of Orthopaedic Surgery
Harvard Medical School