

Australian Institute of Orthopaedic Technologists Inc.

AIOT newsletter

Christmas Newsletter

- **Letter from the President**
- **Thank you Jenny**
- **A word from Pauline**
- **Warnambool to Melbourne**
- **AIOT Symposium Photos**
- **Sydney 2016**
- **The Power of the Wedge**
- **Ripper Casts**
- **Cast Removal**
- **Certificate IV information**

December 2015

Actimove®

Product Catalogue



2011

Orthopaedic Soft Goods and Braces

Feel good. Move better.

Letter *from the President.*

Hello to all Members.

I would like to welcome new and current members to our last newsletter for 2015, following the successful National conference and AGM at the Royal Melbourne Hospital on the 8th & 9th of August, the Symposium brought together Cast room personal from Queensland, South Australia, New south Wales and Victoria Metropolitan and Country Districts.

The conference received great sponsorship and support from the eleven Medical companies attending which attributed to a very successful weekend, a big thankyou. Thankyou to Rob Vragovski, Jenny Dalton & John Kinealy for Facilitating the program and social activities which I am sure everyone attending thoroughly enjoyed.

This year was also the Election of the new Executive for the next 3 years. I would like to thank Jenny Dalton our outgoing Secretary who has done an outstanding job over the last 3 years and has been instrumental in elevating our membership numbers, thank's Jen,

Jenny has Partnered up with John Kinealy to produce future newsletters, our new secretary Pauline Miller formally from St Vincents Hospital Melbourne, and now residing in Brisbane and working at the Mater Hospital, welcome Pauline, Treasurer Rob Vragovski, Vice President Greg Gysin and myself in the President's position.

ON the Education front it is encouraging to hear that there is a great deal of interest with the Certificate IV in cast technology being offered by SWC, (Stanbrough Weyms Contracting, seeing an increase in health industry staff taking up the course, this will guarantee our profession to remain at the forefront of orthopaedic casting well into the future.

As this is our last newsletter for 2015 I would like to wish our members, Medical Company representatives, and our Executive Committee the very best wishes for the Festive season and trust that you will have safe enjoyable holiday break.

Regards
Terry James
AIOT President
Bundaberg Hospital Qld.

How to contact us...

President

Mr Terry James
Bundaberg Hospital
Bourbong Street
Bundaberg Qld 4670
terry_james@health.qld.gov.au
mobile: 0417 156 050

Vice-President

Mr. Greg Gysin
Townsville Hospital
100 Angus Smith Drive
Douglas, Townsville
Qld 4814
greg.gysin@health.qld.gov.au
Mobile: 0400 225 709

Secretary

Ms. Pauline Miller
The Mater Hospital
Raymond Terrace
South Brisbane
Qld 4101
paulineaiotsecretary@outlook.com
Mobile: 0411 095 042

Treasurer

Ms. Robert Vragovski
Royal Melbourne Hospital
Grattan Street
Parkville
Vic 3000
robert.vragovski@mh.org.au
Mobile: 0407 991 424

Web Site Editor

Mr. Ross Wein
Bundaberg Hospital
Bourbong Street
Bundaberg Qld 4670
ross_wein@health.qld.gov.au

Newsletter Editor

Ms. Jenny Dalton
Specialist Clinics Tobruk Building
Austin Hospital
300 Waterdale Road
Heidelberg West
Vic 3081
jennifer.dalton@austin.org.au
Mobile: 0425 746 191

Newsletter Layout & Design
John Kinealy

AIOT Website
www.aiot.com.au

Thank you Jenny

On behalf of your AIOT friends, we would like to thank you for your dedication to our small but committed group. You have unselfishly worked your butt off for the association. You have worked tirelessly over many many hours, days, months and years in your role as secretary. Many people are unaware that on top of your role as secretary, you committed countless hours of your time behind the scenes to ensure every success of our group.

For that we thank you and I would personally like to say what an honour it has been to work with such a professional, infectious, fun loving person who is bursting with personality.

All your friends at AIOT wish you all the best and know you will inject the same amount of enthusiasm into your new role as Newsletter Editor.

Your friends, Colleagues and fellow AIOT members.

John Kinealy.



Newly elected AIOT Secretary is now based in Brisbane...

A word from Pauline

Pauline Miller

Hello Ortho Fans! Pauline Miller, Newly elected AIOT secretary at your service.

Based in a busy Melbourne public hospital, I've been a nurse since 2006 and working in fracture clinic regularly since 2011. I love the busy, dynamic environment of orthopedics and really enjoy the hands-on aspect of working with orthopedic casting and being able to focus on positive patient outcomes. Over the last 18 months, I've become really passionate about building my knowledge and understanding of casting in order to continuously improve my practice and also become a resource for other members of my department who work with casting. I believe learning and teaching go hand-in-hand and are vital for a profession; that is why I love being a member of the AIOT. The amount of knowledge and experience shared by the members has made me even more enthusiastic to continue my development in the area of orthopedic casting and, also, be a part of a community which contributes to the delivery and development of orthopedic care across the country.



My favorite experiences so far have been the conferences and Melbourne, and Townsville last year. BRING ON SYDNEY 2016!

When I'm not at work, I enjoy Modern Jive and West Coast Swing dancing, running, and baking (I have a mean sweet tooth). I also volunteer to record audio books for Vision Australia.

I'm looking forward to working with the great board and executive team, and all of the members to maintain a high level of communication and organization so that we can all the most out of the fantastic AIOT organization and contribute our unique perspectives. And YOU all can look forward to plenty of emails from me, but I promise not to SPAM everyone too much.

Feel free to email me and I will try my very best to help or I'll find someone who can.

paulineaiotsecretary@outlook.com

My Story of our journey to attend the A107 Conference...

Warrnambool to Melbourne

Wendy Clark



Saturday 8th August 2015, it's 5.45 am and waiting for Nicole alias Clayton, (that's her in the blue top and me in the white) to pick me up for the trip to Melbourne which is 3 hours away.....We are going to Melbourne for the A107 annual conference being held at Royal Melbourne Hospital and we are looking forward to it.

Well surprise, surprise Nicole is almost on time – for those of you who do not know Nicole, time management is a just a little issue! We have started our journey to Melbourne and Nicole asks is there are any petrol stations open?



Being so early, the only petrol station open is on the highway which I suggested we could go to on the way out.....but no, off we go via Mortlake to Melbourne. I asked Nicole, “how much fuel do you have?” We will be right I have plenty!!!! Mmm....I wonder!

Arriving in Mortlake and Nicole asks, “is the petrol station open?” It's not even 7am Nicole. We drive on, pass through next town, no petrol station open there either. I asked Nicole, “how is fuel going?” Nicole replies, “we have the red light”...mmm...that does not sound good at all, because here on in there is no where to get fuel for quite a while!!!

To cut a long story short. We redirected to Colac and made it. Filled up with fuel and headed to Melbourne. We made it just in time for morning tea, yum yum, that made up for lost time. Getting ready for evening function and Nicole

decides she needs tights so off she goes, an hour passes and Nicole has not returned! I finally located Nicole having a lovely wander down the street.

We both head off to the evening function and we had a GREAT NIGHT. We met lots of new people at the conference and at the function, ate good food at a great venue with good service. Nicole and I had a great time...oh yeh we enjoyed the Conference too! (except for what we missed....but won't mention that again!) BIG thank you to all the A107 Committee for all your hard work and time you have spent in organising the conference and evening function.

We will definitely be attending next years conference but if there is any driving to be done...I will be doing it! If you didn't get the chance to meet Nicole, its okay she really is a great gal and lots of fun. Ask her about Thailand next time you see her!!!!!!

See you all next year.

Wendy
SWH - Warrnambool



...Applying Advanced Technology to the Oldest Treatment in Orthopedics.

The Exos Rapid Splint System advances the art of immobilization with an easier, cleaner, and more efficient way to splint. Its reinforced composite polymer creates a lightweight, stable structure that quickly becomes moldable using dry heat with no water and no mess. Rapid Splint goes on smooth and dry, without sharp fiberglass edges, enhancing patient safety and comfort. It reaches stability quickly, is reformable and offers superior radiolucency. The Exos Rapid Splint System – Applying advanced technology to the oldest treatment in Orthopedics...It's about time!



Easier and Simpler



Time and Efficiency



Patient Safety and Comfort

Exos Rapid Splint™ System

It's About Time...



AIOT 2015 CONFERENCE



AIOT 2015 CONFERENCE

















AIOT National Symposium 2016

**Royal North Shore Hospital
Sydney NSW
6th August 2016**

See you there !

<http://www.sydney.com>

“The lost art of Open Wedging”

The Power of the Wedge...

Andrew Shinnars



There are numerous methods of cast wedging, this article is just a short summary of open wedging.

- Open, Closed, Central*

The author has experience in the method of ‘Open wedging’. This article does not discuss the other two methods. Further reading on this topic is recommended to evaluate the best method for your treatment practice.

Open wedging is a very effective method of correcting malaligned fractures in the Antero-Postero or Medio-Lateral planes, but not Rotation. The x-rays to the left demonstrate a malaligned midshaft radius & ulna fracture in ulnar deviation and volar angulation. The post films demonstrate the corrected deformity.

From our experience wedging is quick and usually doesn’t cause extreme pain, provided the malalignment is done gradually.

Indications for wedging

- Close fitting cast
- POP needs to be completely dry
- Consistent strength and thickness
- Mild Angulation

Method

- Measure the degree of angulation on the film
- Locate and mark the fracture site on the cast (you can also draw lines to represent the angulation)
- Cut an line around the cast leaving an small intact portion of plaster (roughly 1 inch) on the opposite site of the angulation or apex
- Open wedge slightly larger than degree of angulation as the there is usually a small gap between the plaster and skin. (Ensure wedge does not press against skin).

Post Wedge

- Neurovascular check
- Reconstitute or complete the cast once check x-rays have been viewed.
- Explain to patient to return if pain increases, or burning is felt around the wedge site.

References and further reading

- *<http://aofoundation.org>

RIPPER CASTS



RIPPER CASTS



Cast Removal

Jenny Dalton



www.Lowres.cartoonstock.com

“Competency, skill and knowledge is required to remove casts.”

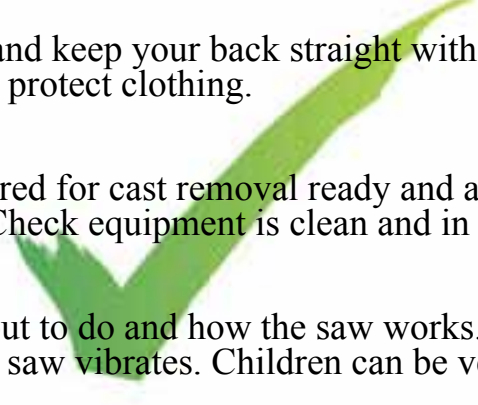
Good technique must be employed when removing any type of cast or splint when using the cast saw, shears or even scissors. Whether its made of plaster of Paris, Fibreglass or Polyester, the cast saw and any implements, must be used with great respect and the utmost of care.

Cast removal should be a fairly easy & painless procedure, provided a few points are adhered to. Good technique means do not push the blade in to deep and drag the blade along. Leaving the blade in one position to long can cause the blade to overheat and burn the patient.

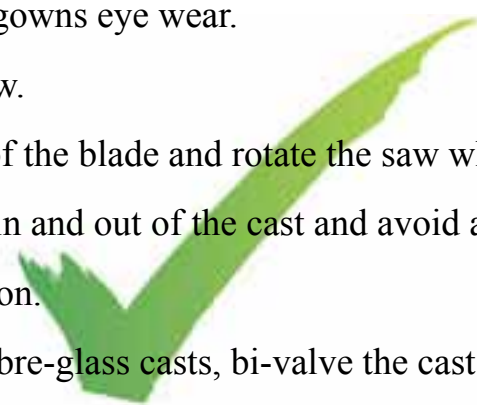
Check List

- **Identify**
Correct patient.
Correct procedure.
- **Padding**
Is there enough padding or is the padding only on the edges. Check if the padding is bunched up causing pressure? Unpadded casts need extra care and good judgement .
- **Compliance**
Has the patient put anything down the cast to scratch?
- **Density**
How thick or thin is the cast material?
- **Staining**
Check if there is blood staining on the cast surface? If so gloves and a mask must be worn when removing. Proper disposal of the cast and cleaning of saw and instruments used.
- **Policies**
Follow OHS and Infection control policy.
- **Skin Type**
Is the patient elderly with delicate tissue paper skin. Great care must be considered. Check colour, warmth, movement and sensation.
- **Neurovascular status**
Is there swelling or oedema? Take care as skin will cut easily if taut.
- **Pathologies**
Is there any underlying pathology you need to consider eg: Rheumatoid disease or Diabetes.
- **K-Wires**
Is there any exposed pins/wires underneath the cast. If so, mark the position of the wire/pin via the x-ray view so you don't hit them with the cast saw and cause the patient pain.


Pre Removal Check List

- **Position patient**
Raise patient on the bed and keep your back straight with good posture. Ask for assistance if required and protect clothing.
 - **Equipment**
Have all equipment required for cast removal ready and at your finger tips. Saw, Scissors, spreaders, etc. Check equipment is clean and in good working order.
 - **Demonstrate**
Explain what you are about to do and how the saw works. You can demonstrate on yourself to show how the saw vibrates. Children can be very stressed and frightened. Offer ear plugs.
- 

Removal Check List

- Reassure the patient regularly.
 - Wear protective clothing, gowns eye wear.
 - Have a firm grip on the saw.
 - Regularly check the heat of the blade and rotate the saw where possible.
 - Make sure the blade goes in and out of the cast and avoid any bony prominences
 - Use a firm surface to lean on.
 - If removing synthetic or fibre-glass casts, bi-valve the cast to make for easier removal.
 - Observe that the neurovascular status of the limb is within normal limits
 - Provide verbal advice to the patient post removal and document in patient file
- 

Post Removal Check List

- Dispose of waste in accordance to waste disposable policy
 - Clean work surfaces and equipment in accordance with infection control guidelines.
 - Clean the skin
 - Cover any wounds with appropriate dressing
 - Provide Sling if necessary
 - If fracture still considered unstable reapply cast or splint
 - Reassure patient regarding stiffness and muscle wasting
- 

Certificate IV in Cast Technology

HLT41412

The Australian Institute of Orthopaedic Technologists Inc (AIOT) recently formed a partnership with Registered Training Organisation, Stanborough Wemyss Contracting Pty Ltd (SWC Training).

SWC Training is a nationally recognized training provider with HLT41412 Certificate IV in Cast Technology on its scope of registration. SWC Training has offices in all major states, with the head office situated in Melbourne.

The Cast Technology course is designed for both:-

- 1) Trainee Orthopaedic Technologists (which in some states is also known as cast or plaster technicians), and
- 2) Experienced Orthopaedic Technologists who wish to gain the nationally accredited qualification.

The course comprises 16 units. It contains the four AIOT orthopaedic cast related levels (which are 8 of the compulsory 16 units required to successfully complete the certificate). The remaining 8 compulsory health industry units are also included in the package.


For all enquiries about the SWC Training course, registration for enrolment and other requirements, please contact:

Graeme Phillips
Managing Director
Level 5 (East Tower), 608 St Kilda Rd, Melbourne, Vic, 3004
M: 0413141818 F: 03 9510 0300 W: 03 9510 5030
Email: gphillips@swc.com.au



**Merry
Christmas**

FROM THE ALOT



**See you all
in the 2016
New Year.**