July 2012

AIOT newsletter

Australian Institute of Orthopaedic Technologists Inc.

Inside this issue...

Welcome

Mr. Terry James
President
AIOT.

Welcome to and hello to all members. I hope you enjoy reading the latest edition of the A.I.O.T Newsletter. As you will see there is some great reading. I would like to thank John Kinealy for his ongoing commitment to produce this newsletter. The July issue contains interesting articles, along with some snapshots of the educational weekend held in Townsville in June. A big thankyou to Greg Gysin and his staff for a great weekend. Thanks also for the great support from all the medical companies in attendance, and the feedback we received has all been very positive.

The Melbourne Education day is gathering momentum and I believe all attending will enjoy the program which is being facilitated by Jenny Dalton & Judith Hunter from Austin Hospital, along with John Kinealy & Robert Vragovski from Western Hospital. Western Hospital is where the Education day will be held. As this is the only major education weekend to be held in Victoria for the rest of this year, I urge all members to support the organisers and attend this educational day if possible. Thankyou.

Mr. John Kinealy

In this issue you will find a flyer for the up-coming Melbourne meeting. Topics such as Scaphoid Fractures, Bone Grafting, Ankle fractures and Knee fractures will all be presented. Speaker Ms. Kellie Hamilton a Senior Scientist from the Victorian Institute of Forensic Medicine. Orthopaedic registrar Dr Pandelis Dimitriou. Orthopaedic Surgeon Mr Raghavan Uuni and Senior Orthopaedic Surgeon Mr Phong Tran. There is also a brief Bio on some of our speakers.

I hope you enjoy the article on our annual meeting held in Townsville last month. What a great time we had.

Its very timely that we have an article on the Cairns girls, because next year our Annual Educational weekend will be held there. Start saving. I would like to personally thank Nicola, Katja and Wendy for being our first tech's on profile. We also have Errol Bourn's trip to King Island. Thank you also to Errol for taking the time to write about his adventures.

On behalf of the committee we would like to welcome these new members to our association. Jayden Linsdell, Kyle Gi, Wendy Quinn, Rosalie Keeley, Helen Shepperton and Kate Miller.

I hope you enjoy the article on the Elbow and the Quiz. I encourage you if you don't know the answers, to find them. If you can't, they will be in the next newsletter but rather than waiting, go get them.

On a personal note, I play in a band and we are doing a gig for a colleague who has entered the Peter Mac 'Conquer Cancer' 200 Km bike ride. The entrance fee is $3,000 and all proceeds will go toward this fee. Please come and support us because at some point in our lives we will know someone who has been affected by cancer. There are a couple of orthopaedic surgeons in the band- I won't tell you who they are, come and see for yourself.

Enjoy.

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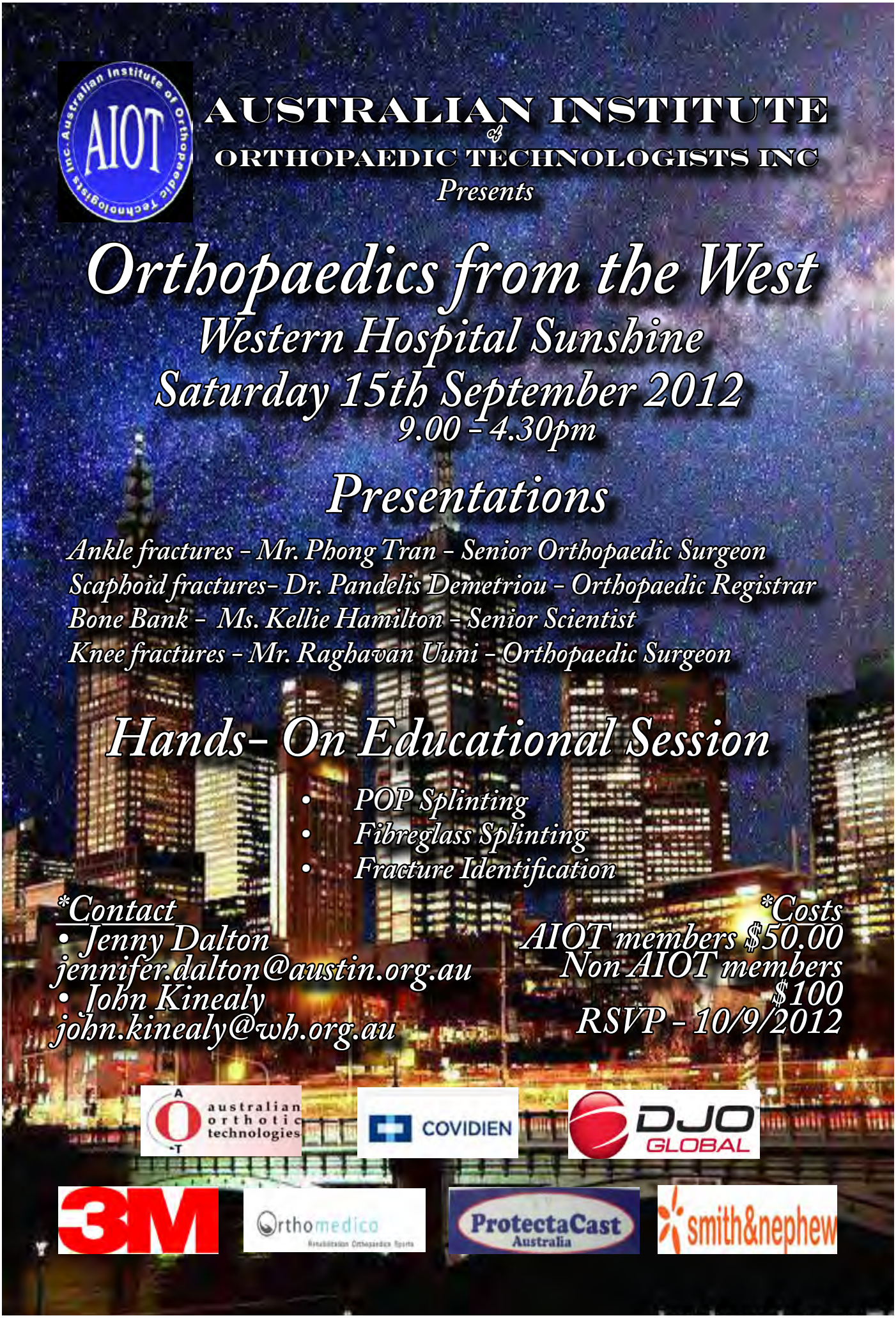
AUSTRALIAN INSTITUTE
of
ORTHOPAEDIC TECHNOLOGISTS INC
Presents
Orthopaedics from the West
Western Hospital Sunshine
Saturday 15th September 2012
9.00 - 4.30pm
Presentations
Ankle fractures - Mr. Phong Tran - Senior Orthopaedic Surgeon
Scaphoid fractures- Dr. Pandelis Demetriou - Orthopaedic Registrar
Bone Bank - Ms. Kellie Hamilton - Senior Scientist
Knee fractures - Mr. Raghavan Uuni - Orthopaedic Surgeon
Hands- On Educational Session
• POP Splinting
• Fibreglass Splinting
• Fracture Identification
*Contact
• Jenny Dalton
jennifer.dalton@austin.org.au
• John Kinealy
john.kinealy@wh.org.au
*Costs
AIOT members $50.00
Non AIOT members $100
RSVP - 10/9/2012
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Profile of the Speakers

Ms. Kellie Hamilton – Senior Scientist

Kellie Hamilton is Senior Scientist at the Donor Tissue Bank of Victoria, part of the Victorian Institute of Forensic Medicine. Kellie has been with the organization since the beginning of 1995 when she undertook an Honours study via both Monash University and the Donor Tissue Bank of Victoria, developing methodology for demineralizing bone tissue for transplantation whilst maintaining structural integrity. Kellie was then employed by the organization at the end of 1995 as a scientist, involved in the procurement, processing and dispatch side of tissue banking. In 2000 Kellie was awarded a Churchill Fellowship to travel to Sweden and the USA to learn the techniques for culturing autologous chondrocytes (cartilage cells) for re-implantation to repair chondral defects. She returned from this trip to take on the position of Senior Scientist, managing the scientific and technical staff in the tissue production area, and also completed further studies in Medical Microbiology. During her 17 years at DTBV she has gained a thorough knowledge of tissue bank regulation and worked alongside the dedicated staff of the DTBV to ensure that the tissue processed is of the highest quality. Recipient safety is of utmost importance and Kellie's current role is to undertake studies to develop and validate new tissue products and to perform validations and qualifications to support DTBV processes, ensuring compliance with the Code of Good Manufacturing Practice for Blood & Tissues.

Contact: Kellie.Hamilton@vifm.org

Dr. Pandelis Dimitriou – Orthopaedic Registrar

Orthopaedic Appointments:

- Orthopaedic Registrar (Non-Accredited) at Western Health for 2012.
- Orthopaedic Registrar (Non-Accredited) at RMH in 2010.
- Orthopaedic Registrar (Non-Accredited) at North West Regional Hospital, Burnie Tasmania in 2009.

Academic:

- Bachelor of Medicine, Bachelor of Surgery (MBBS) - Monash University 2003.
- Post Graduate Diploma in Surgical Anatomy - Melbourne University 2010.
- Anatomy Demonstrator & Tutor - Monash University 2011.
- Current Project: 3D Photogrammetry of Skeleton – Department of Anatomy Monash University.

Aim:

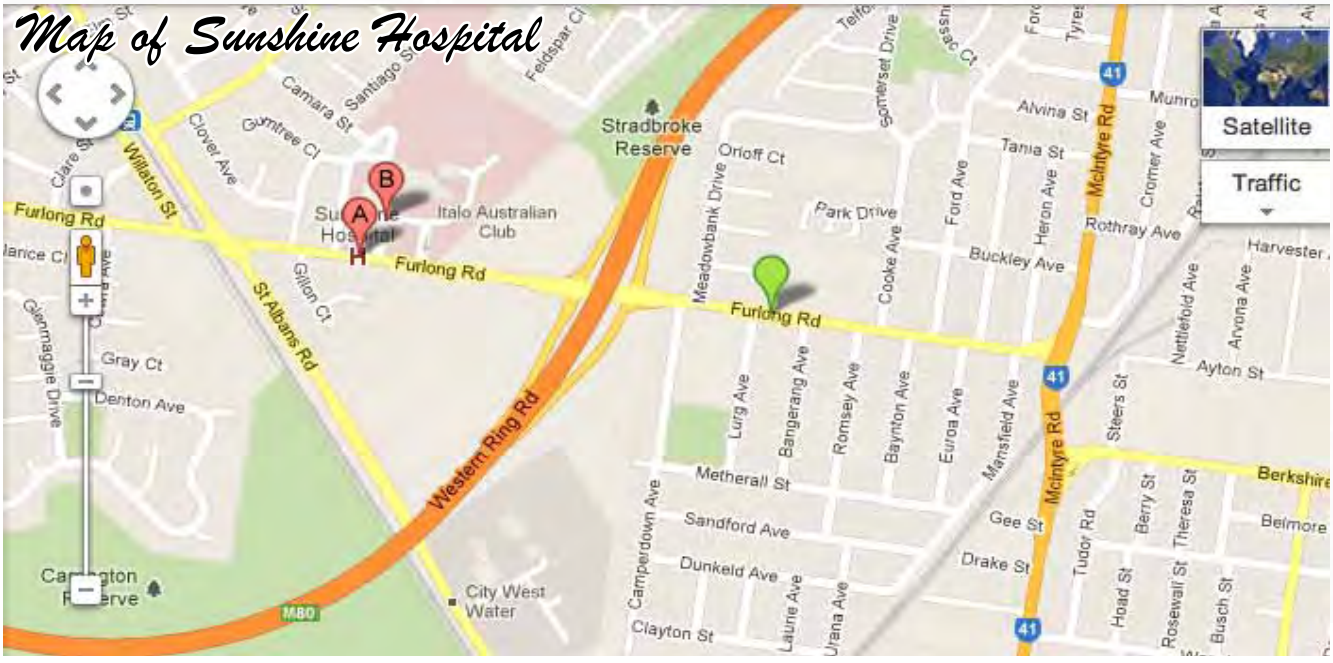
- Gain entry onto Orthopaedic SET program.

Mr. Phong Tran – Senior Orthopaedic Surgeon

Phong is the Joint Head of the Orthopaedic Department at western Health. He completed his undergraduate training at Monash University in 1999 and his training in orthopaedic surgery in 2007.
Phong is the chief editor of the surgeon training website Orthofracs.com and the patient education website Orthoanswer.org. He is also an assistant editor of the Australian New Zealand Journal of Surgery. Phong specializes in hip arthroscopy and the anterior muscle sparing hip replacepments.Phong specializes in hip arthroscopy and the anterior muscle sparing hip replacepments.

Mr. Raghavan Uuni – Orthopaedic Surgeon

Raghavan is an Orthopaedic Surgeon at Western and Northern hospitals. He trained in India and Australia and did his Trauma fellowship in Adelaide. His interests are the Lower Limb and Elective and Trauma Surgery.



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Job Title; _____
Hospital; _____

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Contact No; _____

AIOT member; *Yes* *No*

Pre Payment Required; *Cheque- Post to Jenny* *Direct Debit - Contact us for details*

Special Dietary Requirements; *Yes* *-Please specify*_____

No

AIOT Dinner

Tho Tho Vietnamese Restaurant @ 7pm *Attending* *Yes* *No*
66 Victoria St
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BYO Wine only- All other drinks purchased from the bar.
A banquet has been booked @ $35 per head.

Post Application Form To

Ms Jenny Dalton
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PO Box 5444
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Victoria 3081
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Dear Members,

As the AIOT committee is voluntary we are an integral part of the AIOT and are highly valued by our organisation for the importance and quality of association in which we provide. We are a valuable resource giving up our time, talent, commitment and energies to making the AIOT a success. We the committee would value your input from YOU the members for the association, that being articles for the website, organising education days having input into your association means YOU are also an integral part of the AIOT. Our undertaking is to (see the black box).

We are now into the new financial year for 2012– 2013 and our membership fees are now due. As an association we need membership payments to help fund our website and workshops.

Thankyou to those members who have paid in the last 2 months you are covered for this coming financial year.

Please find details below
If paying by direct debt please put your name in the reference box, also a quick email to let me know that you have paid and where you would like you receipt directed to. Email or address.

Mailing: AIOT
42 Torbay, Street,
Macleod, 3085, Victoria

ANZ BSB – 013 162
A/C 4999 35162

All members one annual fee $50.00

Regards,

Jenny Dalton

- ***To create continuous quality improvement, incorporated into everyday practice for Orthopaedic Technicians***
- ***To promote and focus by ensuring all members have involvement in the AIOT.***
- ***To educate and provide tools to enable members to have opportunities for quality improvement.***
- ***To promote knowledge of, best practice and benchmarking in healthcare and service provision. This will assist Orthopaedic Technicians to continually improve their care and service.***

Lisfranc *fracture-dislocation*

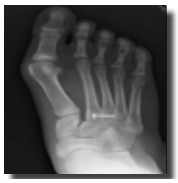
Introduction

The Lisfranc fracture-dislocation is an injury of the midfoot and typically involves a fracture and dislocation of the first and second metatarsals and the cuneiform and an associated displacement of the lateral four metatarsal bones from the tarsel bones (the Lisfranc joint). This represents a disruption of the intermetatarsel ligament that stabilises the joint between the 1st and 2nd metatarsals (predictably named the Lisfranc ligament). (http://www.surgeons.org.uk/history-of-surgeons/jacques-lisfranc-de-st-martin.html)

"The Lisfranc joint actually refers to a number of joints."

The Lisfranc joint actually refers to a number of joints which are formed by the junction of the metatarsals and the cuneiforms, and by the junction of the metatarsals and the cuboid bone. A Lisfranc injury indicates an injury to the normal alignment of the cuneiforms and the MT joints with the loss of their normal spatial relationships (The Centre for Orthopaedics & Sports Medicine).

Mechanisms of injury are varied, and include direct crush injury, or an indirect load onto a plantar flexed foot 3. Tarsometatarsal dislocation may also occur in the diabetic neuropathic joint (Charcot's). (http://radiopaedia.org/articles/lisfranc_injury). The mechanism of injury for most athletes is axial loading on a hyperplantarflexed midfoot. (http://emedicine.medscape.com/article/1236228-overview#a0112).



Historical Overview

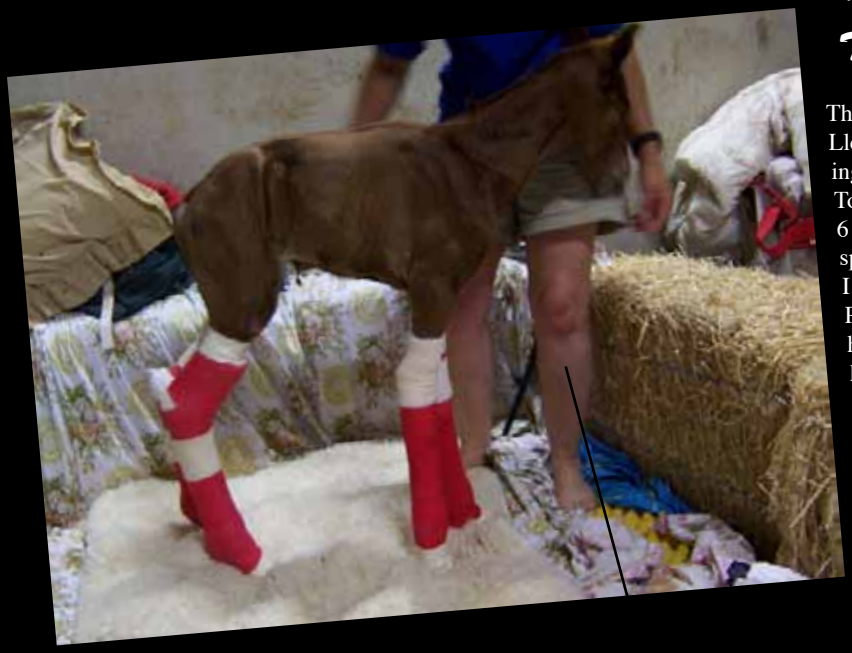
Lisfranc is named after the 18th and 19th century surgeon and gynecologist, Jacques Lisfranc de St. Martin (Who Named It?' November 2011). He is arguably best known for his description of his self-titled injury, which involves a fracture within the forefoot (as outlined). This was first described by him during his time as a military surgeon in Napoleon's army around 1813 and occurred when riders fell from their horses with their feet caught in their stirrups. This twisting, high-impact injury can also be found with athletes partaking in contact sports such as rugby and American football and with gymnasts, ballet dancers and track and field athletes.

http://www.surgeons.org.uk/history-of-surgeons/jacques-lisfranc-de-st-martin.html.

A sneek peek at an article that will be in our next issue of the AIOT Newsletter.

Have you casted something unusual ?

The Po-Knee Splint



This is Hewey. Named after Lleyton Hewitt who was playing the Australian Open Tennis Tournament 2005. He was born 6 weeks premature, requiring splints to enable him to stand. I made these using Dynacast Prelude to prevent his legs from hypextending. Without them his carpals and tarsals would crush, and prevent his legs from growing to full length. They were applied when Huey was 2 days old. He is now fully grown and only slightly smaller in height than he should be.

Dynacast Prelude Po-Knee Splints

John Kinealy

How about you send some of your pictures in to us?

Jenny Dalton's Casts

Jenny is a huge Tigers fan- you wouldn't know would you!!

Townsville Conference

June 23-24rd

John Kinealy

The Townsville conference was an unmittigated success. The structure and planning of the weekend was all organised by Mr. Greg Gysin, Vice President and Senior Orthopaedic Technician from Townsville Base Hospital. Special thanks must also be given to Jessie and Kyle for assisting Greg. Particpants came from as far north as Cairns to as far south as Hobart.

Friday evening

The weekend began on Friday evening with an AIOT executive meeting which concluded with an evening meal at Jupiters Casino. Over dinner the committee caught up with some of the members from around the country. It was a good time to catch up with old friends over a pint or two.

Saturday morning

Saturday morning began with an opening speech from Mr. Greg Gysin. Greg gave a brief outline of the weekend, some housekeeping and then thanked the sponsors for their contribution to our association. Without our company sponsors, these types of meetings would be very difficult for the AIOT to hold. Please take the time to thank these companies and their representatives, because without their input they could be nonexistent.

President of the AIOT Mr. Terry James then took the floor. Terry thanked everyone for attending, pointing out that some participants had travelled a long way such as Errol Bourn and Glenn Brown. They had made their way up from Tasmania. Not forgetting the guys and girls from Melbourne.

Work stations

Once all the formalities where over, the group were split up into three.

Mr. Robert Vragovski took one group and demonstrated his version of a Total Contact Cast using multiple layers of Webril and Delta Cast Elite. Robert calls his cast the PCC, or padded compression cast. Robert has used this method for approximately eight or so years with great patient outcomes. As always a different concept can be a little hard for people to accept, and a debate naturally followed. Participants then discussed the pros and cons of this method.

Mr. Greg Gysin demonstrated his version of a removable Toe spica slipper cast using polyester casting material. The room looked like a fracture clinic, with casts all on an all extremities!

Mr. John Kinealy had the third group and demonstrated the benefits of fibreglass splinting using Dynacast Prelude. Boxers', Thumb spicas' and Charnley splints were all applied just in time before morning tea.

Following morning tea Mr. Terry James demonstrated the art of applying a synthetic PTB.

Glenn Brown demonstrated a Bunion Cast and John Kinealy took the group and discussed the art of moulding, looking specifically at anatomical moulding, followed by Charnleys' three point moulding.

Just prior to lunch Greg had organised a long term patient Mr. Albert Abdul Ramen to present to the group 'A patients' perspective on wearing a cast for Diabetic Ulcers'. His story was very entertaining and articulate and highlights the need for skilled artisans to treat this epidemic. The representatives from each of our sponsor companies was given time to present to the group just prior to lunch.

Hip Spicas' were discussed after lunch and Greg kindly demonstrated the single hip spica on his crash test dummy "Ergal". Some of the group practised these casts whilst the rest formed smaller groups and began practising all types of casts and splints whilst the Instructors mingled and answered questions on many topics. The day concluded with the AIOT AGM.

Saturday evening

Most members went out for dinner at the Seagulls restaurant. We had a fantastic time and it was a good time to catch up and have a good laugh. Over the course of the evening Greg challenged me to a 'Scaphoid Race' the following day. Not one to run from a challenge I graciously accepted. Well, graciously might not exactly be the right word as the crowd cheered and chanted as Greg and I verbally taunted one another. One thing lead to another and I was pumping the air imitating Rocky Balboa taunting Apollo Creed. Laughs all round and for those of you who know me, know that I have a very similar physique to Rocky!!!! Yo Adrieeeennnnneee. I'm not sure how it happened but somehow the rest of the crowd got suckered into the melee and the 'Inaugural Scaphoid Challenge' was on for the following day.

Sunday Morning

Saw a few dishevelled bodies appearing- Lord knows why!! Once the morning got going the order of the day was 'Open Forum'. Groups were formed and all sorts of casts and splints were applied all morning.

Inaugural Scaphoid Race

The competition was about to begin. Contenders got ready and pseudo patients were seated ready to be casted. The crowd chanted the Rocky theme and I made my appearance. Hoodie on, hands taped up and Boxers' shorts in-situ. I jogged in and did the expected one armed push ups. If my memory serves me correctly, I think I did 1.5. That's all I could do and anyway I didn't want to tire myself out.

Once the race began, the dirty low handed tricks came out. Every trick in the bag! My scissors were nicked, stockinette sabotaged and interference from Apollo Creed didn't stop me casting like Jackie Chan. My hand speed was incredible, a blur as I swished and wrapped like a true loser. By the time I had got open my second roll, I heard "We have a winner". Standing there looking like the cat who got the cheese was Errol Bourne from Burnie Tasmania. Something like 1.5 minutes, that's the last time I invite him along!!!

Everyone had such a great time and we all laughed our heads off at the fun and frivolity. It was decided that at each National meeting we will have the 'Scaphoid Challenge'. Like Dick Dastardly I am planning my revenge on those people who sabotaged my win. You know who you are - so look out!! Overall it was a fantastic weekend and I and all the other participants can't wait for the next National meeting.

Well done Greg.

Townsville Photos

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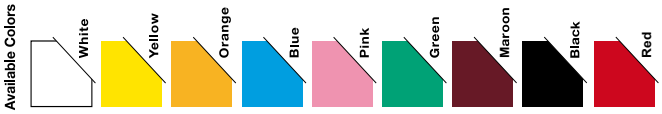

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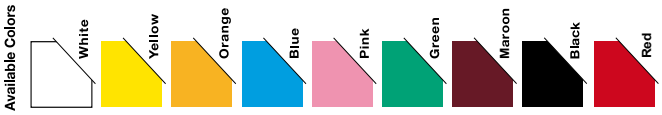

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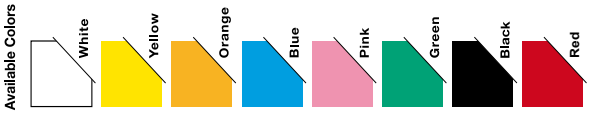
- Excellent conformability
- Soft edges
- Cost effective
- Air permeable & X-ray translucent
- Strong end lamination

PrimeForm™ Soft

Semi-Rigid Casting Bandage



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20204	Medium Leg	18"/46 cm
20205	Large Leg	31"/79 cm

Patent #4,639,945

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Profile

John Kinealy

CAIRNS GIRLS...

Nicola Nehmelmann is the Senior Orthopaedic Technician at the Cairns Base Hospital in far north Queensland. Nicola's colleagues Katja Petry and Wendy Quinn agreed to answer some questions that I put together. Here are their responses. Nicola and Katja are full time and Wendy is part time.

Where do you work?
Cairns Base Hospital.

How big is your hospital?
Nicola-360 inpatient beds 60 in Emergency
20 flex beds (beds they can utilise anywhere in the hospital).

Are there any other hospitals in the surrounding area?
Nicola - All of those small out reach health services are in our catchment area, it extends right up to Papua New Guinea. We have quite a few expats and nationals referred to the base for treatment. There is only one other hospital in Cairns, that is Ramsay Private Hospital.

What is the coverage of your hospital- distance patients will travel.
Nicola - Patients from as far as Papaua New Guinea have travelled to Cairns Base for treatment.

Are you or your staff certified Cast technologists?
Nicola- I received my cert 1V on the 15th june 2007 prior to that had achieved up to level 3 with AOTA.

Katja-
I have Cert 4 cast technology and a cert 4 training assessment.

Wendy- I have been a Cast Technician for almost 5 years. I am currently enrolled in Cert IV in Cast Technology. I have attended several casting courses over the past few of years and preparing my profile for submission to Integrated Care Management.
We do weekly education of trauma casting to 6th yr med students, and the three of us have flown to various hospitals to teach trauma slabbing to remote nurses who wk in Thursday Island, Weipa, and Mt Isa.

Have you or any of your colleagues casted anything that you would consider unusual?
Nicola- Every now and then we have a patient from PNG with gunshot wounds that have penetrated bones or a banana farm worker with extensive machete wounds. Patients with TB, Osteomylitis, Club Foot and Indigenous Diabetes are all very prevelent in the tropics.

Katja - I have done my sons torso on the kitchen floor as an art work. It is on the wall in his room.

Wendy- No I haven't.

Do you or your colleagues educate?
Nicola - I have taught at many workshops and seminars. The furtherest being Mount Isa Hospital and up to Thursday Island Hospital. Emergency Orthopaedics Workshop at the Cairns International Hotel, Advanced Cinical Skills Workshop North Queensland Rural Health Training unit. Far North Queensland Rural Division of General Practice requiring Plaster Techniques for their GPs. These workshops are annual events. We are constantly teaching the Orthopaedic junior doctors trauma casting.

How many Ortho Surgeons are at your hospital?
Nicola - We have 9 Orthopaedic consultants, 6 Registrars and 6 Residents.

Wendy Katja & Nicola.

What is the ratio of POP to synthetics that you would apply? (30% POP 60% fg 10% poly etc)
Nicola- 20% POP and 80% synthetic.

Do you have preference of cast material and why?
Nicola - I particularly enjoy casting with fibreglass and the Deltacast Elite polyester. Although I love the creaminess of the SSS plaster when I do get to use it, not often maybe 20% of all casting.

Katja - I love POP for reductions, polyester for application and fibreglass for removal.

Wendy- Love working with the new good quality polyester that's out ,we currently use and love Delta Cast Elite. It's easy to apply, very conformable and looks neat..

"Love working with the new good quality polyester that's out."

How did you learn or hone your skills?
Nicola- I learnt my basic casting skills through the AOTA up to level 3. In the beginning I was working with Michelle Gaffney and Nick, who were very good teachers. Throughout my ten years of casting I have completed many other certificates including: Wound management, Cert1V in Workplace Training and Assessment, Work team communication, Aggressive Behaviour Management (four days theory and intense practical), Assertiveness Training, Queensland Fire and rescue and CPR.

Katja -There is no training program at Cairns. We all learned by on the job training. Nicola Nehmelmann taught me in the beginning and we did the AOTA training program and workshops along the way. Nicola is a fantastic teacher and I am very grateful to her.

Wendy- I firstly learnt my basic casting skills and knowledge from on the job training from the girls . I then attended my first formal casting/ training program at Yeppoon with the AOTA in 1998. At the time I was still Dental nursing 2 days a week and plastering 3 day a week and it was after Yeppoon I knew I got addicted to doing casts..Teeth are no where near as exciting as casting bones. :-) I have done several courses since then on traction, advanced casts, and splinting.

Do you feel you have any holes in your knowledge or training?
Nicola - As much as I enjoy a practical workshop, I feel there are holes in my theory training and knowledge. How about a theory workshop with small practical components?

Katja- We are lucky in a way, to have only one public hospital in Cairns. We see everything from paediatric to geriatric, from diabetic to genetic disorders. We process 1000 jobs per month in a tiny little room with 2 treatment beds. But we have just about seen anything. If there are holes I am blissfully unaware of them.

Wendy- As I am currently putting together my Cert IV portfolio and hopeful that I have the required and expected courses needed. I enjoy all the training I have done. I would like to do a theoretical X-ray reading course.

Do you or your staff have a favourite cast or an interest?
Nicola - I do enjoy reducing fractures in casts and wedging casts. Very rewarding when you see the check X-Ray and to know that you have saved them an operation and theatre time. Lately we have been applying the South Hampton Splint/Cast for Metacarpal fractures with very good results, not common but can be googled. I am looking forward to expanding my private business with 2 of Cairns best orthopaedic Surgeons. We are moving to a new premises by the end of August. We will have Physios and GPs within the practice

Katja- My special area of interest, is Club Foot treatment. I had the honour of being the only Cast Technician at the Sydney Australasian Club Foot Convention in 2009 and went to Auckland in March of this year. We have a very high indigenous population; the incidence of club foot is 4.5 in a thousand live births amongst Aborigine and Torres Strait Islander people.

Wendy- Personally myself, I don't have a favourite cast, but I do enjoy working with children. Like Katja,

Nicola & Katja.

we both have a special interest in Club feet and we see a high number come through our clinics. Due to our geographical location our population consists of Torres Strait Islanders, Fijian and Aboriginal communities. Who have a higher incidence of club feet than Caucasians.

Do you have a cast you hate doing?
Nicola- I have never really enjoyed putting on cast braces, I find them clumsy and not very accurate.
Katja- No, but I think there is no excuse for patient to attend appointments with poor personal hygiene.

Wendy- No! but removing a mud ridden,farm smelling, kangaroo poo cast. It was the worst one to date.(We have a picture of it).

"Due to humidity in particular, there are many issues with skin maceration"

Does your geographical position affect the way you would cast/ (heat/rain, humidity related problems)?
Nicola- Due to humidity in particular, there are many issues with skin maceration, cast deterioration and a high rate of non compliancy.

Katja- Yes, sure high humidity is very tough on patients and materials. We often apply synthetic casts in theatre for kids from the Cape and the Torres Strait, we watch them for a day and we don't split the casts as the flights are low altitude.

Wendy- Due to our geographical location in the tropics, our biggest problem is the ease at which pop casts, weaken and break down due to the humidity.

Do any of you have a signature cast or something you have developed?
Nicola- As far as I know I cannot lay claim to a particular cast though we have modified many casts over the years for either the patient, their living arrangements and weather conditions.

Katja- Over the past 10 years my casts have evolved into more effective and comfortable products. Casting had to become more efficient as the workload increased. My PTB looks nothing like the ones I was taught.

Wendy- I don't have any but we modify where needed. Amongst us girls we share little tips and idea's and modifications that make for a better cast for patients.

How did you hear about the AIOT?
Nicola- I have always been aware of the AIOT. I was directed to the AOTA to start my training. It seemed to be more accessible at the time.

Katja- I always knew that there was another association, but I didn't think my qualifications where of a high enough standard to be part of AIOT. I thought Queensland Cast Technicians where a totally different Profession

Wendy- I heard about the AIOT through Nicola and Katja.

In your opinion what are the strengths and weaknesses of the AIOT?
Nicola- I don't know you well enough darling!

Katja- The strength of the AIOT is its members. At the Townsville workshop I met dedicated, professional and passionate people that care about there patients and crave the knowledge needed to perform at there best. Everyone was keen to learn and teach and no one attended to promote themselves as is so often the case in associations. The weakness is that everyone in the AIOT is a bloody alcoholic.

Wendy- I would have to say one of the strength's is organising and bringing us all together for professional development weekends like we did in Townsville. Its great for us to learn off each other and share idea's and just as importantly, the social side as well. I don't feel there are any weaknesses.

If you were the AIOT President what would you do?
Nicola- I believe all the Presidents of the AIOT have done a marvellous job. I think anyone who takes on a role like that and can work full time and have a life needs a very big medal.

Katja- Nothing different to the current President (praises all round). I can't wait for the training program; I'd definitely work towards that.

Wendy- I think if I were president of the AIOT I would continue on with the education, and also keep coming to Qld for professional development courses.I would personally love to attend a theory course on visual reading of X-rays in simple and complex cases, if there is one..

Do you think there is anything missing in our profession?
Nicola- More recognition from our workplaces. To be seen as a specialist resource within the Orthopaedic department.

Katja- Formal recognition such as a diploma.

Wendy- Maybe an advanced Diploma or something similar.

How do you think we can improve casting in Australia?
Nicola- Recruit more members, educate ourselves to the highest level obtainable. Maintain our standards and keep up to date on a global level.
Katja- Aussie Techs can stand tall and be proud of there casting standard in the world. However a unified and nationally recognised training program as well as professional qualification standards must be persued.

"Formal recognition such as a diploma."

Wendy- As I have only been casting for 5 yrs, I think maybe just continued education and higher certification for more experienced cast technicians.

Would you or your staff be interested in writing an article for our newsletter or become an AIOT executive?
Nicola- When I come across a interesting case/ patient I would be very happy to share it with everyone. As for becoming an AIOT executive, I believe my current schedule would not allow me to devote the time required to fulfil such an important

Katja- I think I wouldn't mind writing an article, but at this stage in my life I wouldn't like a position other then member.

Wendy- I would be happy to write an article, but personally I am not sure how much time being an AIOT executive would take up. But I would be happy to help in any way I could. Could the three of us girls hold one executive position?

What's more important to you at meetings/ conferences - Hands on, New techniques, Powerpoint presentations, takeaway booklets, Company displays, Networking (number them 1-6) No 1. being the best, 6 the least.

Nicola- 1. New Techniques
2. Networking
3. Hands on
4. Company displays
5. Takeaway booklets
6. Powerpoint presentations

Katja- 1. New Techniques
2. Networking
3. Hands on
4. Company displays
5. Powerpoint presentations
6. Takeaway booklets

Wendy- 1. Networking
2. New Techniques
3. Hands on
4. Takeaway booklets
5. Company displays
6. Power point presentations

If you were writing this what other question would you ask?
Nicola- I think you have covered pretty much everything!

Katja- I think you have covered it all.

Wendy- All the important ones have been asked.

Complete this sentence- The AIOT is
Nicola - A fantastic organisation that brings lots of very talented people together. The level of experience is invaluable. To be able to be a part of it is very exciting and it can only get bigger and better. I am so pleased to have met other Cast Technicians within the AIOT. I have heard all the names now I know the faces. What a great bunch of people with hundreds of years Casting experience to share. The AIOT is a very Professional organisation that I am proud to be a member of.

Katja- The AIOT is providing Cast Technicians with the professional network they need to update their skills.

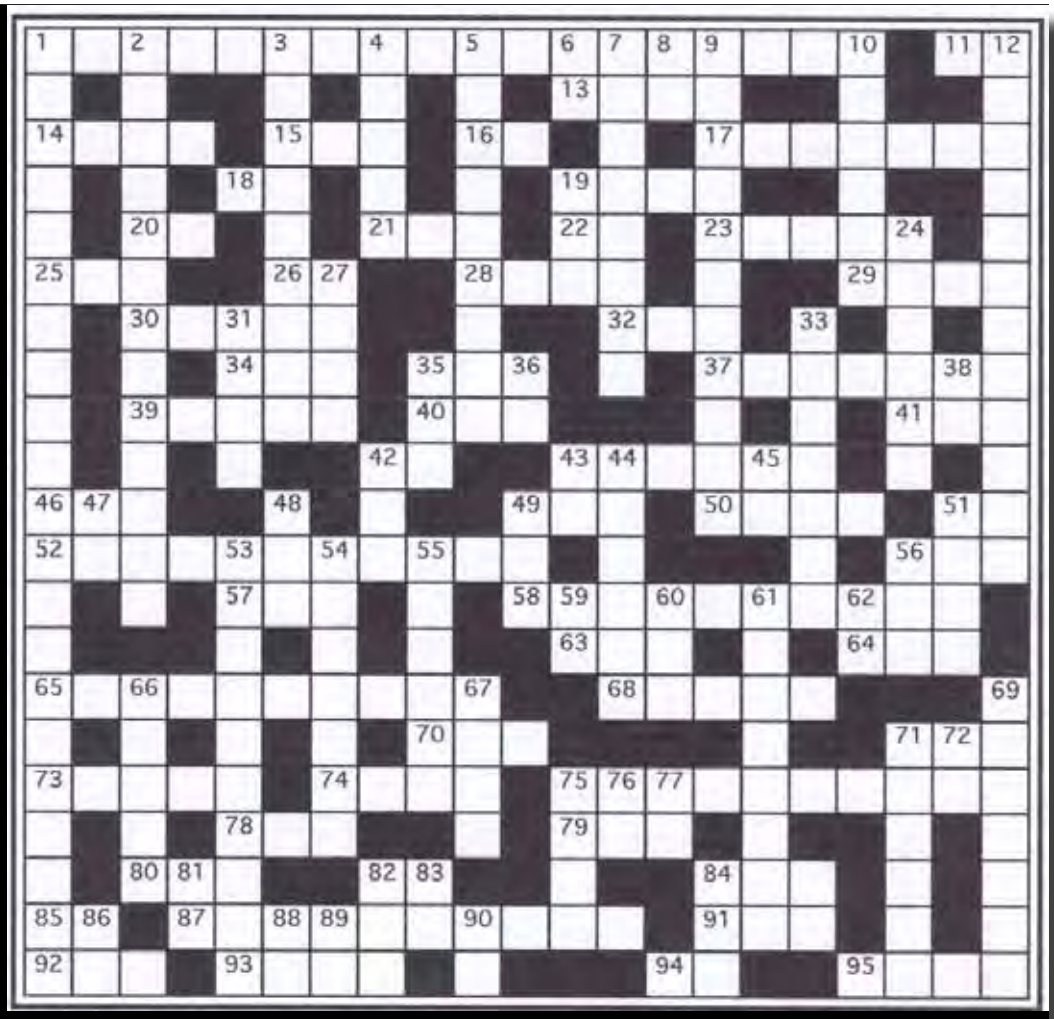
Wendy- The AIOT in one of the best professional organisations for the education and excellence in Cast Technology in Australia (the world :-))

Finish this sentence- Casting in Australia
Nicola - Unfortunately undervalued. We must somehow make it public knowledge that the experience and expertise of our technicians are exclusive and a privilege to visit in our public hospitals.

Katja- Casting in Australia is world standard.

Wendy- Casting in Australia is in good standing, after a trip to the USA, I saw many cast's in and around the Disneyland and LA area and I thought our standard is high and maybe even better than the examples I had seen in the USA.

Crossword



Across

1. Mould above the knee.
11. Palmaris Longus abb
13. Slang for admit ---- up
14. Around
15. A metal bearing mineral
16. Britain abb
17. Twisting
18. Opposite to off
19. Italian city
20. X-ray view
21. High Tibial Osteotomy abb
22. Abb for over dose
23. Animal innards
25. Rescuitation abb
26. State in America where Memphis is abb
28. Sweet as apple pie
29. Slang for money
30. Shin bone
32 Name of comic strip char acter … Abner
34. Out of plaster abb
35. Already had dinner
37. Ligament that has pulled off a piece of bone
39. Copy
40. They visit with new products
41. Estimated daily intake abb
42. A bone in the hand abb abb
43. Large picture
46. Ligament of the knee abb
49. Leaks out of trees when cut
50. Put foot forward
51 Type of anaesthetic
52. Joining of two parts
56. Fluid measurement abb
57. Agency that protects the environment abb
58. Knock knees
63. Your animal
64. Golf tour
65. Fracture curved posteriorly
68. Clint Eastwood character ….. Harry
70. Remove of POP abb
71. Small child
73. Part of the tibia
74. American biscuit
75. Where the patellar tendon attaches
78 Rowing implement
79. Adam's partner
80. Pull along
82. Joint of the thumb
84. Plaster of paris
86. Type of religion abb
88. To renew
92. Internal revenue service abb
93. Incus, Stapes and malleus are found here
94. Join together
95. Ceberal Palsy abb
96. Used in the snow

Down

1. Common childrens fracture
2. Around the joint
3. Turn palm downwards
4. What incisors are
5. White blood cell
6. Type of arrhythmia abb
7. What childrens fracture have the potential to do
8. Multiple sclerosis abb
9. Bone forming cells
10. Furtherest point away
12. Lengthwise fracture
19. Erode
24. Undo
27. Back of the neck
31. We read these
33. Resembling a dream
35. A curved line
36. Emergency Physician abb
38. Emergency dept
42. Cows do this
43. Physician's assistant abb
44. Opposite to closed
45. He had to call home
47. Charge nurse abb
48. Opposite to bottom
49. Surgical skin graft abb
51. Capital of Peru
53. Thick type of stockinette
54. Bull fighter
55. Stitch
56. Large cup
59. Extended play album abb
60 Urinary tract infection abb
61. Front of the body
62. Local Doctor
66. Upper part of body (anterior)
67. Swamp area
69. Bony protuberance at the distal ulnar
71. ……. Plateau
72. Hand Therapist abb
75. Camp in these
76. Type of light from the Sun abb
77. Type of cast abb
81. American abb for theatre
82. Found in pens
83. Clot in lung abb
84. Finger crease abb
85. Written at the end of a letter when forgotten something
87. Cancer abb
89. Gastro intestinal abb
90. Enrolled Nurse
91. Type of arthritis abb

John Kinealy.
Answers next issue

ERROL BOURN'S...

King Island Casting Workshop

Errol Bourn is a Certified Cast Technologist from Burnie Tasmania. He recently spent a weekend on King Island teaching the Medical staff, casting & splinting. King Island is above the North west coast of Tasmania. Its famous for its beef and dairy produce. Here is his story...

I was asked to help out at a workshop on King Island by Dr Brady Tassicker, who is a Consultant in our Emergency Department. Dr Tassicker received the highest marks in Australia for his exams. Also attending the workshop was Carol Scott, who is our No. 1 Clinical Nurse Educator and Dr Nick Towle, from the Rural Clinical School. It was a great opportunity to teach some doctors and nurses the basics of applying a cast.

We flew out of Wynyard-Burnie airport at 6.30 am on a Friday morning. I was meant to fly out by myself, but when I arrived the other three were there. This was funny as they were meant to fly out the day before to set up, but too much wind and rain had stopped them from flying. So here we all go off to King Island on an 8 seater plane. It is a 50 minute flight along the North West Coast of Tasmania until you get to Smithton, the plane then hangs a righturn and onwards to King Island. It was a beautiful flight with clear skies and clear water. I highly recommend it to anyone. We landed safely picked up our hire ute, and made our way toward the hospital. You must remember that when on the island, it is mandatory to wave as you pass each other on the road. We arrived at the hospital, introductions were made and with a shake of hands, it was on with the job.

Errol with one of his students.

Its great when you get to teach people that right from the start want to be there. It gets the best out of you and it is great for them.

The sessions went like this – Groups of 4-6 did airway management. Another group did cannulation, while the remaining group did some training with L.M.A and in that group, two went with me to do plasters before all rotating. As the rotations went on you would think some would lose interest or not be interested at all! But, two by two they came, in 25 minute slots and they were all just as keen as the first two.

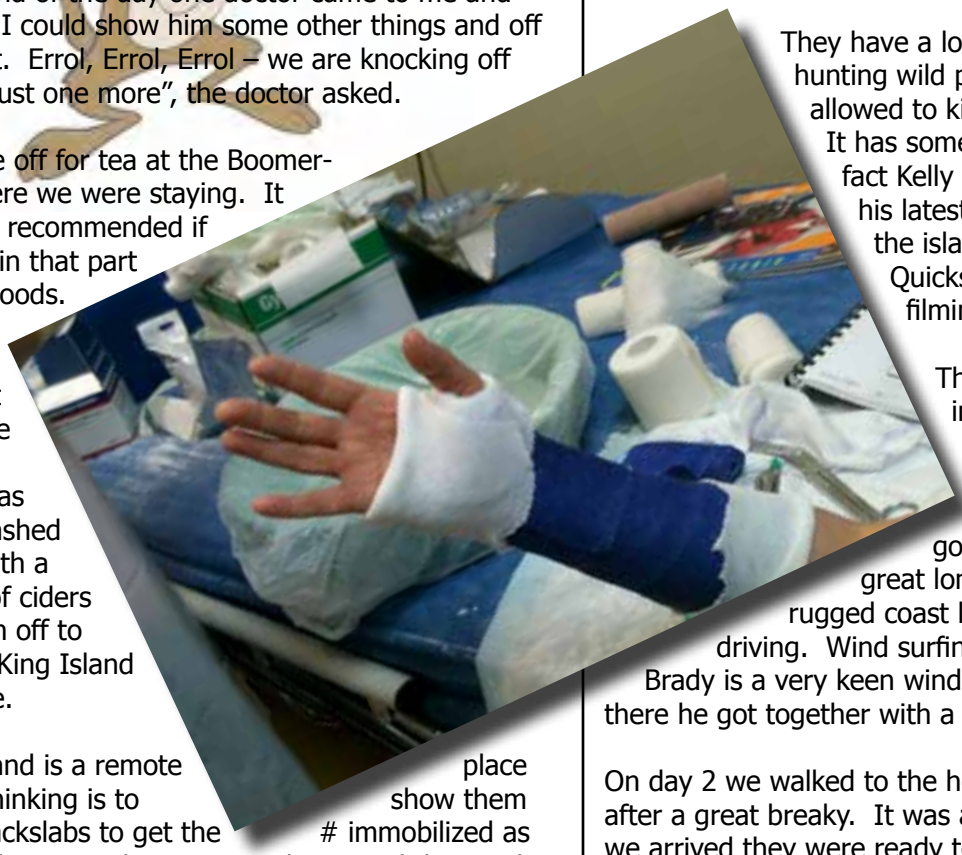
The presentation began with a volar slab and then they would do one on me. Next was a scaphoid slab and then the other person would do the scaphoid slab on me as well. This went on for most of the day but in the lunch hour I had some doctors who were very interested some slabs – these two doctors kept on finding the plaster sessions and had to be reminded of other activities going on.

"Its great when you get to teach people that right from the start want to be there."

Afternoon came and the 3 other teachers had to do a scenario but people kept coming to the plaster room. It was fun to say the least.

At the end of the day one doctor came to me and asked if I could show him some other things and off we went. Errol, Errol, Errol – we are knocking off now. "Just one more", the doctor asked.

We were off for tea at the Boomerang where we were staying. It is highly recommended if you are in that part of the woods. King Island eye fillet with blue cheese sauce was yum, washed down with a couple of ciders and then off to see the King Island night life.



Kind Island is a remote place so my thinking is to show them some backslabs to get the # immobilized as best and easy as they can, and as I said they took to it as best you could imagine. It was very gratifying to watch people to this skill after only showing them once.

My first cast was a volar slab and then a scaphoid slab. It was time to rotate. As the rotations went on you would think some would lose interest or they would not be interested at all, but two by two they came in 25 minute slots and they were all as keen as the first two.

I showed them a volar slab and the they would do one on me and then I showed them a scaphoid slab and then the other person would do the scaphoid slab on me. This went on for most of the day but in the lunch hour I had some doctors who were very interested so I showed them some slabs – these two doctors kept on finding the plaster sessions and had to be reminded of other activities going on.

When the afternoon came 3 other teachers had to do scenarios, but people kept coming to the plaster room. It was fun to say the least.

Day 2

Before I get to day 2, some facts about King Island – It is 28 km wide and 98 km long. It has the best cheese and beef you can imagine. Wild pheasants roam free, as do turkey and peacocks.

They have a long weekend in June for hunting wild pheasants and you are allowed to kill 3 cock birds per day. It has some great surf breaks, in fact Kelly Slater dedicated one of his latest victories to a resident of the island. While I was there, Quicksilver were doing some filming.

They are some great fishing spots on the island. The plan while fishing on the island is that if it is windy on one side, you go to the other side. It has great long white beaches, also rugged coast lines and good 4 wheel driving. Wind surfing is popular, in fact Brady is a very keen windsurfer and while we were there he got together with a local and ripped it up.

On day 2 we walked to the hospital from our hotel after a great breaky. It was about 2 km and when we arrived they were ready to start again. Some new nurses came to the plaster room while the others

went to their respective learning sessions.

Yes, you said it, they were as keen as yesterday. I went through the same slabs as the day before and they took to it like a duck to water.

Brady and Carol had a bit of a surprise for the local doctors as they had arranged with one of the Head Nurses Pippa, whose father was a farmer to kill two sheep and prepare them for a procedure. This was a demonstration of how to put a tube in a pneumothorax. So the ute arrived, "Errol can you give us a hand with the sheep and unload them and put them on the table", "Sure I said" !!!!! The sheep were beautifully prepared and it was a great show case of doctors teaching how to put a tube in.

The day was racing by. Afternoon tea had come and gone. It was time for the scenarios. The first one was a man cleaning out his gutters and had fallen off his ladder – yes you guess it – he had a pneumothorax. The local doctors had to work that out, and he also had a mid shaft tibial fracture. That's where I came in. After they had examined him and did all their bits and bobs, as well as being questioned all the way along, it was my turn to put on a long leg back slab.

The scenarios had finished and everyone was relieved the day was coming to an end, but not for me as the two local doctors and I were back into the plaster room to do some more plaster slabs. Splints, below knees', Mok casts and full casts, they did it all. It was a great session and as I said at the start of this article, they were keen and I was just as keen to show them what I knew. It is funny that a doctor can go all the way through medical school and not do any plastering.

I think I read in Professor John Charnley's book, that if any ortho surgeon is worth his salt he should do two years in a plaster room or he is wasting his time. Even though these doctors are not going to be orthopods, they will have to some day apply a cast or splint. I hope they can put into practice some of the techniques I have shown them.

That night we all went out for tea again at the Boomerang. A few nurses and the doctors came out as well. We had great food, washed down with some ciders and a few laughs. I went out to the local, met a nice bloke who said that he would take me around the island the next day. He said he would knock on my door at 9.00 am, I said make it 10.00. He was right on time and off we went. As we drove around and talked, pheasants, peacocks and turkeys were common to see.

The stories of places on the Island kept coming and then we arrived at Martha Lavinias Beach. We hopped out of the car, what a beach. We took two rods down the dunes for a fish. No fish were caught but a good time was had.

Off to watch the famous surf break, then to the Cheese Factory. Yum $60 spent on cheeses as well as a good taste. We then went to the famous lighthouse, my guide told me of how they built it – a great story. He told me about how many ship wrecks there were out there.

Back in the car and off to play some golf, I hired some clubs and they still had the plastic on them. The golf course is right on the ends of the ocean and was a great course.

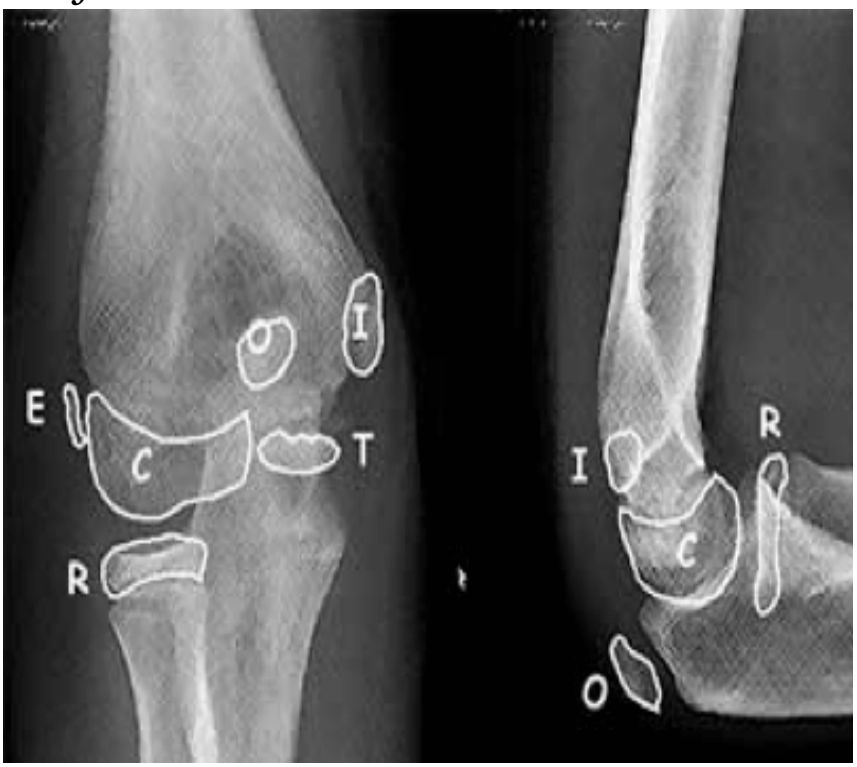
Day done and off to the airport and we flew out on an eight seater back home for Burnie Tasmania.

See you on King Island. Thanks and hope to see you again one day.

Elbow Fractures in Children

John Kinealy

Ossification centres



Elbow fractures in children can be difficult to detect because of the ossification centres and the timing of their appearance.

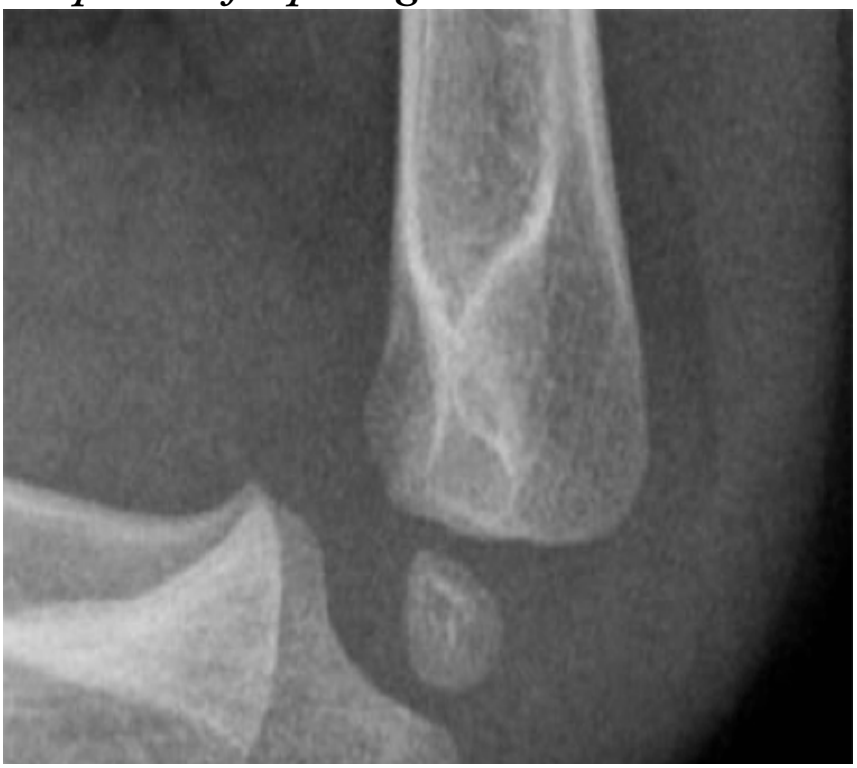
There is an order in which they present.
The mnemonic to remember them is;

C.R.I.T.O.E.

The timing of their appearance can vary, but generally it is at the ages of:
1.3.5.7.9.11.

Can you identify them?

The positive fat pad sign



Injury to the elbow can cause a haemarthrosis of the elbow, this can elevate the fat pads of the elbow.

What relevance does this have when the fat pads are visible on an x-ray even though a fracture cannot be detected on x-ray?

What does it mean if only the anterior fat pad is distended?

Answers in the next issue.

Images and references from:
Elbow - Fractures in Children
Updated version by Robin Smithuis
Radiology department, Rijnland Hospital Leiderdorp, the Netherlands.
www.radiology assistant.com

Quiz Answers in the next issue. JK.

1. _____ connects muscles to bones?
2. _____ join bones together?
3. How many bones are there in the body? _____
4. What bone structure protects the brain? _____
5. The skeleton is divided in to two parts, what are they? 1._____2. _____
6. The ends of a long bone is made up of spongy or _____ bone.
7. The middle of a long bone is made up of hard or _____ bone.
8. The Axial skeleton comprises 3 sections. 1._____2. _____3. _____
9. List the 5 types of bones. 1._____2. _____3. _____
   4._____5._____
10. What type of bones have the greatest amount of red blood cells?_____
11. What is a sesamoid bone? _____
12. What is the largest sesamoid bone? _____
13. How many types of joints are there? _____
14. Name three of them. 1. _____ 2. _____3._____
15. How many types of cartilage are there? _____
16. How many types of muscles are there? _____
17. What are they? _____
18. Where is hyaline cartilage found? _____
19. Where is the only place where a saddle joint is found? _____
20. Is the radial head a pivot or hinge joint? _____
21. A Salter Harris IV fracture of the distal tibia in an adolescent, is also called what? _____
22. What two muscles displace midshaft metacarpal fractures? 1._____2. _____
23. If the distal fragment of a humeral fracture is angulating medially, what other name is this called?_____

24. A Chauffeurs fracture, is an intra-articular fracture of the distal radius. What is the name of the fossa that the fracture line extends into?_____
25. What mechanism/s result in a Torus fracture?_____
26. 95% of supracondylar humeral fractures displace which way?_____
27. Monteggia fractures are positioned in supination, pronation, or mid-pronation?_____
28. A Smiths' type 3 fracture is also called a _____ fracture.
30. Is the head of the Ulna at the wrist or the elbow?_____
31. What is the Frykman classification?_____
32. What is a Maissoneuve fracture?_____
33. How many types of hip spica's are there?_____
34. A slab that is placed on the dorsum o the foot is placed on the anterior or posterior? _____
35. Lacerations of EPL tendon should be positioned in extension or flexion?

Cairns AIOT

Educational Weekend

27th- 28th July 2013

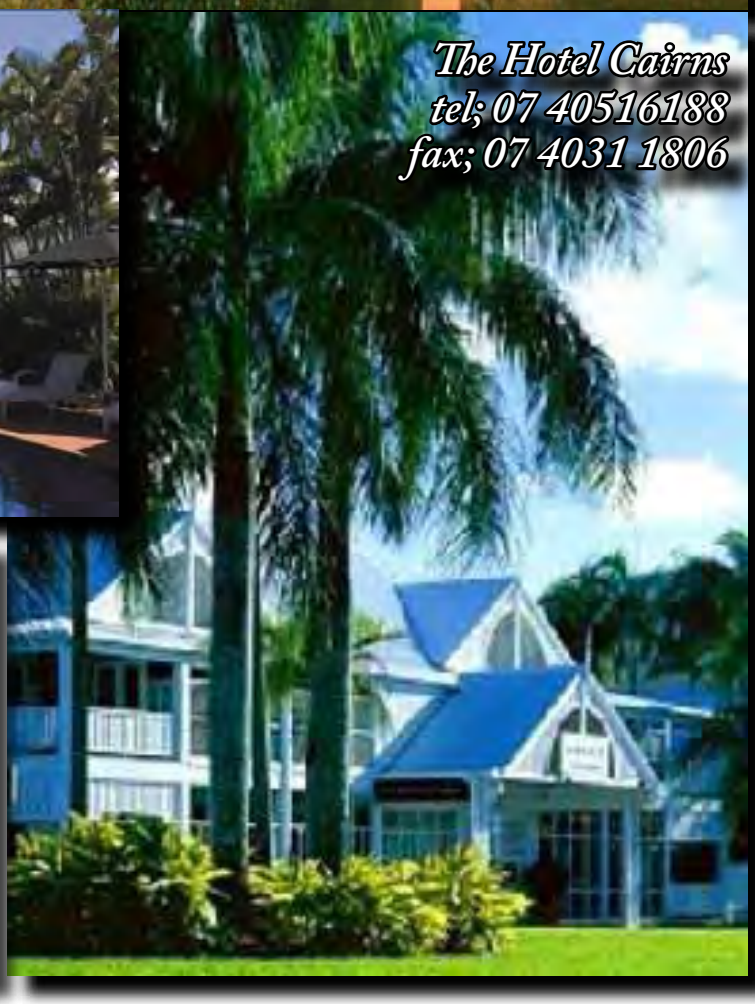
The Hotel Cairns

Tower Rooms are $185 per room & have 1 Queen and 2 single beds
Includes breakfast

Full Program TBA

Any further information contact Nicola Nehmelmann or John Kinealy.

Email; nicola_nehmelmann@health.qld.gov.au - john.kinealy@wh.org.au



The Hotel Cairns
tel; 07 40516188
fax; 07 4031 1806

Book your flights and accommodation ASAP to avoid missing out. Cairns can be busy around that time of year.

Facts about Cairns

1. World's most visible natural structure
The Great Barrier Reef is known as the only natural structure that is visible from outer space. Measuring 2300km in length, it is one of the natural wonders of the world.

2. World's most dangerous bird
The giant, flightless cassowary is the world's most dangerous bird. If disturbed, these endangered rainforest residents are capable of inflicting fatal injuries to dogs and children. The cassowary also holds the title of Australia's heaviest bird, and the world's third tallest after the ostrich and emu. In Australia, cassowaries can only be found in the Wet Tropics of Far North Queensland.

3. Australia's wettest town
There's no doubt that Far North Queensland is home to Australia's wettest town – but just which town is it? Rivalry rages between two neighbouring towns, Tully and Babinda, both of which have laid claim to the nation's rainfall.

4. Australia's largest moth
The hercules moth, or coscinocera hercules, is the largest species of moth in Australia. It is found only in Tropical North Queensland. Males are slightly smaller than females, which can have a wingspan of 25cm.

5. World's longest fern
The king fern, or angiopteris evecta, produces possibly the longest fern fronds in the world (up to 7m in length). Excellent examples of the king fern can be seen on the 1km Lake Eacham Waterfall Walk, on the Atherton Tableland west of Cairns.

6. World's longest lava tubes
The ancient Undara lava tubes in Undara National Park, west of Cairns, are estimated to be 190,000 years old and are the world's longest at 160km long and 20m wide.

7. World's smallest cathedral
The Quetta Memorial Cathedral, on Thursday Island in the Torres Strait, north of Cairns and Cape York, is the smallest cathedral in the world. It was built in 1893 in memory of the Quetta shipwreck in 1890.

8. Queensland's highest mountain
If you're up for a challenge, take a hike on Mount Bartle Frere, south of Cairns. Bartle Frere is the highest mountain in Queensland. Its elevation is 1622m. Its immediate neighbour Mount Bellenden Ker is the second highest at 1593m.

9. World's longest mail run in a single day
The flying postman's route, from Cairns to Cape York – the northernmost tip of Australia - spans 1450km over nine hours with 10 stops. Visitors to Cape York can travel by air or tour by four-wheel-drive.

10. Australia's largest single drop waterfall. The spectacular Wallaman Falls, south of Cairns, is Australia's largest single drop waterfall. The main drop is 268m, and is preceded by 70m of drops. The falls are on the United Nations' World Heritage site registry.preceded by 70m of drops. The falls are on the United Nations' World Heritage site registry.

www.cairns.com.au

Bone Idol

Rocking the Keilor RSL

All proceeds to support Tanya Wilson's ride for the Peter Mac Hospitals 'Conquer Cancer Bike Ride'

August 18th 2012
8.00 pm

Entry Fee
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Family $25
All ticket enquires:
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