

Australian Institute of Orthopaedic Technologists Inc.

A I O T **newsletter**

May 2016

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Letter *from the President.*

Hi members,

Welcome to our first newsletter for 2016, and welcome to all of our medical company representatives for 2016. This year we can look forward to the National AIOT Conference to be held in Sydney on the weekend of the 6th August. The Symposium will be facilitated at the Royal North Shore Hospital which has been co-ordinated by Physiotherapist Trish Evans. I am sure Trish will host a great weekend and I suggest that members register for the conference once the full details are published.

The AIOT hope to run additional Education days for this year with venues and dates to be announced in the near future.

Members are encouraged to send in interesting information relevant to orthopaedic casting, eg: a particular fracture that you would like to present to the newsletter, or a profile of yourself, where you work, what position you hold at your Health facility, how much you enjoy working in the plaster room as a plaster/Orthopaedic Technician, how long have you worked in your position etc. It is important that we have the opportunity to share information regarding our identity, as we are a relatively small group dedicated to achieving the best outcome for our patients. We treat these patients on a daily basis in our plaster rooms and emergency departments, so come on members give the Newsletter editors something to publish and share your experiences.

The AIOT is aware that the National industry skills council which oversees the certificate IV in cast Technology is no longer an Identity, and prior to it's demise the Certificate IV in cast Technology was dropped from the national curriculum. The AIOT executive has been in constant negotiations with the new training Body Skills IQ. No new enrolments are allowed but if you are currently enrolled in the course those members have until December 2016 to complete the certificate IV in Cast technology. We are hopeful that the course will be reinstated in the future. If you have any questions please contact Graeme or Matt Phillips at SWC Training, telephone (03) 95105030.

Regards
Terry James
AIOT President.

How to contact us...

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Newsletter Layout & Design

John Kinealy

AIOT Website

www.aiot.com.au



Australian Institute of Orthopaedic Technologists Inc.

Symposium 2016

SATURDAY 6TH AUGUST 2016

8.30am-5.00pm

AUDITORIUM, LEVEL 5, KOLLING INSTITUTE

ROYAL NORTH SHORE HOSPITAL

PACIFIC HIGHWAY, ST LEONARDS NSW 2065

FEES: AIOT Members \$150 APA Members \$200 AIOT/APA Non-members \$250
AIOT Membership \$60 Dinner for non-AIOT members- tbc

There will be a day of lectures and workshops on the Saturday which will focus on the Management of Fractures, Casting techniques and other very relevant Orthopaedic conditions. A dinner in the evening which will be included in the fee for AIOT members and available for non-members for a nominal charge will be an opportunity for networking and discussion on the topics of the day. The venue is very close to St Leonards station and there are regular trains and buses running from the city.

There are many options for accommodation and some are listed below. Online may be cheaper.

Mercure George Street, Sydney (near Broadway) (02)92176666 Fri and Sat nights Prepaid \$383.05 Flexible \$448 breakfast \$27.50 extra

Greenwich Inn Hotel: 196 Pacific Hwy, St Leonards (02)99063277 Fri and Sat nights Double \$150/night Twin \$160/night includes GST and breakfasts

Harbourview Hotel: 17 Blue Street, North Sydney (next to North Sydney station)Fri and Sat nights \$298

Quiz

Jenny Dalton

1. List as many fractures as you can. _____

2. Give an example of a fracture caused by twisting or torsion. _____

3. What type of fracture would a child get from a compression force? _____

4. What are the six components to a Colles' fracture? 1. _____ 2. _____
3. _____ 4. _____ 5. _____ 6. _____

5. How does a plastic deformity differ from a greenstick fracture? _____

6. What is the obvious difference when viewing a child's x-ray from an adults? _____

7. What type of SH Fx is this?



8. What is the difference between a segmented and a comminuted fracture? _____

9. A greenstick fracture is the result of _____ and _____ forces.

10. Tension or traction results in what type of fracture? _____

Why?

John Kinealy

A 66 year old female has presented with a Colles' fracture following a FOOSH injury. Once reduced a below elbow cast was applied with slight palmar flexion and ulnar deviation with three point moulding. A broad arm sling has also been applied. Both verbal and written cast and limb care instructions were provided and a neurovascular check was performed prior to the patient being discharged for a check x-ray.

The patient's daughter asks these questions- what is your response?

1. Why is the wrist flexed?
2. Why is the wrist bent away from the thumb (ulnar deviation)?
3. Why is there flattened areas on the cast?
4. Why is there a web space bar?
5. Why are the knuckles (MCP) free?
6. Why is it so long?
7. Why does it finish 2-3 fingers from her elbow crease (AnteCubital fossa)?
8. Why does her thumb hurt to move it?
9. Why does she have to wear the sling?
10. Can she take the sling off, if yes why and what exercises should she do?
11. Why is it important she flexes her knuckles (MCPj)?
12. What type of fracture does she have and in what part of the bone is it?
13. How long on average will it need to be on for?
14. If the cast causes any problems what should the patient do?
15. Will her wrist hurt when the cast comes off?
16. Why didn't you put lots and lots of layers of padding to protect her skin?
17. Why can't she rotate her forearm now that the cast is on?
18. How will we know if it is too tight?
19. Will the cast be changed?
20. Why don't they take the cast off to do a check x-ray at our next visit?

Fracture Definitions & Descriptions Questions



Jesse Kalachoff

John Kinealy

This is a copy of the presentation that was delivered by Jesse Kalachoff and John Kinealy at last years symposium. The answers will be in the next issue.



1. *What is the name of this fracture?*
2. *How would you describe this fracture?*
3. *Define the part of the bone this fracture is found in?*
4. *What is the mechanism of the injury?*
5. *Is this considered a stable or unstable fracture?*
6. *What type of cast or splint is applied to this injury?*
7. *How long on average does it need to be immobilized?*
8. *What age group sustains this type of injury?*
9. *Looking at the x-ray roughly how old is the patient?*
10. *Is any moulding of the fracture required?*

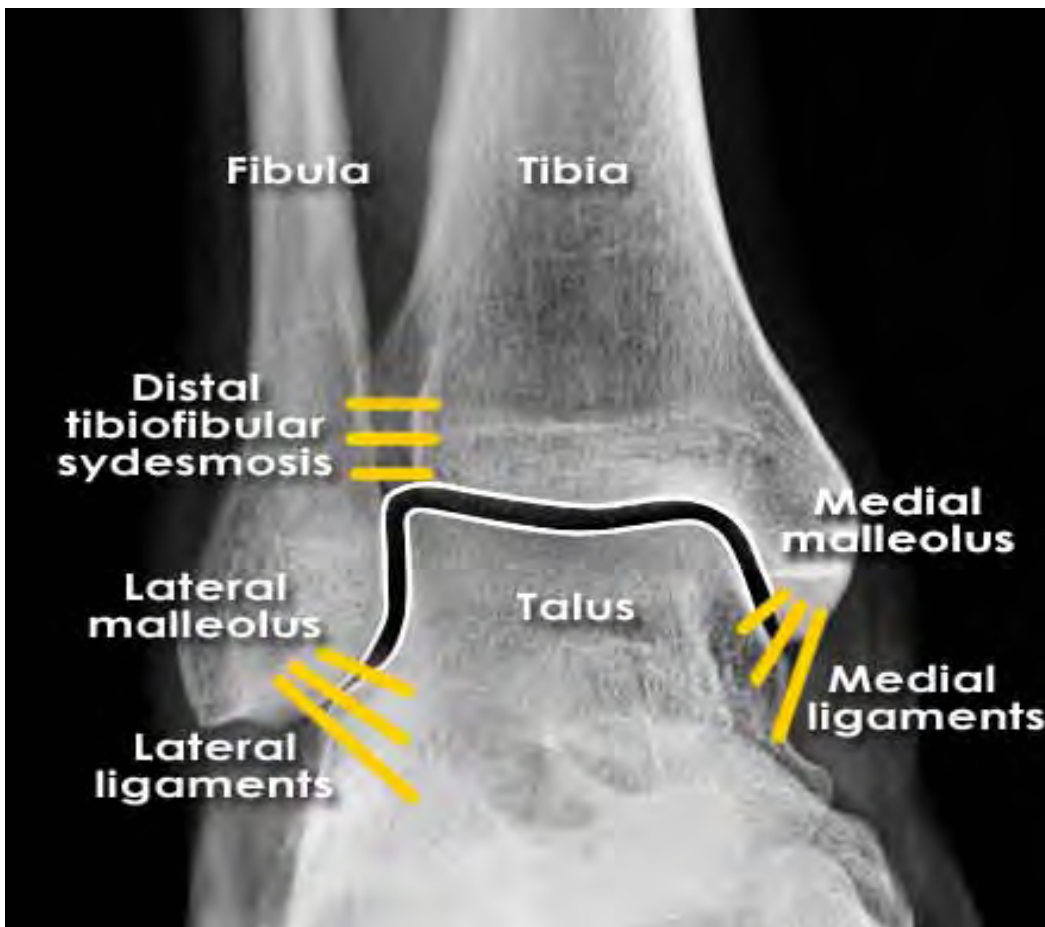


<http://www.orthobullets.com/pediatrics/4028/tillaux-fractures>

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5. *Is this considered a stable or unstable fracture?*
6. *What type of cast or splint is applied to this injury?*
7. *How long on average does it need to be immobilized?*
8. *What age group sustains this type of injury?*
9. *Looking at the x-ray roughly how old is the patient?*



www.orthofracs.com



www.radiologyassistant.org

1. What is the name of this fracture?
2. How would you describe this fracture?
3. Define the part of the bone this fracture found in?
4. What is the mechanism of the injury?
5. Is this considered a stable or unstable fracture?
6. What type of cast or splint is applied to this injury?
7. What is a diastasis?
8. Can you name these ligaments around the ankle?
9. Can you describe Talar shift?
10. Is any moulding of the fracture required?



1. *What is the name of this fracture?*
2. *How would you describe this fracture?*
3. *Define the part of the bone this fracture found in?*
4. *What is the mechanism of the injury?*
5. *Is this considered a stable or unstable fracture?*
6. *What type of cast or splint is applied to this injury?*
7. *How long on average does it need to be immobilized?*
8. *What position should the wrist be placed in?*
9. *Is the position important and why?*
10. *Are there other types of this fracture?*



1. What is the name of this fracture?
2. How would you describe this fracture?
3. Define the part of the bone this fracture is found in?
4. What is the mechanism of the injury?
5. Is this considered a stable or unstable fracture?
6. What type of cast or
7. What muscles displace this fracture?
8. Is any moulding of the fracture required?
9. What position should the thumb be placed in?
10. Why



<https://s-media-cache-ak0.pinning.com>

1. What is the name of this fracture?
2. How would you describe this fracture?
3. Define the part of the bone this fracture is found in?
4. What is the mechanism of the injury?
5. Is this considered a stable or unstable fracture?
6. What type of cast or splint is applied to this injury?
7. How long on average does it need to be immobilized?
8. What position should the forearm be placed in?
9. What is the radiocapitellum line?
10. Can the cast or splint just go to the Ulnar Styloid?



<http://orthoinfo.aaos.org>



<http://atlas.mudr.org>

1. *What is the name of this fracture?*
2. *How would you describe this fracture and name the six components of it?*
3. *Define the part of the bone this fracture is found in?*
4. *What is the mechanism of the injury?*
5. *Is this considered a stable or unstable fracture?*
6. *What type of cast or splint is applied to this injury?*
7. *How long on average does it need to be immobilized?*
8. *What age group sustains this type of injury?*
9. *What position should the wrist be placed in and why?*
10. *Is any moulding of the fracture required?*



1. *What is the name of this fracture?*
2. *How would you describe this fracture?*
3. *Define the part of the bone this fracture is found in?*
4. *What is the mechanism of the injury?*
5. *What muscles displace this fracture?*
6. *Is any moulding of the fracture required?*
7. *How long on average does it need to be immobilized?*
8. *What is the best splint to treat this type of injury?*
9. *What position should the hand and wrist be placed in?*
10. *Why?*



1. What is the name of this fracture?
2. How would you describe this fracture?
3. Define the part of the bone this fracture is found in?
4. What is the mechanism of the injury?
5. Is this considered a stable or unstable fracture?
6. What type of cast or splint is applied to this injury?
7. How long on average does it need to be immobilized?
8. Is Ulnar deviation required?
9. What position should the forearm and wrist be placed in?
10. Is any moulding of the fracture required?



1. What is the name of this fracture?
2. How would you describe this fracture?
3. Define the part of the bone this fracture found in?
4. What is the mechanism of the injury?
5. What is the positive fat pad sign?
6. What type of cast or splint is applied to this injury?
7. What is the anterohumeral line?
8. What age group sustains this type of injury?
9. What degree of flexion should the elbow be placed in and why?
10. Is a full cast safe to apply in the acute setting?



AIOT National Symposium 2016

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

See you there !

<http://www.sydney.com>