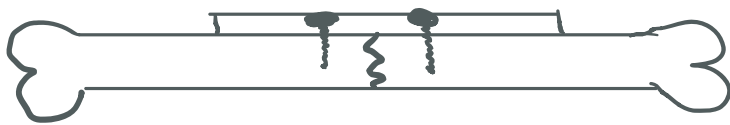


ZOOM CALL NOTES 3/5/19

- Google Slides presentation of procedures
 - Chenning - absent

FOR RADIUS FRACTURE:

- Compression plating - correct approach
- Just place patient in correct position
- Henry approach
- Complexity - focus on reduction & plate fixation
- When showing radius shaft, have a pop-up anatomy quiz for the muscles in the forearm
 - very important
- Contour plate - needs to happen - important step
 - Overall procedure steps:
 - pick plate
 - Contour plate
 - fix
 - compression
 - prevent rotation (2 screws)
- Picking plate - can be simple, just a rectangular plate. Can choose 2-hole, 6-hole, 3-hole

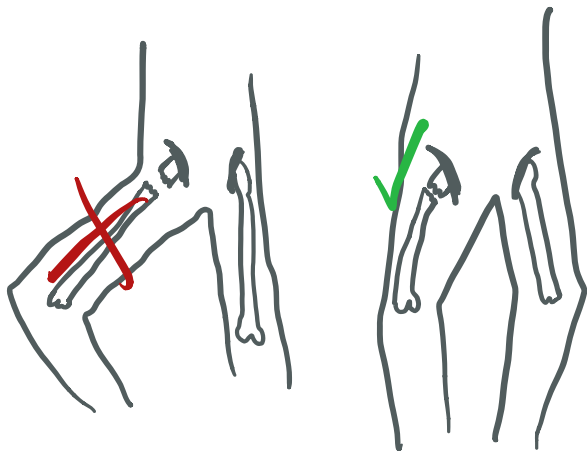


- Compression - close the fracture
 - screw to compress

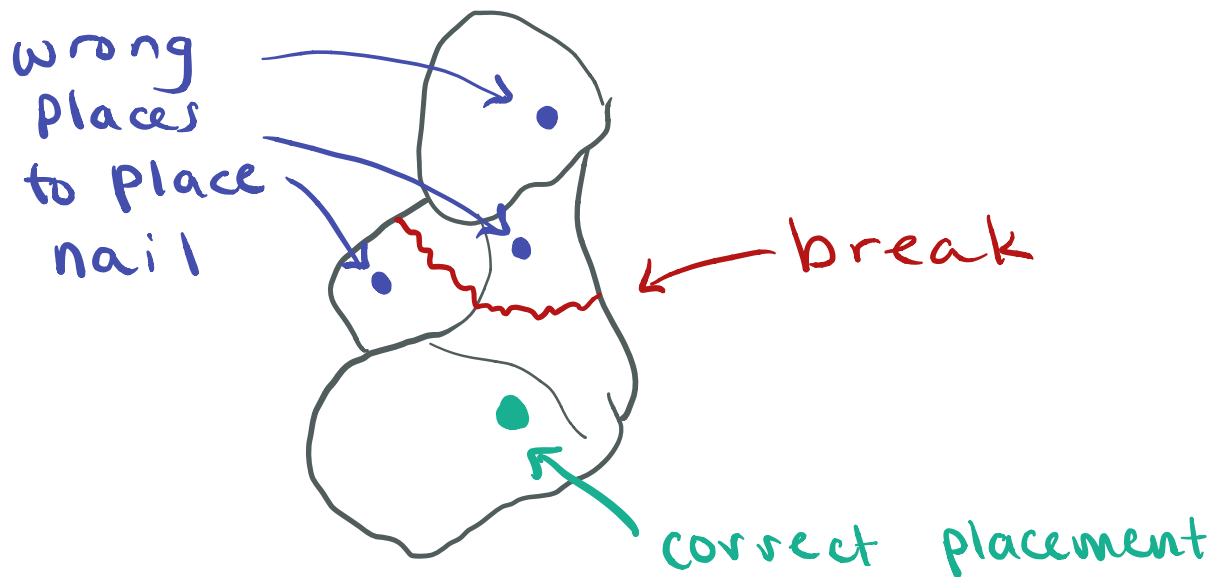
- No check for osteosynthesis - frowned upon

FOR HIP FRACTURE:

- Trochanter injury
 - specific: Pertrochanteric, simple
- Nailing Technique
 - hip replacement will be incorrect approach,
 - found under Subcapital, displaced
- Preparation - can just show patient in correct position, but it's not important
 - most important detail is to ensure leg is pulled in to reduce the fracture



- Determine entry point for nail
 - we don't need to be too specific, just show dots on the bone and have player choose best location, it wouldn't be on the neck or head...



- GUIDE WIRE INSERTION
 - just general location, 4 dots (above)
 - pushes wire down bone (magically happens)
- No drilling - just magically happens
- Nail insertion
 - give choice of short vs. long nail
 - long nail is correct answer
 - skip choosing measurements (too much detail)
 - reduction aids are not necessary

- Positioning is important, but only need to ensure it is centered about the bone
- can use blade or screw
- don't need to measure
- don't need to drill
- distal locking-interlock screw

Main Steps in Procedure:

1. Position
2. Reduce
3. Pick starting point
4. Insert guide wire
5. Pass guide wire through bone
6. Insert nail over guide wire
7. remove guide wire