

“The Hub” Load Testing

Testing should be first undertaken as a logged in registered user to the site.

1. The user should be registered before undertaking the user journeys listed below for scripting
2. As a secondary test, after the full site is load tested, a load test can be performed on the unregistered user logging in and registering as a new user. This test should only be performed in off-hours as not to delay or limit access to live users reliant on the ODS to login or undertake transactions on the store.

1. User Journey - Search

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THE MOST RECENT ARTICLE SUMMARY

Serum D-dimer Test Is Promising For The Diagnosis Of Periprosthetic Joint Infection And Timing Of Reimplantation

Shahi Alisina, MD; Kheir Michael M., MD; Tarabichi Majd, MD; Hosseinzadeh Hamid R. S., MD; Tan Timothy L., MD; Parvizi Javad, MD, FRCS; The Journal Of Bone And Joint Surgery - Scientific Articles: 6 September 2017 - Volume 99 - Issue 17 - p. 1419-1427

Despite the availability of a battery of tests, the diagnosis of periprosthetic joint infection (PJI) continues to be challenging. Serum D-dimer assessment is a widely available test that detects fibrinolytic activities that occur during infection. We hypothesized that patients with PJI may have a high level of circulating D-dimer and that the presence of a high level of serum D-dimer may be a sign of persistent...

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[Periarticular Liposomal Bupivacaine Injection Versus Intra-articular Bupivacaine Infusion Catheter For Analgesia After Total Knee Arthroplasty](#)

Smith Eric B., MD; Kazarian Gregory S., AB; Malenfort Mitchell G., PhD; Lonner Jess H., MD; Sharkey Peter F., MD; Good Robert P., MD; The Journal Of Bone And Joint Surgery - Scientific Articles: 16 August 2017 - Volume 99 - Issue 16 - p. 1337-1344

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[Factors Associated With Adverse Events In Inpatient Elective Spine, Knee, And Hip Orthopaedic Surgery](#)

Millstone Dov B., MPH; Perruccio Anthony V., PhD; Badley Elizabeth M., DPhil; Rampersaud Y. Raja, MD; The Journal Of Bone And Joint Surgery - Scientific Articles: 16 August 2017 - Volume 99 - Issue 16 - p. 1347-1356

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Inadvertent Harvest Of The Median Nerve Instead Of The Palmaris Longus Tendon

Leslie Bruce M., MD; Osterman A. Lee, MD; Wolfe Scott W., MD;
The Journal Of Bone And Joint Surgery - Scientific Articles: 19 July 2017 - Volume 99 - Issue 14 - p. 1173-1182



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Outcome Of Early And Late Diagnosed Essex-lopresti Injury

Schnetzke Marc, MD; Porschke Felix, MD; Hoppe Karin; Studier-fischer Stefan, MD; Gruetzner Paul-alfred, MD; Guehring Thorsten, MD;
The Journal Of Bone And Joint Surgery - Scientific Articles: 21 June 2017 - Volume 99 - Issue 12 - p. 1043-1050



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Surgical Management Of Acute Distal Biceps Tendon Ruptures

Savin David D., MD; Watson Jonathan, MD; Youderian Ari R., MD; Lee Simon, MD, MPH; Hammarstedt Jon E., BS; Hutchinson Mark R., MD; Goldberg Benjamin A., MD;
The Journal Of Bone And Joint Surgery - Current Concepts Review: 3 May 2017 - Volume 99 - Issue 9 - p. 785-796



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Measurement Of Distal Ulnar Hounsfield Units Accurately Predicts Bone Mineral Density Of The Forearm

Wagner Scott C., MD; Dworak Theodora C., MD; Grimm Patrick D., MD; Balazs George C., MD; Tintle Scott M., MD;
The Journal Of Bone And Joint Surgery - Scientific Articles: 19 April 2017 - Volume 99 - Issue 8 - p. e38



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Search Terms to Try Pick some (3) of each:

Here are some abbreviations
that would be good to test:

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SCFE

DDH

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SLAP

PTTR

ACL

PCL

MCL

Some longer searches might include:

ORIF femoral fracture pediatric

Flat Feet

THA OA

ACDF cervical disc disease

MSC cartilage repair

PE DVT prophylaxis

complications TKA

risk factors nonunion

Ilizarov tibial fracture

BMP nonunion

brachial neuritis

tennis elbow

ankle sprain

patellar fracture

spinal fusion

hallux valgus



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Abstract

Background:

The palmaris longus tendon is frequently used as a tendon graft or ligament replacement. In rare instances the median nerve has been inadvertently harvested instead of the palmaris longus for use as a tendon.

Methods:

Nineteen cases in which the median nerve had been mistakenly harvested instead of the palmaris longus tendon were collected from members of the American Society for Surgery of the Hand (ASSH) Listserve. Surgeons involved in the subsequent care of the subject who had had an inadvertent harvest were contacted or the chart was reviewed. The reason for the initial procedure, the skill level of the primary surgeon, and when the inadvertent harvest was recognized were documented. When possible, the method of harvest and subsequent treatment were also documented.

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The Journal of Bone and Joint Surgery

Published

2017 Jul 19; 99 (14): 1173

DOI

10.2106/JBJS.16.01218

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Date (Newest to Oldest)**Step-cut Ulnar Shortening Osteotomy For Ulnar Impaction Syndrome**Papatheodorou Loukia K., MD, PhD; Sotereanos Dean G., MD;
Ibis Essential Surgical Techniques - Subspecialty Procedures: 25 January 2017 - Volume 7 - Issue 1 - p. e3

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Video 1 Arthroscopic assessment of the wrist and treatment of concurrent intra-articular pathology.

Diagnostic Performance Of Radiographs And Computed Tomography For Displacement And Instability Of Acute Scaphoid Waist Fractures

Buijze Geert A., MD; Jørgsholm Peter, MD; Thomsen Niels O. B., MD, PhD; Björkman Anders, MD, PhD; Besjakov Jack, MD, PhD; Ring David, MD, PhD;

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Step-Cut Ulnar Shortening Osteotomy for Ulnar Impaction Syndrome

Loukia K. Papatheodorou, MD, PhD Dean G. Sotereanos, MD

Jan 25 2017

Abstract

Overview

Introduction

The step-cut ulnar shortening osteotomy for the treatment of ulnar impaction syndrome is a safe, reliable, and less expensive technique that uses a 7-hole 3.5-mm standard neutralization plate and a lag screw for

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Video 1 Arthroscopic assessment of the wrist and treatment of ...



Arthroscopic assessment of the wrist and treatment of concurrent intra-articular pathology.

Video 2



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Schnetze Marc, MD; Porschke Felix, MD; Hoppe Karin; Studier-fischer Stefan, MD; Gruetzner Paul-alfred, MD; Guehring Thorsten, MD;
The Journal Of Bone And Joint Surgery - Scientific Articles: 21 June 2017 - Volume 99 - Issue 12 - p. 1043-1050

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Prognostic Factors Affecting Union After Ulnar Shortening Osteotomy In Ulnar Impaction Syndrome

Cha Soo Min, MD, PhD; Shin Hyun Dae, MD, PhD; Ahn Ki Jun, MD;
The Journal Of Bone And Joint Surgery - Scientific Articles: 19 April 2017 - Volume 99 - Issue 8 - p. 638-647

Opens in Separate Tab – with selected image

In focus in right pane

The screenshot shows a web browser window with five tabs open, all titled "JBJS". The active tab displays a research article titled "Outcome of Early and Late Diagnosed Essex-Lopresti Injury" by Marc Schnetzke, MD, Felix Porschke, MD, Karin Hoppe, Stefan Studier-Fischer, MD, Paul-Alfred Gruetzner, MD, and Thorsten Guehring, MD. The article was published on Jun 21 2017. The main content includes sections for "Abstract" and "Background", and a figure titled "Fig. 2" showing a radiograph of multiple bones. A red curved arrow points from the top text "In focus in right pane" to the figure area. Another red arrow points from the top text "Opens in Separate Tab – with selected image" to the top navigation bar of the active tab.

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Marc Schnetzke, MD Felix Porschke, MD Karin Hoppe
Stefan Studier-Fischer, MD Paul-Alfred Gruetzner, MD
Thorsten Guehring, MD

Jun 21 2017

Abstract

Background:

The aim of this study was to investigate the outcomes in a large series of Essex-Lopresti injuries (ELIs) and to compare patients with early and late diagnoses.

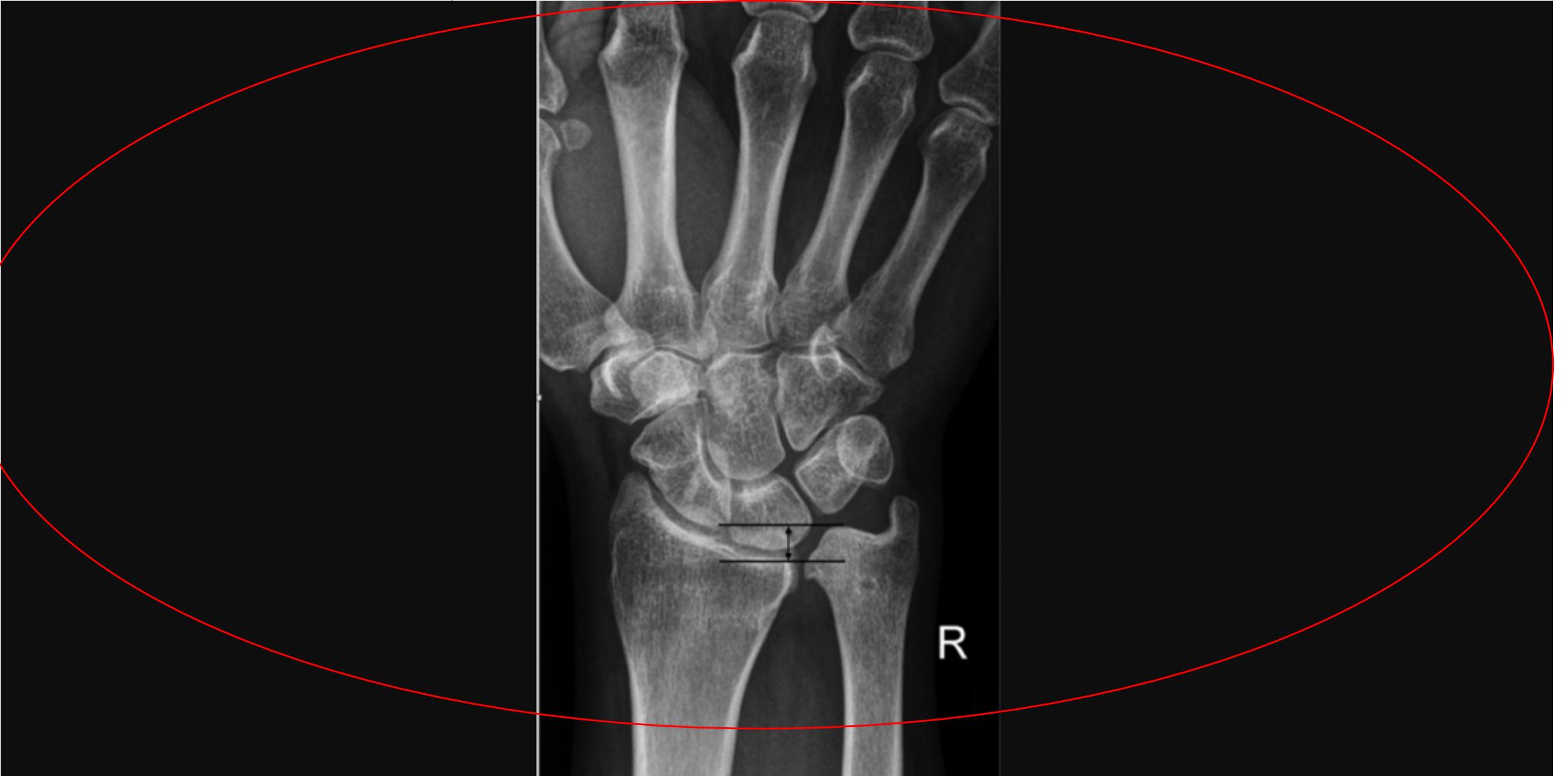
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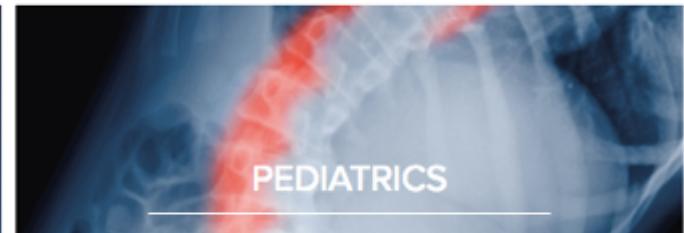
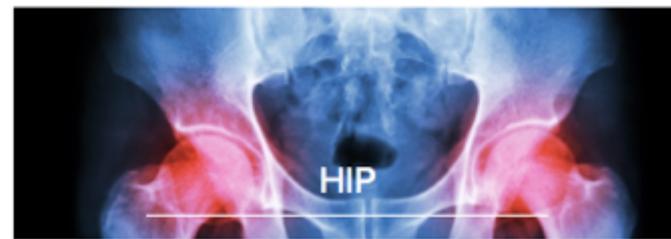
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Serum D-dimer Test Is Promising For The Diagnosis Of Periprosthetic Joint Infection And Timing Of Reimplantation

Shahi Alisina, MD; Kheir Michael M., MD; Tarabichi Majd, MD; Hosseinzadeh Hamid R. S., MD; Tan Timothy L., MD; Parvizi Javad, MD, FRCS; The Journal Of Bone And Joint Surgery - Scientific Articles: 6 September 2017 - Volume 99 - Issue 17 - p. 1419-1427

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Schnettler Timothy, MD; Papillon Natalie, MS; Rees Harold, MD; The Journal Of Bone And Joint Surgery - Scientific Articles: 16 August 2017 - Volume 99 - Issue 16 - p. 1331-1336



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16 August 2017 - Volume 99 - Issue 16 - p. 1365-1372



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In Patients Having Hip Or Knee Arthroplasty, Intravenous And Oral Acetaminophen Did Not Differ For 24-hour Pain Or Narcotic Use

Matsuda Shuichi;
The Journal Of Bone And Joint Surgery - Evidence-based
Orthopaedics: 16 August 2017 - Volume 99 - Issue 16 - p.
1392-1392



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Patient Decision Aids Improve Decision Quality And Patient Experience And Reduce Surgical Rates In Routine Orthopaedic Care

Sepucha Karen, PhD; Atlas Steven J., MD, MPH; Chang Yuchiao, PhD; Dorrwachter Janet, DNP; Freiberg Andrew, MD; Mangla Mahima, MPH; Rubash Harry E., MD; Simmons Leigh H., MD; Cha Thomas, MD, MBA;
The Journal Of Bone And Joint Surgery - Scientific Articles:
2 August 2017 - Volume 99 - Issue 15 - p. 1253-1260



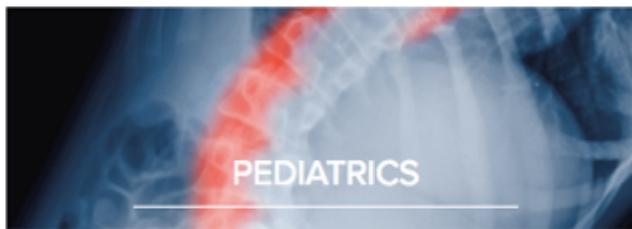
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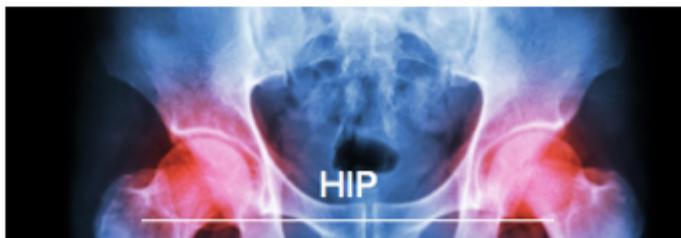
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This podcast covers the JBJS issue for April 2017.

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September 6, 2017 - Volume 99 - Issue 17

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CLINICAL SUMMARY

Clavicle Fractures

Marc Swionkowski, MD

Until the 21st century, the standard treatment for a clavicle fracture was nonoperative, with a sling or figure-of-eight bandage. Seminal research by the Canadian Orthopaedic Trauma Society revealed that operative management of completely displaced clavicle fractures resulted in better functional outcomes and lower rates of nonunion and symptomatic malunion.  These results have been duplicated in other controlled trials and reinforced in a meta-analysis,  and prior clinical research found significant functional deficits related to nonoperative management of these fractures. 

However, an often-overlooked fact is that most clavicle-fracture studies involve patients with significantly displaced fractures, which has led to rates of operative intervention that are likely excessive  in patients with non- or minimally displaced fractures. The potential for unnecessary operations is particularly relevant because surgical management of clavicle fractures has a significant rate of complications and a nearly 25% rate of reoperation. 

Because the majority of displaced clavicle fractures will heal well with nonoperative management, initial conservative care followed by surgical fixation for the 15% to 18% of patients who go on to nonunion is a reasonable strategy. Delayed surgical care generally results in the same excellent clinical and functional outcomes as immediate surgical fixation.  If surgical treatment is selected, a recent randomized trial found similar 6- and 12-month functional and complication-related results after either plate or intramedullary nail fixation. 

SUGGESTED CLINICAL SUMMARIES

REFERENCES

[Nonoperative Treatment Compared with Plate Fixation of Displaced Midshaft Clavicular Fractures: A Multicenter, Randomized Clinical Trial](#)

Canadian Orthopaedic Trauma Society
J Bone Joint Surg Am, Jan. 2007; 89(1): 1-10
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Robbin C. McKee; Daniel B. Whelan, MD, FRCS(C); Emil H. Schemitsch, MD, FRCS(C); Michael D. McKee, MD, FRCS(C)
Journal: J Bone Joint Surg Am, 2012 Apr 18; 94(8): 675 -684
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Michael D. McKee, MD, FRCS(C); Elizabeth M. Pedersen, MD; Caroline Jones, BSc, PT; David J.G. Stephen, MD, FRCS(C); Hans J. Kreder, MD, FRCS(C); Emil H. Schemitsch, MD, FRCS(C); Lisa M. Wild, BScN; Jeffrey Potter, BSc
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Does delay matter? The restoration of objectively measured shoulder strength and patient-oriented outcome after immediate fixation versus delayed reconstruction of displaced midshaft fractures of the clavicle

Potter JM1, Jones C, Wild LM, Schemitsch EH, McKee MD.

J Shoulder Elbow Surg., Sept.-Oct. 2007; 16(5): 514-8



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Nonoperative Treatment Compared with Plate Fixation of Displaced Midshaft Clavicular Fractures

A Multicenter, Randomized Clinical Trial

Canadian Orthopaedic Trauma Society

January 2007

Abstract

Background: Recent studies have shown a high prevalence of symptomatic malunion and nonunion after nonoperative treatment of displaced midshaft clavicular fractures. We sought to compare patient-oriented outcome and complication rates following nonoperative treatment and those after plate fixation of displaced midshaft clavicular fractures.

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This manuscript was prepared by the Canadian Orthopaedic Trauma Society, c/o Michael D. McKee, MD, FRCS(C), 55 Queen Street East, Suite 800, Toronto, ON M5C 1R6, Canada. E-mail address: mckeeem@smh.toronto.on.ca

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However, an often-overlooked fact is that most clavicle-fracture studies involve patients with significantly displaced fractures, which has led to rates of operative intervention that are likely excessive^④ in patients with non- or minimally displaced fractures. The potential for unnecessary operations is particularly relevant because surgical management of clavicle fractures has a significant rate of complications and a nearly 25% rate of reoperation.^⑤

Because the majority of displaced clavicle fractures will heal well with nonoperative management, initial conservative care followed by surgical fixation for the 15% to 18% of patients who go on to nonunion is a reasonable strategy. Delayed surgical care generally results in the same excellent clinical and functional outcomes as immediate surgical fixation.^⑥ If surgical treatment is selected, a recent randomized trial found similar 6- and 12-month functional and complication-related results after either plate or intramedullary nail fixation.^⑦

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[Nonoperative Treatment Compared with Plate Fixation of Displaced Midshaft Clavicular Fractures: A Multicenter, Randomized Clinical Trial](#)

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Does delay matter? The restoration of objectively measured shoulder strength and patient-oriented outcome after immediate fixation versus delayed reconstruction of displaced midshaft fractures of the clavicle.

Potter JM¹, Jones C, Wild LM, Schemitsch EH, McKee MD.

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Abstract

Outcome after surgical treatment for nonunion and malunion of midshaft displaced clavicle fractures has generally been described as favorable and equal to results of acute repair. This assumption has been based on subjective criteria, however, and no direct comparison is available in the literature. This study used objective measurements of limb function to compare outcome in patients who underwent delayed operative intervention for nonunion and malunion with the outcome of patients who underwent immediate open reduction and internal fixation after displaced clavicle fracture. All patients had sustained completely displaced, closed, isolated midshaft clavicle fractures, of whom 15 had undergone acute open reduction and internal fixation with a compression plate at a mean of 0.6 months after injury (acute group). Another 15 patients had undergone delayed reconstruction with open reduction, bone grafting, and compression plate fixation for nonunion or malunion a mean of 63 months after injury (delayed group). The 2 groups were similar in age, gender, original fracture characteristics, and mechanism of injury. Complete assessment included standard history and physical examination, the Disabilities of the Arm, Shoulder and Hand (DASH) score and Constant Shoulder Score, subjective rating of outcome satisfaction, and objective muscle strength testing using a previously validated and published protocol on the Baltimore Therapeutic Equipment (BTE) work simulator. There were no significant differences between acute fixation and delayed reconstruction groups with regard to strength of shoulder flexion (acute, 94%; delayed, 93%; P = .82), shoulder abduction (acute, 97%; delayed, 97%; P = .92), external rotation (acute, 97%; delayed, 90%; P = .11), or internal rotation (acute, 98%; delayed, 96%; P = .55). Constant scores in the acute group were superior (acute, 95; delayed, 89; P = .02), but differences in DASH scores were not significant (acute, 3.0; delayed, 7.2; P = .15). Shoulder flexion muscle endurance was significantly decreased in the delayed group (acute, 109%; delayed, 80%; P = .05). Differences in muscle endurance in other planes were not significantly different (abduction endurance: acute, 107%; delayed, 81%; P = .24). Both groups rated their satisfaction with the procedure as excellent. Late reconstruction of nonunion and malunion after displaced midshaft fractures of the clavicle is a reliable and reproducible procedure that results in restoration of

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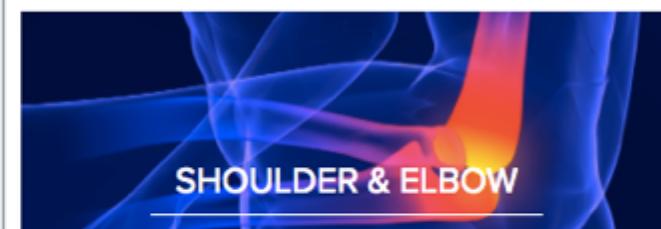
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The Influence of Arthritis in Other Major Joints and the Spine on the One-Year Outcome of Total Hip Replacement

A Prospective, Multicenter Cohort Study (EUROHIP) Measuring the Influence of Musculoskeletal Morbidity

Joerg Huber, MD Paul Dieppe, MD Karsten Dreinhoefer, MD
Klaus-Peter Günther, MD Andrew Judge, BSc, MSc, PhD

Sep 6 2017

Abstract

Background:

Although arthritis in other affected major joints and back pain are known to

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Murthy Praveen G., MD; Vuillermin Carley, MBBS, FRACS; Naqvi Mahnil N., BS; Waters Peter M., MD; Bae Donald S., MD;
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O'donnell Courtney, MD; Bloch Nikki, BA; Michael Nicole, BA; Erickson Mark, MD; Garg Sumeet, MD;
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What's New in Limb Lengthening and Deformity Correction

Reggie C. Hamdy, MD, MSc, FRCS(C) Mitchell Bernstein, MD, FRCSC
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Aug 16 2017

Limb reconstruction surgery continues to affirm itself as a distinct subspecialty worldwide. Apart from the specialty day at the annual American Academy of Orthopaedic Surgeons (AAOS) meeting, the annual Limb Lengthening and Reconstruction Society (LLRS) North American meeting, the combined Association for the Study and Application of the Methods of Ilizarov (ASAMI)/International LLRS (ASAMI/ILLRS) meeting in Brisbane, Queensland, Australia, and the very popular annual deformity courses (Baltimore, Hull, Cairo, and others), national ASAMI meetings were held in many countries. Two new issues of the Journal of Limb Lengthening &

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Investigation performed at the Shriners Hospital for Children, Montreal, Quebec, Canada

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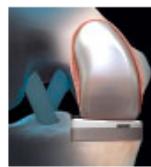
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