

AIOT Official Newsletter



April 2013

AIOT NEWSLETTER 3

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Delta Dry
L. DSN

AIOT Workshop

Welcome old and new readers of the AIOT newsletter.

Firstly thank you to John and the AIOT board for giving me the opportunity to write this newsletter.

Well, if you are like any other cast tech I know your job is a varied one, the question is how many jobs can you do. Can you fit a cam walker, knee immobilizer, AFO, wrist splints, halo, hip spiker, total contact cast, total padded cast? Can you set up traction, help reduce the fracture in emergency, go into theatre and put a cast on, teach medical students, registrars, VMO's, junior doctors Do you run a fracture clinic with a line of patients that does not end, some days, finger splints, soft casts, remove casts from screaming kids, fit slings, figure of 8 braces? ? The list goes on and on.

Yes cast techs do a serviceable job. But do we get the recognition we deserve? In remuneration, career structure or on-going education? Well on the 26th and 27th of July in Cairns is an AIOT workshop which in my opinion is a great opportunity to get together and have a chin wag on things we can do to improve our career. So if you know a cast tech that wants to make a difference lets get there and support each other .Looking forward to Cairns.

Photos from left to right

- Applying a Hip Spiker on model
- Charcot Foot
- Hip Spiker model
- Applying a cast and inserting a hinged knee brace

Hi from Errol

Hi all AIOT newsletter readers my name is Errol Bourn.

I am taking over from John as the newsletter editor.

I live in Somerset Tas

I have been casting for 8 years .I have a cert IV in casting.

I hope you enjoy!!!

errolbourn@live.com



Me with Gavin Wanganeen

After a charity football game in Tas



Hello to all members for 2013,

I trust that you had a safe and enjoyable Christmas Break with renewed enthusiasm for the year ahead. The A.I.O.T in 2013 are planning a number of Education days and weekends along with a new training manual which is being compiled by John Kinealy and Greg Gysin and is an important initiative for the associations future, the first education day will be held on the 25th May in Melbourne, along with the AIOT Education / AGM weekend on 27th & 28th July in Cairns, education weekends are also intended for Gladstone & Hervey Bay (QLD), please check the website & newsletters for further information.

The AIOT committee welcomes Errol Bourne onto the Executive as a Board Member and has accepted the North West Tasmanian state liason representatives position, Errol has also taken over as the new editor of our association newsletter replacing John Kinealy, I am sure Errol will do a great job.

It has been a fairly bumpy start to 2013 for our region in Bundaberg and surrounding areas with the floods that have devastated parts off the main city area especially on the North side, Ross Wilson who is one of my work colleagues and fellow Ortho Tech had 1.7 metres through the bottom floor of his house loosing valuable assets, this particular area resembled a war zone, with many homes sinking due to undermining from the fast flowing water and other homes swept of their foundations, a great number of residents will unfortunately have to relocate to other areas of the city or other towns.

As our hospital backs onto the Burnett river it became apparent that the hospital could become inundated, with water flooding the engineering dept, three blocks of Dr's quarters two houses and one of the Electricity substations, this finally led to the complete evacuation of over 130 patients who were airlifted to Brisbane Hospital's, by Military air transport, the logistic's of such an exercise went extremely well and a credit to all hospital staff ,the only area remaining open was our Emergency Department, it was quite an unusual experience without the patients on campus.

Fortunately there was no loss of life due the floods in Bundaberg, which was the highest in the cities history at 9.6 metres.

Members please remember our association can only grow with you participating in Education days or sending articles to the newsletter and website, you may want to send a photograph of yourself with a brief profile of your workplace to any of the executive members, or feel free to contact us by phone.

I wish all members an enjoyable and safe Easter break.

Cheers

Terry James

A.I.O.T President.

QUIZ QUESTIONS

1. What fractures are considered highly specific to child abuse?
2. What fractures are considered moderately specific to child abuse?
3. When vascular perfusion of muscles is decreased by compression to a level that is inadequate to sustain the viability of these tissues it is called what?
4. Compartment syndrome can result in necrosis of muscle and nerve tissues within what time period?
5. What is the most common cause of compartment syndrome?
6. What kind of treatment is usually necessary for compartment syndrome?
7. What compartments are most commonly affected by compartment syndrome?
8. What is the most common sign of compartment syndrome?
9. What are the most common signs and symptoms of compartment syndrome?
10. What are some of the important tests for compartment syndrome?
11. What are the symptoms of fractures?
12. What do you do if the patient shows signs of fracture but no fracture is seen on xray?
13. What are some of the adverse outcomes to fracture?
14. What are the 4 R's of fracture treatment?
15. When should fractures be referred to specialists?
16. What is osteomyelitis?
17. What type of pathogen is most commonly involved in osteomyelitis?
18. What are the symptoms of osteomyelitis?
19. What tests are diagnostic for osteomyelitis?
20. What is the treatment for osteomyelitis?
21. What are the general treatments for overuse syndromes?
22. Stretching or tearing of a ligament or joint capsule is called what?
23. What is a strain?
24. What are the potential consequences of prolonged or improper crutch use?
25. What are the key elements of describing fractures?
26. A lytic bone is probably an indication of what condition?

QUIZ ANSWERS

1. posterior rib fractures, scapula fractures, spinus process fractures, sternum
2. multiple fractures (especially bilateral), fractures of different ages, vertebral body, fractures without explanation
3. compartment syndrome
4. 4-8 hours
5. after trauma, especially crushing
6. surgical fasciotomy
7. anterior leg compartment, volar aspect of forearm
8. disproportionately severe pain for injury
9. Pain, Paresthesia, Paralysis, Pallor, Pulselessness
10. extreme pain on stretching long muscles that run through compartment, Inability to contract these muscles
11. swelling, pain aggravated by movement*, deformity, pain on palpation, decreased function
12. bone scan, CT scan, splint and repeat in 7-10 days
13. nonunion, malunion, contractures, osteomyelitis, nerve damage, vascular damage, compartment syndrome
14. Recognition, Reduction, Retention, Rehabilitation
15. open fractures, unstable fractures, irreducible fractures, most displaced fractures, suspected compartment syndrome, nerve, vascular or muscle damage
16. infection of the bone
17. bacteria (Staph Aureus), Hemolytic strep (2nd most common)
18. severe pain, fever, reluctance to move limb, may have recent trauma
19. WBC Count, Erythrocyte sedimentation rate, C-reactive protein, radiographs (for progression), Blood culture, Aspiration, Bone Scan, MRI
20. parenteral antibiotics, surgical decompression if there is not drastic improvement in 24-36 hours
21. Physical therapy/Occupational therapy*, Ice, rest*, Progressive exercise program., Modifying tasks.*, NSAIDS*, Analgesic cream, Antidepressants, Occasionally surgery
22. Sprain
23. stretch or partial tear of a muscle
24. axillary artery or venous thrombosis, brachial plexus compression
25. ROAD, Rotation, Overlap, Angulation, Displacement, Dislocation
26. bone killing tumor.



AIOT Symposium Cairns

27th-28th July 2013

Gubiji

Official Program

AIOT Gubiji Symposium Saturday 27th July 2013

- 8.45 *Meet and Greet*
Introduce Board Members and Company Representatives.
- 9.00 *Opening and Welcome*
President Mr. Terry James & Vice President Mr. Greg Gysin
Outline of association with update on latest changes to
website, Training Program etc
- 9.15 *A Brief Look at The Elbow*
Bones, Joints, Ligaments etc Mr. John Kinealy
Above Elbow Prelude Splint for nerve injury
Volar/dorsal POP splint Long arm
- 10.00 *Morning Tea.*
- 10.15 *Cast Bracing of the Lower Limb- A Lost Art- Mr. Greg Gysin*
- 11.15 *Thermoplastics In The Cast Room- Mr. Robert Vragovski*
- 12.00 *Malawi-How Do The 3rd World Countries Do It?*
Dr. Paul Muscio Director of Orthopaedics Cairns Base Hospital
will share his experience of a 3 month trip to Malawi
(Southeast Africa).
- 12.30 *Lunch*
- 1.30 *Club Foot- The finer details of the Ponseti method*
Dr Paul Muscio
- 2.00 *Ponseti casting demonstration and practical*
Ms. Katja Petry and Ms. Wendy Quinn
- 3.00 *Afternoon Tea*
- 3.15 *TCC's & Other Options*
Mr. John Kinealy
- 4.00 *AIOT AGM*

AIOT Gubiji Symposium Sunday 28th July 2013

- 9.30 *Wound Care In The Tropics*
Ms. Anna Colquhoun - Stomal Therapist
- 10.00 *Mystery Box challenge*
Ms. Nicola Nehmelmann & Mr. John Kinealy
- 11.15 *Power Point Casting Questions*
30 Fun filled casting related questions- Self Checking
Ms. Nicola Nehmelmann & Mr. John Kinealy
- 11.45 *Leave for the park*
- 12.00 *All meet in the park for the annual*
“Rocky & Apollo Scaphoid Challenge”
Are you up for it???
- 12.30 *BBQ in the Park*
- 2.00 *Evaluation forms and presentation of attendance certificates.*
Thank you’s, formalities and official closure of the 2013 AIOT
“Gubiji Symposium”.



Venue

The AIOT Symposium will be held in the Out Patient Department The Cairns Base Hospital 165-171 Esplanade, Cairns North QLD 4870 Phone: (07) 4226 0000

Flights

Most Airlines fly to Cairns regularly.
Book early to avoid disappointment, July is a busy time in Cairns.



Accommodation

There are plenty of Hotels in Cairns, choose one near the city centre and book early to avoid missing out.

Taxi

Taxis fares are around \$25.00 from the the Airport to the city centre.



Application Form

Name

Address

Hospital

Contact Email.....
Phone.....

Job Title

AIOT Member Yes *Caerns* No

Casting level Beginner Intermediate Advanced

Cost AIOT member \$ 60
Non- Member \$ 100

Payment must be received before the Symposium. Please contact Jenny for direct debit information. All cheques or money orders must be made payable to the AIOT.

A completed application form should be included with the payment. You will receive a confirmation email acknowledging your attendance and a receipt will be provided on the day.

RSVP Friday 12th July 2013

Post all applications to;
Jenny Dalton
Specialist Clinics Tobruk Building
Heidelberg Repatriation Hospital
300 Waterdale Road Heidelberg West
Vic 3081
jennifer.dalton@austin.org.au

For further information contact;
Ms Nicola Nehmelmann
nicola_nehmelmann@health.qld.gov.au
Mr John Kinealy
john.kinealy@wh.org.au

Hope to see you there!



AIOT Executive.



Australian Institute of
Orthopaedic Technologists Inc.

Hands On POP & Synthetic Casting & Splinting Educational Day

Saturday 25th May 2013
9.00am - 4.00pm

Western Hospital Sunshine
Furlong Road St Albans Victoria

New OPD Building Ground floor

RSVP

Monday 20th May

Cost \$ 60.00 Members

\$120.00 Non-Members

Further details

• **Jenny Dalton**
jennifer.dalton@austin.org.au

• **John Kinealy**
john.kinealy@wh.org.au

Background image of
Melbourne taken by Jen D.



Application Form

Name

Address

Hospital

Contact Email.....

Phone.....

Job Title

AIOT Member Yes No

Casting level Beginner Intermediate Advanced

Cost AIOT member \$ 60.00

 Non- Member \$ 120.00

Payment must be received before the Symposium. Please contact Jenny for direct debit information. All cheques or money orders must be made payable to the AIOT.

A completed application form should be included with the payment. You will receive a confirmation email acknowledging your attendance and a receipt will be provided on the day.

RSVP Friday 18th May 2013

Post all applications to:

**Jenny Dalton
Specialist Clinics Tobruk Building
Heidelberg Repatriation Hospital
300 Waterdale Road Heidelberg West
Vic 3081
jennifer.dalton@austin.org.au**

For further information contact:

**Jenny Dalton
jennifer.dalton@austin.org.au**

**Mr John Kinealy
john.kinealy@wh.org.au**

WEIPA

Far North Queensland



Ms. Nicola Nehmelmann

Nicola is an Orthopaedic technologist from Cairns Base Hospital. She recently visited the far north Queensland Town of Weipa to deliver some much needed and appreciated tuition on casting and splinting to the the medical staff of the Weipa hospital.



I have to admit I was a little nervous as I sat in the air port waiting to board my flight to Weipa. A couple of years have passed since my last travelling training session! The flight up was spectacular, views of the stunning coast line, the Daintree National Forest, Cape Tribulation and the tiny islands dotted along the way, held me captivated from my aerial view point. Upon descent into Weipa the earth changes from lush tropical greens to vibrant pockets of reds and oranges. The ground is overflowing with the highest quality bauxite in the Southern Hemisphere. Weipa is predominantly a bauxite mining town with an average population of around 5000. The bauxite was discovered in 1955 and the first year of production commenced in 1964. that first year they took 453,365 tonne of dry bauxite, in

2009 they took 16.3 million tonne! the reserve area covers a 3860 square kilometre radius. Once extracted it is sent to Gladstone where it is smelted then exported mostly to China where it is transformed into aluminium and Tungsten-a facinating process. I was greeted with a warm welcome from one of the hospital staff, we climbed into a very red, dusty four wheel drive and made our way to the hospital, about ten minutes away.

The Weipa hospital is 3 years old, it is quite small with only 25 beds. It is well designed with large open corridors and generous sized rooms. I was taken to the treatment room to set up. There were 3 beds and 3 large chair beds of which I had not seen before but was very impressed with. From 1.30 till 4.30 I had a handful of staff turn up. We covered the plaster Charnley splint, a Scaphoid plaster backslab and a plaster gutter slab for 5th mcp #s. After demonstrating the slabs, the girls traced my slab patterns onto plain A4 paper, cut them out and were going to laminate them for future reference. They did a terrific job on casting my arms and produced some good quality slabs. From 5 till 8.30pm approx 16 nurses and doctors presented for training. We covered the Charnley splint again, reinforced it with polyester and practised the 3 point Colles moulding. Then a full polyester Scaphoid cast with correct positioning, a short leg plaster backslab with added stirrups for rotation control, a full short leg polyester weight bearing cast and finally a plaster Humeral Hanging



cast. We discussed what type of fractures these casts were suitable for and at what point they would be unsuitable. Once paired up we spent the rest of the night practising, some very good casts were produced though some needed a little extra coaching. It was soon obvious to all that “it’s not as easy as it looks”! We had a light dinner and all helped to clean up.

I was driven to my staff accommodation. A large four bedroom house with 2 bathrooms, fully self contained and I had it all to myself. It was very comfortable and quiet.



“I have to say the people who live in Weipa are a very close knit group”.

The following morning I was picked up at gam and driven back to the hospital to begin another training session for those who didn’t make it the day before. Once again we went through the basics of plaster slabs, how to reinforce them and the correct removal techniques. The morning went very quickly and before I knew it I was sitting in the tiny Weipa airport. I have to say the people who live in Weipa are a very close knit group who support one another in their endeavors to be the best they can be. They are very friendly and appreciative. I know they will be able to implement their new knowledge in a methodical and confident way when patients present. The nurse educator has asked me to return to help with the rural and remote nurses training program. Something of course I would be honoured to help with. I would like to thank Smith and Nephew for giving me the opportunity to represent them and their quality products in making my trip to Weipa a very memorable and successful visit. Nicola.



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BE ABLE TO WASH YOUR HANDS, BATH,
SHOWER AND SWIM**

APPLICATION TECHNIQUE

1. Choose appropriate width and cut to double the required length along a cutting line.
2. Turn/ fold one ½ over the other ½ to form a double layer tube with 'smooth' sides outside and the loops inside, increasing the 'loft'.
3. Slip this double layer tube onto the limb with folded edge distal, and at proximal end, fold the inner layer down over the outer cut end.
4. Apply the synthetic casting tape over the Nemoa Ever Fresh according to standard application techniques.

PRECAUTIONS

1. Do **not** use Nemoa Ever Fresh with traditional stockinet, undercast padding or POP.
2. Do not use over open wounds, infections and use discretion with existing skin conditions.
3. Do not apply any oils, lotions, powder, sand, grease, dirt or solvents under cast.
4. After wetting, allow the cast to drain and towel dry until water stops dripping out

Ask for a NEMOA EVER FRESH waterproof cast



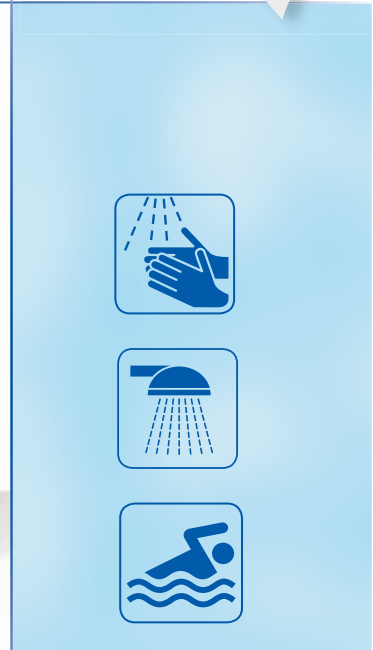
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Introducing Delta-Dry® Softliner water resistant padded stockinette. Delta-Dry® Softliner can also be used in conjunction with Delta-Dry® bandage where additional padding is required.

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on **13 13 60** for a Delta-Dry® demonstration kit.



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