

*Australian Institute of Orthopaedic Technologists Inc.*

# AIOT newsletter

December 2021

## *Inside this issue...*

- *Message from the President*
- *AIOT Conference Update*
- *Diploma in Orthopaedic Technology*
- *Quiz answers*
- *Medical Terminology*

*Merry Christmas  
&  
Happy New Year*



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# Letter from the President.

# Hi

AIOT Members,

It has been a long and drawn out couple of years. Let's hope we are well on the way to reopening our states and our country in the very near future, and I hope you have remained healthy and safe in these difficult times.

The AIOT are looking forward to renewing friendship's, and face to face contact hopefully in 2022. There is a possibility that our symposium will go ahead in Cairns next year. We hope to have further information on this exciting possibility early in the new year.

As our Association has suspended membership payments due to the pandemic we will also be discussing the recommencement of membership payments in 2022.

The AIOT has been notified that the new Diploma in Orthopaedic Technology has been signed off and has now been released on the National Training Register. Hopefully it will be picked up by either an RTO (Registered Training Organisation) a TAFE College, or a University. The diploma will be posted online in the months ahead for of these training bodies to decide whether or not they will offer the course. I would like to thank our AIOT representatives Robert Vragovski and John Kinealy who were part of the national discussion committee in bringing the diploma to fruition.

Vice President Greg Gysin and myself have an agreement in place with Queensland Health and the AWU to offer our AIOT training package in lieu of the now defunct certificate IV in Cast technology. The AIOT are now training technicians with our own AIOT training package. This package has been upgraded along with the exams, to enable staff to become qualified technicians in accordance with Queensland Health Requirements. This package is suitable for new and existing staff requiring certification, and came about because of the loss of trained staff due to natural attrition. Greg Gysin is heading this up and currently has a number of technicians on the program. We hope that in the future it may be possible that other state health departments may be interested in including what Queensland Health has adopted. The AIOT is open to offering the package to all cast room personal who do not wish to complete to the Diploma, but want an equivalent qualification that was the certificate IV in Cast Technology. The AIOT believes that both levels should be offered.

Finally, on behalf of the AIOT Executive I would like to wish our members a Merry Christmas and a safe and prosperous 2022. We wish you and your family good health and happiness.

Yours in Casting,

Terry James  
AIOT President

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Newsletter Layout & Design  
John Kinealy

### AIOT Website

www.aiot.com.au

# AIOT Symposium Cairns 2022



**Date to be confirmed**

## Medical Terminology

*John Kinealy*

*Medical terms are a combination of a root word combined with a prefix or a suffix, or both. They may also have a combining vowel such as the letter O in the word below. Some terms may have two root words, such as the word;*

**GASTR/O/ENTER/O/LOGY**  
*Root      Root      Suffix*  
*Stomach   Intestines   Study of*

<b>Root word</b>	<b>Meaning</b>	<b>Example</b>
ADEN	Gland	Adenoma
ANGIO	Vessel	Angiotomy
ARTH	Joint	Arthrodesis
BLEPHAR	Eyelid	Blepharoptosis
CARDI	Heart	Cardiac
CEREBRO	Brain	Cerebrospinal
CEPHAL	Head	Cephalic
CERV	Neck	Cervical
CHOL	Bile	Cholecystectomy
CHONDR	Cartilage	Chondrectomy
COST	Rib	Costosternal
CRANI	Skull	Craniotomy
CYSTO	Bladder/Sac	Cystectomy
CYT	Cell	Cytology
DACTYL	Finger/Toe	Dactylitis
DERM	Skin	Dermatoma
ELECTR	Electricity	Electrocardiogram
ENCEPHAL	Brain	Encephalomalacia
ENTER	Intestine	Enteroptosis
GASTR	Stomach	Gastroscopy
GLYCO	Sweet	Glycosuria
HAEM	Blood	Haemothorax
HEPAT	Liver	Hepatitis
HYSTER	Uterus	Hysterectomy
LEUK	White	Leukocyturia
LIP	Fat	Lipectomy
LITH	Stone	Lithiasis
MENING	Membrane	Meningitis
MAST	Breast	Mastectomy
METR	Uterus	Metropathia
MY	Muscle	Myorrhaphy
NEPHR	Kidney	Nephritis
OPHTHALM	Eye	Ophthalmology
OSTEO	Bone	Osteomalacia
PHLEB	Vein	Phlebitis
PNEUM	Lung/Air	Pneumonia
PROCT	Rectum/Anus	Proctoscopy
PSYCHO	Mind	Psychosis
PYEL	Pelvis	Pyelotomy
PYO	Pus	Pyogenic
SALPING	Tubes	Salpingitis
SPONDYL	Vertebra	Spondylitis

## ***Prefixes***

*A prefix consists of one or two syllables placed before a word to modify its meaning.*

<b><i>Prefix</i></b>	<b><i>Meaning</i></b>	<b><i>Example</i></b>
AB	Away from	Abnormal
A, AN	Without, not	Anaesthesia
AD	Toward	Adhesion
ANTE	Before	Antenatal
ANTI	Against	Antipyretic
BI	Double/Both	Bilateral
CONTRA	Opposite	Contraception
DYS	Painful	Dysmenorrhoea
ENDO	Within	Endocardium
EPI	Upon/At	Epidermis
ERYTHRO	Red	Erythrocyte
EX	Out/Way from	Exophthalmos
HEMI	Half	Hemiglossectomy
HYPER	Excessive/Above	Hypertension
HYPO	Deficient Below	Hypoglycaemia
PARA	Beside/Around	Parametrium
	Near/Abnormal	Paranoia
PERI	Around/About	Periosteum
POLY	Many	Polyuria
PRE	Before/In-front	Premature
PRO	Forward/Before	Prolapse
RETRO	Backward	Retroversion
SEMI	Half	Semiconscious
SUB	Under/Below	Subcostal
SUPER/	Beyond/Superior	Superabduction
SUPRA	As Above	Suprapatellar
SYN/SYM	Together with	Syndactylism
TRANS	Along/Across	Transection
TRI	Three	Trimalleolar

## **SUFFIXES**

*A suffix consists of one or two syllables attached to the end of a root word.*

### **DIAGNOSTIC SUFFIXES**

AEMIA	Blood	Hyperglycaemia
COELE	Hernia	Gastrocoele
ECTASIS	Expansion/Dilation	Bronchiectasis
IASIS	Condition of	Lithiasis
ITIS	Inflammation	Tonsillitis
MALACIA	Softening	Chondromalacia
MEGALY	Enlargement	Hepatomegaly
OMA	Tumour	Sarcoma
OSIS	Condition	Dermatosis
PATHY	Disease	Myopathy
PTOSIS	Falling	Blepharoptosis
SCLEROSIS	Hardening	Nephrosclerosis

### **SYMPTOMATIC SUFFIXES**

AGLIA	Pain	Nephralgia
GENIC	Origin	Osteogenic
LYSIS	Breaking down	Haemolysis
PAENIA	Deficiency	Leukopaenia
SPASM	Involuntary	Enterospasm

### **OPERATIVE SUFFIXES**

CENTESIS	Puncture	Paracentesis
DESIS	Fixation binding	Arthrodesis
ECTOMY	Excision/ removal	Tonsillectomy
OSTOMY	Create artificial	Gastrostomy
OTOMY	Incision into	Thoracotomy
OSCOPY	Examination	Arthroscopy
PEXY	Fixation	Hysteropexy
PLASTY	Plastic repair	Arthroplasty
RRHAPHY	Suture	Myorrhaphy

## **BONES**

### **ORIGIN OF TERMS**

Genu	knee
Ischion	hip
Medulla	marrow
Myelos	marrow
Os	bone
Osteo	bone
Pes, ped	foot
Physio	growth
Sterno	breast bone

### **ANATOMICAL TERMS**

1. Bone, osseous tissue-hardest type of connective tissue, providing a supporting framework for the body.
2. Bone marrow, medulla-soft, central part of the bone.
3. Cancellous bone-spongy bone.
4. Compact bone-solid bone rich in calcium.
5. Epiphysis (pl. epiphyses) - extremity of long bones, where growth occurs.
6. Medullary cavity - marrow filled cavity in shaft of long bone.
7. Trochanter - bony prominence of the upper extremity of the femur.
  - a. greater trochanter.
  - b. lesser trochanter.

### **DIAGNOSTIC TERMS**

1. Epiphysitis - inflammatory process of the epiphyseal region of the long bone, with tenderness and joint pain.
2. Slipped epiphysis - separation of the epiphysis from the shaft.
3. Exostosis - bone tumour, benign osseous growth.
4. Fracture - a broken bone.
  - Types-
  - \* Capillary - a hairlike break.
  - \* Comminuted - bone splintered into small fragments.
  - \* Complicated - bone injures adjacent structure.
  - \* Compound - open wound leading down to fracture.
  - \* Depressed - bone pushed in as in a skull fracture.
  - \* Greenstick - incomplete - in children.
  - \* Impacted - broken fragments wedged together.
  - \* Pathological - spontaneous, due to disease.
  - \* Segmented - Two separate fractures in a single bone
  - \* Simple - uncomplicated.
  - \* Transverse - broken across the bone.
  - \* Spiral- fracture that circles or spirals around the shaft.
  - \* Oblique- fractures that occur at a plane oblique to the long axis of the bone.



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CHRISTMAS**

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5. Genu varum - bowlegs, Genu valgum - knock knees.
6. Multiple myeloma - malignant type of bone destruction.
7. Osteitis - inflammation of the bone.
8. Osteogenic sarcoma - malignant tumour producing bony tissue.
9. Osteoma - benign osseous tumour.
10. Osteomalacia - softening of bone.
11. Osteoporosis - decrease in bone density, increase in porosity.
12. Sequestration - process of bone necrosis.
13. Sequestrum - dead bone separated from surrounding tissue.

### ***OPERATIVE TERMS***

1. Amputation - partial or complete removal of a limb.
2. Bone grafting - insertion of a bone graft.
  - a. Autograft - bone from one site implanted at another site.
  - b. Allograft- refers to any type of tissue that is implanted from one person to another
  - c. Xenograft-The term xenograft refers to a tissue or organ that is derived from a species that is different from the recipient of the specimen.
3. Osteotomy - excision of bone.
4. Osteoplasty - reconstruction or repair of a bone.
5. Osteotomy - surgical division of bone.
6. Replantation of an extremity - restorative surgery of an accidentally amputated limb.
7. Sequestrectomy - surgical removal of a piece of dead bone.
8. Reduction of fracture.
  - a. closed reduction –  
G.A.M.P General Aneasthetic Manipulation & Plaster  
L.A.M.P. Local Aneasthetic Manipulation & Plaster  
N.A.M.P. General Aneasthetic Manipulation & Plaster
  - b. open reduction - surgical opening for internal fixation.

### ***SYMPTOMATIC TERMS***

1. Crepitation - grating sound made by movement of fractured bones.
2. Ostealgia - bone pain.

### ***JOINTS, CARTILAGES, LIGAMENTS***

#### ***ORIGIN OF TERMS***

Arthro-	joint
Bursa-	purse, sac
Chondros-	cartilage
Ligament-	that which ties
Spondylos-	vertebra

## ***ANATOMICAL TERMS***

1.     Articulation - joining together.
  - a. Cartilaginous joint - bones united by cartilage.
  - b. Fibrous joint - bone united by fibrous tissue.
  - c. Synovial joint - bones by a joint capsule and ligaments.
2.     Bursa (Pl. bursae) - connective tissue sac containing lubricating fluid.
3.     Intervertebral disc - cartilage between bodies of the vertebrae.
4.     Ligaments - Fibrous, connective tissue bands uniting ends of bone.

## ***DIAGNOSTIC TERMS***

1.     Ankylosis - stiff joint.
2.     Arthritis - inflammation of joints.
3.     Arthropathy - any disease of the joints.
4.     Bursitis - inflammation of the bursa.
5.     Chondritis - inflammation of a cartilage.
6.     Chondroma - benign neoplasm of cartilage.
7.     Chondrosarcoma - malignant tumour of cartilage.
8.     Dislocation - displacement of bone.
9.     Haemarthrosis - blood in a joint cavity.
10.    Herniated intervertebral disc - a disc slips forward.
11.    Kyphosis - hunchback.
12.    Lordosis - hollowback.
13.    Scoliosis - any abnormal curvature of the spine.
14.    Spondylitis - inflammation of one or several vertebrae.
15.    Spondylosis - ankylosis of vertebrae.
16.    Sprain - a stretching or tearing of a ligament

## ***OPERATIVE TERMS***

1.     Arthrolysis - freeing the joint from fibrous bands or excessive cartilage.
2.     Arthrodesis - surgical fixation of a joint.
3.     Arthroplasty - plastic repair of a joint.
4.     Arthrotomy - surgical opening of a joint.
5.     Chondrectomy - removal of a cartilage.
6.     Chondroplasty - plastic repair of a cartilage.
7.     Patellectomy - removal of patella.
8.     Meniscectomy - removal of meniscus.

***Complete the self learning package and fill in the missing Root words, prefix and suffix meanings...***

<b><i>Roots</i></b>	<b><i>Meaning</i></b>	<b><i>Example</i></b>
ADEN	.....	Adenoma
ANGIO	.....	Angiotomy
ARTH	.....	Arthrodesis
BLEPHAR	.....	Blepharoptosis
CARDI	.....	Cardiac
CEREBRO	.....	Cerebrospinal
CEPHAL	.....	Cephalic
CERV	.....	Cervical
CHOL	.....	Cholecystectomy
CHONDR	.....	Chondrectomy
COST	.....	Costosternal
CRANI	.....	Craniotomy
CYSTO	.....	Cystectomy
CYT	.....	Cytology
DACTYL	.....	Dactylitis
DERM	.....	Dermatoma
ENCEPHAL	.....	Encephalomalacia
ENTER	.....	Enteroptosis
GASTR	.....	Gastroscopy
GLYCO	.....	Glycosuria
HAEM	.....	Haemothorax
HEPAT	.....	Hepatitis
HYSTER	.....	Hysterectomy
LEUK	.....	Leukocyturia
LIP	.....	Lipectomy
LITH	.....	Lithiasis
MENING	.....	Meningitis
MAST	.....	Mastectomy
METR	.....	Metropathia
MY	.....	Myorrhaphy
NEPHR	.....	Nephritis
OPHTHALM	.....	Ophthalmology
OSTEO	.....	Osteomalacia
PHLEB	.....	Phlebitis
PNEUM	.....	Pneumonia
PROCT	.....	Proctoscopy
PSYCHO	.....	Psychosis
PYEL	.....	Pyelotomy
PYO	.....	Pyogenic
SALPING	.....	Salpingitis
SPONDYL	.....	Spondylitis

**Fill in the missing Prefix meaning...**

<b>Prefix</b>	<b>Meaning</b>	<b>Example</b>
AB	.....	Abnormal
A, AN	.....	Anaesthesia
AD	.....	Adhesion
ANTE	.....	Antenatal
ANTI	.....	Antipyretic
BI	.....	Bilateral
CONTRA	.....	Contraception
DYS	.....	Dysmenorrhoea
ENDO	.....	Endocardium
EPI	.....	Epidermis
ERYTHRO	.....	Erythrocyte
EX	.....	Exophthalmos
HEMI	.....	Hemiglossectomy
HYPER	.....	Hypertension
HYPO	.....	Hypoglycaemia
PARA	.....	Parametrium
PERI	.....	Pericardium
POLY	.....	Polyuria
PRE	.....	Premature
SUB	.....	Subcostal
PRO	.....	Prolapse
RETRO	.....	Retroversion
SEMI	.....	Semiconscious
SUB	.....	Subcostal
SUPER/	.....	Superabduction
SUPRA	.....	Suprapatellar
SYN/SYM	.....	Syndactylism
TRANS	.....	Transection
TRI	.....	Trimalleolar

**Choose a word that describes the bold italicized word/s**

The patient has fractures in **both legs**.

The patient has ..... lower limb fractures.

The patient has a **fracture of both medial and lateral malleoli**.

The patient has a ..... fracture.

Children have a very thick **lining around their bones**.

Children have a very thick .....

Some fractures of the scaphoid are prone to have the **closer** fragment of bone **die** due to no, or lack of blood supply.

Some fractures of the scaphoid are prone to have the ..... fragment of bone die due to ..... also known as (**abb**) .... ..

*Fill in the missing Prefix meaning and provide an example...*

<i>Prefix</i>	<i>Meaning</i>	<i>Example</i>
AB	.....	.....
A, AN	.....	.....
AD	.....	.....
ANTE	.....	.....
ANTI	.....	.....
BI	.....	.....
CONTRA	.....	.....
DYS	.....	.....
ENDO	.....	.....
EPI	.....	.....
ERYTHRO	.....	.....
EX	.....	.....
HEMI	.....	.....
HYPER	.....	.....
HYP0	.....	.....
PARA	.....	.....
PERI	.....	.....
POLY	.....	.....
PRE	.....	.....
PRO	.....	.....
RETRO	.....	.....
SEMI	.....	.....
SUB	.....	.....
SUPER/	.....	.....
SUPRA	.....	.....
SYN/SYM	.....	.....
TRANS	.....	.....
TRI	.....	.....



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6 x 3.0	25050	1/60
8 x 3.0	25051	1/60
10 x 3.0	25052	1/60
12 x 3.0	25053	1/48
15 x 3.0	25054	1/36
20 x 3.0	25055	1/30

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and packed to cardboard dispenser

Size (cm x m)	REF	Shipping units (box/splint)
10 x 20	25056	1/1
12 x 20	25057	1/1
15 x 20	25058	1/1
20 x 20	25059	1/1

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- Even spread of plaster and uptake of water
- Initial set time: 2.5 minutes
- Patient is safe transport after 30 minutes
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**DIAGNOSTIC SUFFIXES**

<i><b>.Suffix</b></i>	<i><b>Meaning</b></i>	<i><b>Example</b></i>
.....	Blood	Hyperglycaemia
COELE	.....	Gastrocoele
.....	Expansion/Dilation	Bronchiectasis
IASIS	Condition of	.....
ITIS	.....	Tonsillitis
MALACIA	.....	Chondromalacia
MEGALY	.....	Hepatomegaly
OMA	.....	Sarcoma
.....	Condition	Dermatosis
PATHY	Disease	.....
PTOSIS	.....	Blepharoptosis
.....	Hardening	Nephrosclerosis

**SYMPTOMATIC SUFFIXES**

.....	Pain	.....
GENIC	.....	Osteogenic
.....	Breaking down	Haemolysis
PAENIA	.....	Leukopaenia
SPASM	.....	.....

**OPERATIVE SUFFIXES**

CENTESIS	.....	Paracentesis
DESIS	Fixation binding	.....
ECTOMY	.....	Tonsilectomy
OSTOMY	Create artificial	.....
OTOMY	.....	Thoracotomy
OSCOPY	Examination	.....
PEXY	.....	Hysteropexy
PLASTY	.....	.....
RRHAPHY	.....	.....

**Choose a word that describes the bold italicized word/s.**

The doctor said I had “***inflammation of my joints.***”

The doctor said I had “.....”

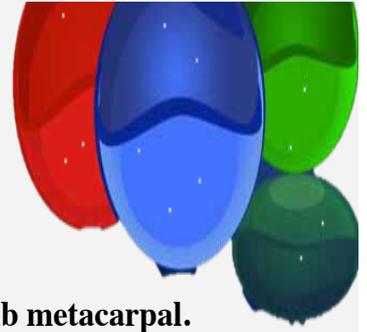
The doctor will use a ***camera to look into my knee joint.***

He will exam my knee through an .....

My ***meniscus*** is severely damaged, ***it might be removed.***

The doctor might perform a .....

# Who Am I



**Jenny Dalton**

Answers from the last newsletter

1. I am a Y shaped or comminuted fracture involving the base of the thumb metacarpal.

*Rolando fracture*

2. I am Paediatric intra articular fracture of the anterolateral part of the distal tibial epiphysis.

*Tillaux fracture*

3. I am a symptomatic fracture that is not visible radiographically until callus formation or bone resorption is seen more than two weeks after onset of symptoms.

*Occult fracture*

4. I am a fracture of the neck of the fibula and the anterior Tib/Fib ligament is avulsed.

*Maisonneuve fracture*

5. I am a fracture of the lower end of the radius with dislocation of the ulna at the wrist.

*Galeazzi fracture*

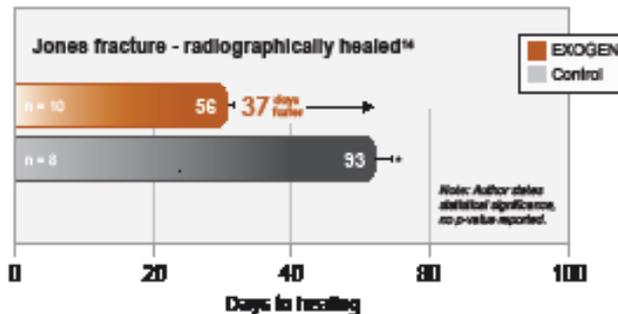
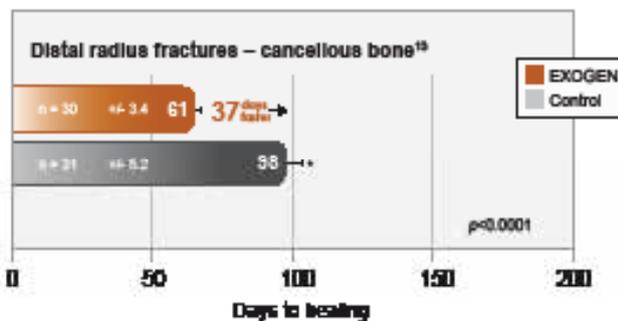
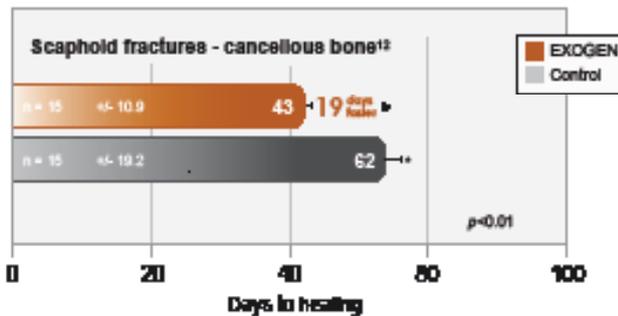
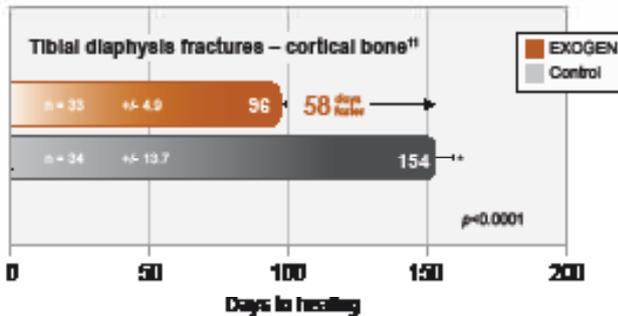
## The funnies...



**“I already diagnosed myself on the Internet.  
I’m only here for a second opinion.”**

# EXOGEN treatment accelerates healing in both cortical and cancellous bone<sup>11-14</sup>

**exogen<sup>®</sup>**  
ultrasound bone healing system



\*Error bars represent standard deviations of the mean

**38%**

faster healing of fresh fractures<sup>11,13</sup>

**86%**

nonunion fracture heal rate<sup>15</sup>

**91%**

treatment compliance<sup>10</sup>

**20**

minute daily treatment



# When & What?

answers...

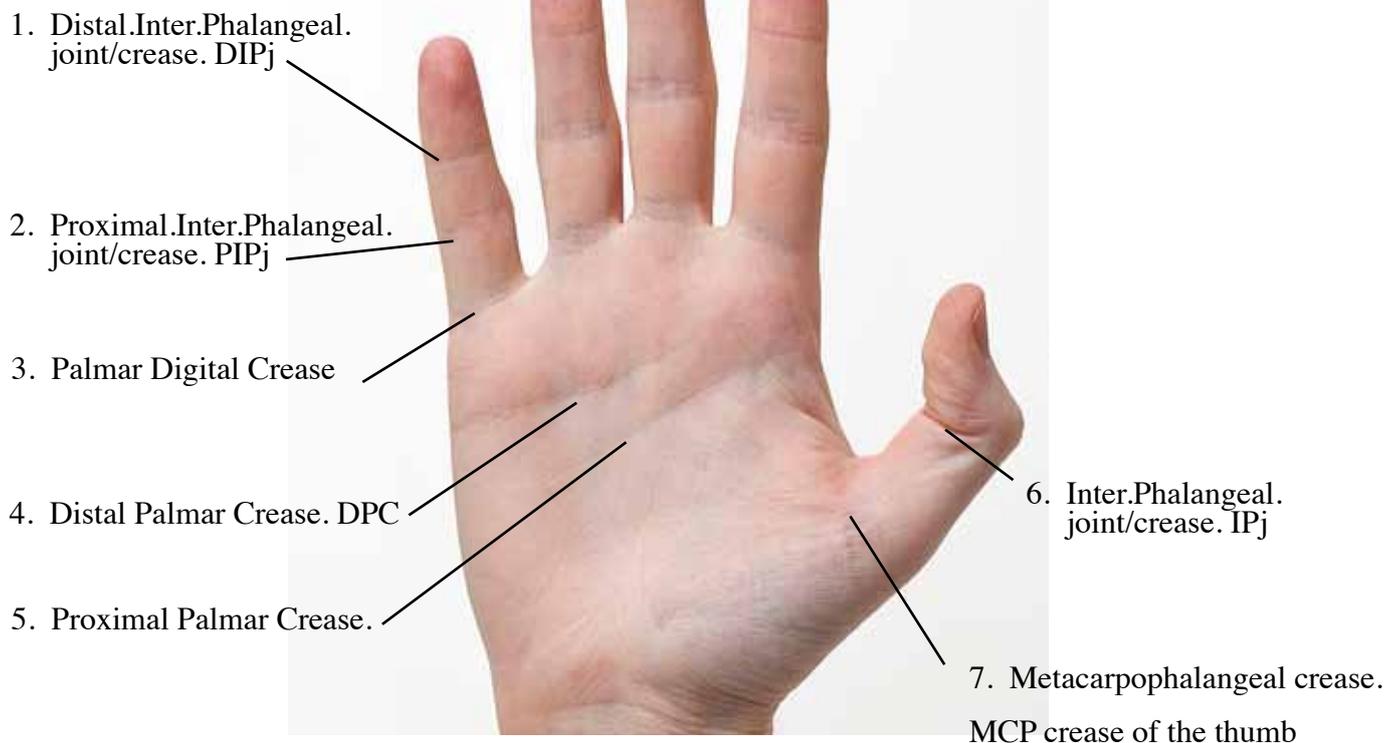
John Kinealy



## 1. Is a supracondylar fracture positioned around 45° extension rather than flexed?

*The majority of supracondylar humeral fractures displace or angulate posteriorly which is why the majority are flexed greater than 90. However the roughly 5% that displace anteriorly must be extended rather than flexed. The anterior type is positioned anywhere from 30-45 degrees in the acute setting. Generally the surgeon will determine the exact amount of flexion required.*

## 2. Are the names of all the hand creases?



**3. When should a cast be split?**

*A cast requires splitting when the neurovascular status of a limb is compromised, or prophylactically when swelling is anticipated. It should also be split (bi-valved) for long haul flights. When splitting a cast, the cast, padding, stockinette and any dressings should also be split. The cast must be split from end to end and the skin visible along the entire split. Only once all of these steps are performed is the cast considered truly split.*

**4. Is the next step when you have split a cast and it does not alleviate the problem?**

*Bivalve. If there is still no improvement of the signs and symptoms following bi-valving of the cast, it should be removed. It would be expected that if the cast is causing the neurovascular system to be compromised then these steps should alleviate the problem. When they haven't, a doctor must be consulted immediately as there may be a Compartment Syndrome developing and this is considered a medical emergency.*

**5. What part of the bone are Torus fx's found in?**

*Metaphyseal or at the metaphyseal/diaphyseal junction.*

**6. Is a Holstein Lewis fx?**

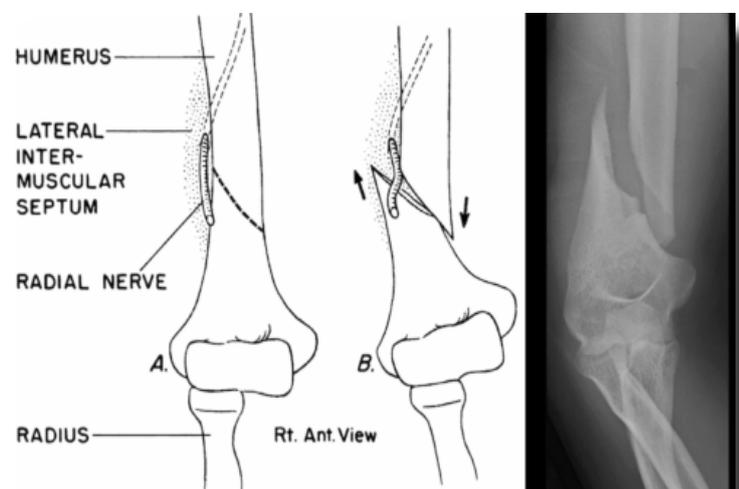
*A spiral fracture of the lower third humerus which entraps the radial nerve.*

*<https://orthopaedicprinciple.com/2012/06>*

*[holstein-lewis-fracture16/12/21](#)*

*Image; [https://litfl.com/holstein-](https://litfl.com/holstein-lewis-fracture/16/12/21)*

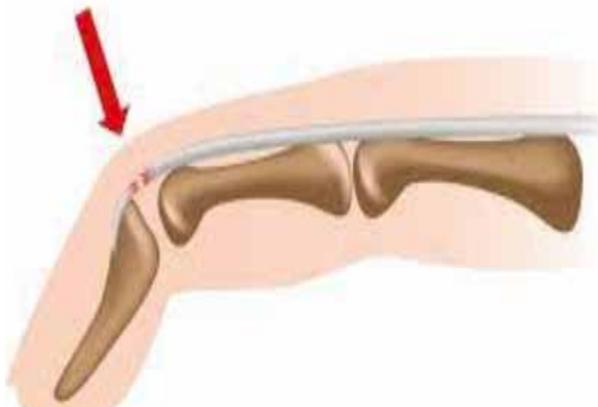
*[lewis-fracture/16/12/21](#)*



**7. Is a Mallet finger?**

*A Mallet finger is an injury to the extensor tendon of the terminal phalanx which may or may not have a bony component (avulsion fracture).*

*image; <https://www.orthobullets.com/hand/6014/mallet-finger>*



**8. Position is the forearm placed into for a Monteggia fx?**

*Supination.*

**9. Are the 5 P's?**

*Pain - Paraesthesia - Pallor- Paralysis - Pulselessness*

**10. Is a Plastic deformity?**

*Is a bending of paediatric bone without breaking.*

**11. A Nightstick fracture?**

*A fracture of the Ulna along it's shaft.*

*<https://radiopaedia.org/articles/>*

*[nightstick-fracture-ulna](https://radiopaedia.org/articles/nightstick-fracture-ulna)*





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**12. Is Cubital referring to?**

*The elbow.*

**13. Information should be provided to the patient or carers following a wedge procedure?**

*Generally speaking, wedging is a simple and safe procedure. However, it has the potential to do harm if the wedged cast pushes too hard on the soft tissues (skin/muscle/nerves). Following wedging a cast it is important to check for the following symptoms:*

*\* Pain - should be short lived and never severe*

*\* Altered sensation - no changes, such as numbness, tingling or burning*

*\* Altered movement - fingers and toes should move freely*

*\* Altered circulation - no change in colour such as white or blue*

*The patient must be informed to monitor for any of these symptoms. If any present they should elevate their limb above their heart for 20-30 minutes. If this does not resolve the issues they must return to the Emergency department.*

**14. Is a Toddlers' fx?**

*A spiral fracture of the tibia.*

**15. Are the signs and symptoms of Compartment Syndrome?**

*\* Pain - that is out of proportion and may be unrelenting*

*\* Paraesthesia - Tingling/altered sensation*

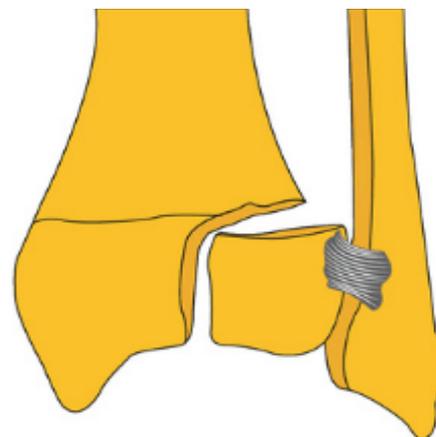
*\* Pallor- Pale looking*

*\* Paralysis - Inability to wiggle fingers and toes*

*\* Pulselessness- hard or difficult to detect pulse*

**16. Is a Tillaux fracture?**

*The term Tillaux fracture is an eponym describing a fracture of the anterolateral tibial epiphysis that is commonly seen in adolescents. The fragment is avulsed due to the strong anterior tibiofibular ligament in an external rotation injury of the foot in relation to the leg.*



*<https://emedicine.medscape.com/article/1233950-overview18/12/21image>; <https://dontforgetthebubbles.com/tillaux-fractures/>*

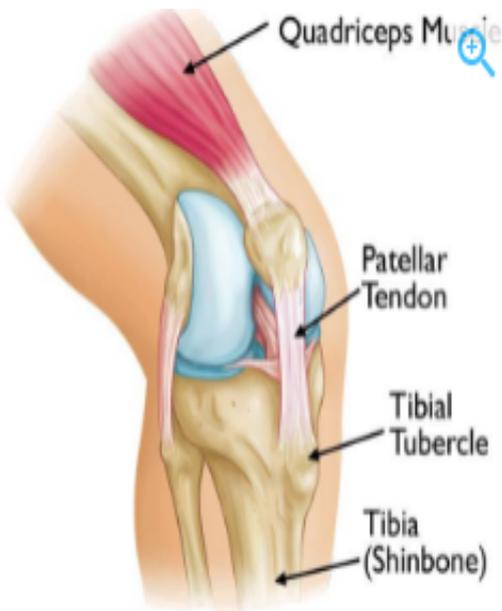
**17. Age group sustain Triplaner ankle fx's?**

*The ankle injury in adolescent age group (12–15 years). <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8576777/18/12/21>. image-<https://www.orthobullets.com/pediatrics/4029/triplane-fractures18/12/21>*



**18. Is Osgood Schlatters?**

*Osgood Schlatter's disease, or osteochondrosis, or tibial tubercle apophysitis, or traction apophysitis of the tibial tubercle, is a common cause of anterior knee pain in the skeletally immature athletic population. <https://orthoinfo.aaos.org/en/diseases-conditions/osgood-schlatter-disease-knee-pain/18/12/21>-[https://www.physio-pedia.com/Osgood-Schlatter%27s\\_Disease18/12/21](https://www.physio-pedia.com/Osgood-Schlatter%27s_Disease18/12/21)*



Osgood-Schlatter disease causes pain at the tibial tubercle – the bony bump where the patellar tendon attaches to the tibia (shinbone).

*image; <https://orthoinfo.aaos.org/en/diseases--conditions/osgood-schlatter-disease-knee-pain/18/12/21->*

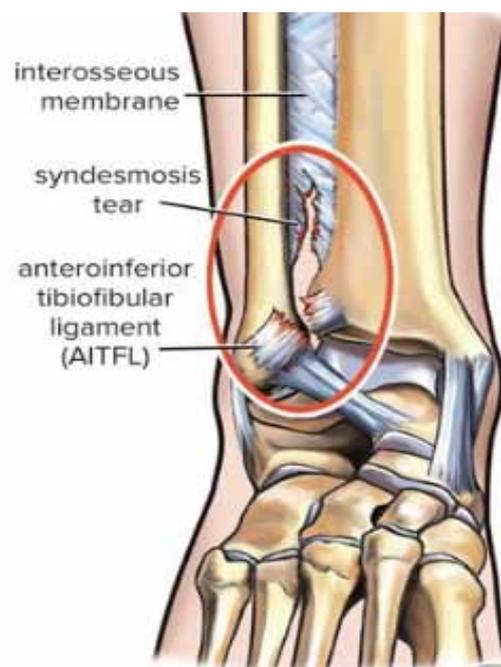
**19. Applying a cast to a neuropathic limb must there be no imperfections in the cast?**

*Patients with insensate limbs do not have the ability to recognise or identify problems or issues within a cast, due to the fact that generally they cannot feel touch or pain. This deficit means that any imperfections such as lumps, bumps or shear forces cannot be identified before a pressure injury may develop.*

**20. Does AITFL stand for?**

*Anterior Inferior Tibio Fibular ligament*

*<https://fivedockphysiotherapy.com.au/high-ankle-sprain/>*



**21. Is the suffix for cutting into bone?**

*Osteotomy. Osteo = bone. Otomy = cut into*



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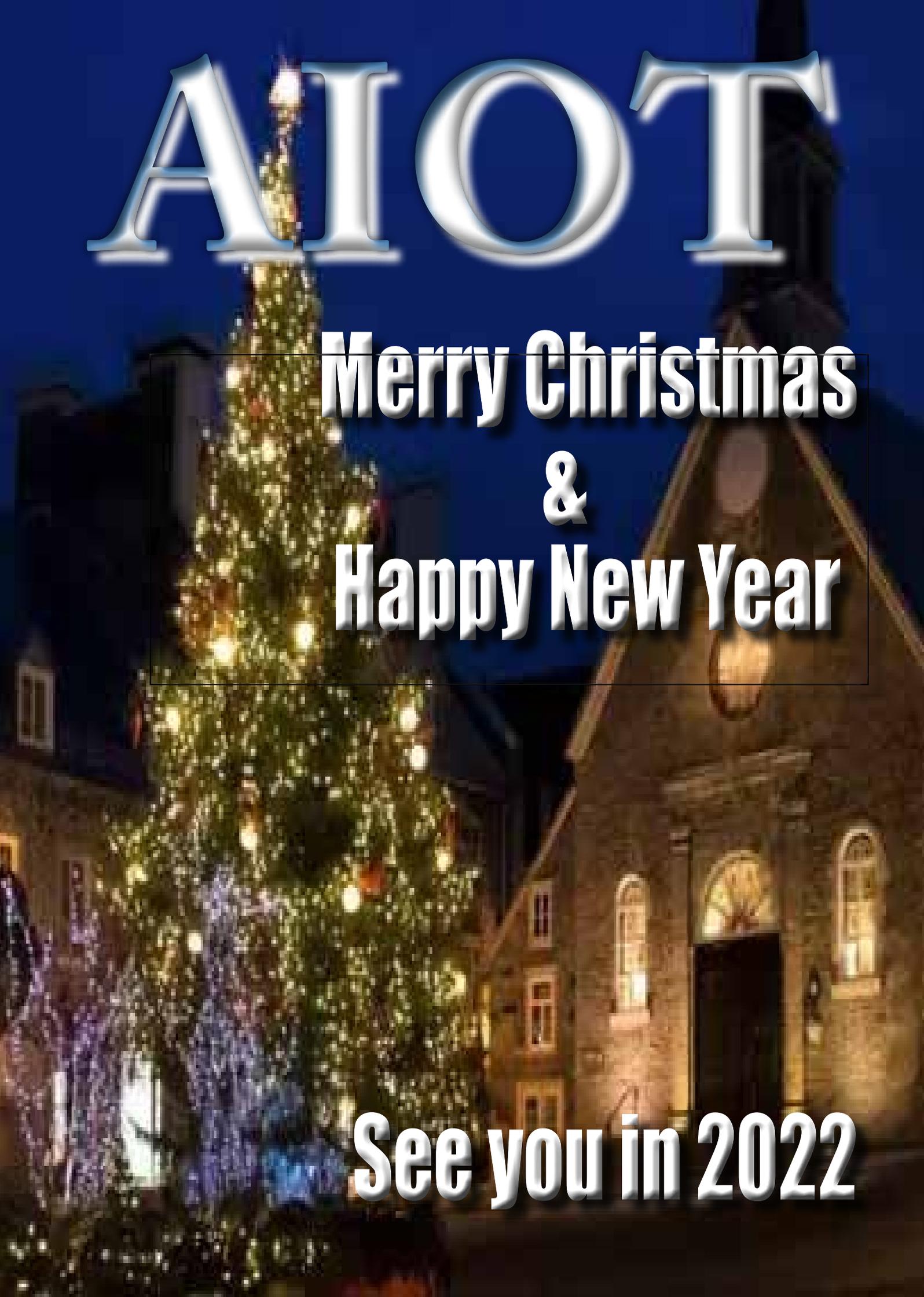
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# AIOT

**Merry Christmas  
&  
Happy New Year**

**See you in 2022**