

AIOT NEWS

VOL. 01 2010



INSIDE

- * President's report
- * Quality Assurance
- * Radiology Review
- * Website Update
- * Workshop pictures

KNOW YOUR FRACTURES!

What type of fractures are these? Answers on page 4



President's Report

Robert Vragovski

AIOT NEWS is the latest addition to the association. Over the 6 months we have held two workshops, both were held at Western Hospital in Melbourne. The first was sponsored by Orthocare. Nettie Stoddart (Orthocare Casting Advisor) and Michael King (Vic/Tas State Sales Manager) assisted our group with product and Nettie kindly demonstrated some new products. The group consisted of Tech's, Nurses, Doctors and Physio's. The format was upper and lower limb casting and splinting. The group was split into four. Glenn Brown and Nick Free presented synthetic scaphoid and below elbow casts. Ken Lewin - (Royal Melbourne Hospital) presented POP scaphoid and below knee casts. John Kinealy presented POP and synthetic below knee casts and I presented synthetic below elbow casts and splints. The group reformed and I presented a slide show of casting complications and incorrect cast applications. This reinforced the importance of correct casting technique.

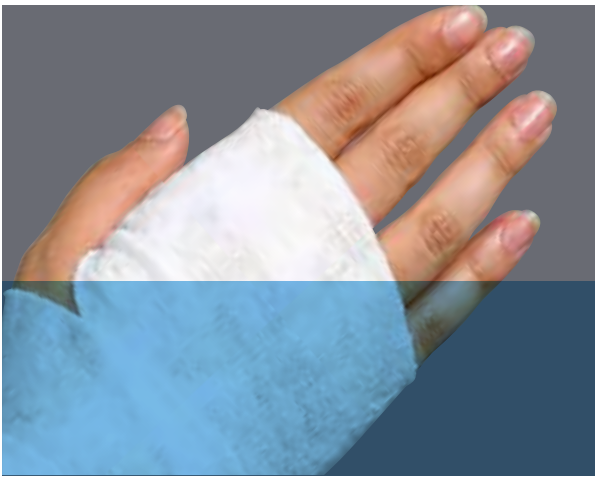
DJ ORTHOPAEDICS sponsored our second workshop, attended by Vic/Tas State sale managers Lisa and David Veale. The format ran the same as the previous workshop but unfortunately I could not

attend. John Kinealy presented the slide show. Never underestimate the power of visual images. The effect these images had on the group really highlighted how important understanding both the science, and art of casting.

LATEST NEWS we are currently in talks about our website after numerous setbacks and failed attempts. Its disappointing these days to find people who will follow through with their promises.

NEWSLETTER REVIVAL we hope you enjoy reading our newsletter. Please feel free to contribute with any info on up-coming workshops, articles, or just general information to our fellow members and colleagues. Lets try and show how professional, knowledgeable and committed we are to our profession. Get on board and write an education article.





COVIDIEN

positive results for life™

Webril™ II Undercast Padding

FEATURES & BENEFITS

- Ideal for use with synthetic and plaster casting material.
- Retains consistency wet and dry.
- Crimped finish for extra loft and conformability.
- Combination of mild stretch and cohesiveness, holds padding in place without shifting or bunching.
- Available in a sterile blister pouch for postoperative casting applications.

Webril™ II 100% Crimped Cotton Undercast Padding - Sterile

CODE	DESCRIPTION	CASE QTY
Sterile in Soft Pouch		
2666	Sterile Padding 5cm x 3.6m	50 Rolls
2754	Sterile Padding 7.5cm x 3.6m	50 Rolls
2847	Sterile Padding 10cm x 3.6m	50 Rolls
2944	Sterile Padding 15cm x 3.6m	24 Rolls

Webril™ II 100% Crimped Cotton Undercast Padding - Non Sterile

CODE	DESCRIPTION	CASE QTY
Non-sterile, Bulk		
4095	Non-Sterile Padding 5cm x 3.6m	24 Rolls
4152	Non-Sterile Padding 7.5cm x 3.6m	12 Rolls
4221	Non-Sterile Padding 10cm x 3.6m	12 Rolls
4519	Non-Sterile Padding 15cm x 3.6m	6 Rolls

Webril™ II 100% Crimped Cotton Undercast Padding

The natural fibre content of Webril™ II makes padding easier to apply than synthetic materials. While the cohesive properties prevent product from slipping.

Natural adherency makes it easy to pad bony prominences without leaving uncomfortable wrinkles.

Holds together well even when wet, yet will tear easily when molding to the limb.

No shrinkage with Webril™ II Undercast Padding means less chance of constriction. Due to the unique crimped finish of Webril™ II, optimal cushioning and bulk are achieved.

Webril™ II also has more open surface area, keeping the patient even cooler.



For more information please contact your Covidien Representative 1800 252 467

COVIDIEN, COVIDIEN with Logo "positive results for life" and ™ marked brands are trademarks of Covidien AG or its affiliate. © 2010 Covidien AG or its affiliate. All rights reserved.

WC 118-06-10

TYCO HEALTHCARE PTY LTD
166 EPPING ROAD,
LANE COVE NSW 2066
AUSTRALIA
(T) 1800 252 467

TYCO HEALTHCARE LTD
GROUND FLOOR, 15B VESTEY DRIVE,
MOUNT WELLINGTON, AUCKLAND
NEW ZEALAND
(T) 0508 489 264

WWW.COVIDIEN.COM

Website

This is a small image of the up coming AIOT website. Robert Vragovski and Tracey Prosser have worked relentlessly to get this up and running. It should be live within approximately 2 weeks. All AIOT members will have access to it. Congratulations to you both, on a job well done! I'm sure like me you will be very impressed. All members will be informed when it is released on the world wide web. To have access your fees must be up to date. If you would like to become a member complete the application form on the last page of this newsletter. Ed.



Contact your local Smith & Nephew sales representative for more information.



New Product

Actimove® Manus Forte Functional wrist brace for greater stability

Made from top quality, latex-free materials Actimove® Manus Forte is a highly breathable, stabilising wrist brace for the treatment of painful conditions and irritations of the wrist joint.

The anatomically shaped orthopaedic splint and wide inelastic hook and loop straps ensure strong support and comfortable stabilisation for effective pain relief and rapid recovery.

The tubular construction of Actimove® Manus Forte allows it to be easily applied with one hand. The soft thumb loop opening prevents the brace from slipping. Fingers are unrestrained and free to move.

Actimove® Manus Forte enables the patient to take part in everyday activities while providing security and support to the wrist.

Actimove® Manus Forte is indicated for the following;

- Carpal tunnel syndrome
- Osteoarthritis of the wrist
- Tendovaginitis (tenosynovitis)



Product Code	Description	Wrist Circumference
73482-03	S/M Right	14-19cm
73482-04	S/M Left	14-19cm
73482-05	L/XL Right	19-23cm
73482-06	L/XL Left	19-23cm

FASTER FRACTURE HEALING

RENT
for only \$10
per day

- >> Accelerate fresh fracture healing
- >> 38% faster healing
- >> Increase intracellular activity at fracture site
- >> Improve synthesis of key proteins
- >> Money back guarantee



Melwick
Low intensity pulsed ultrasound

- Air Intensity I = 30mW/cm²
- Ultrasound Frequency F = 1.5MHz
- Signal Impulse Duration 200µs
- Repetition Rate 1KHz

We need you!
Interested in writing an article for this newsletter. Go on - you can do it. Write to the editor; john.kinealy@wh.org.au



Know your fractures

Image No1 (Lateral view) is a plastic deformation of the radius and ulna. The bones bend but don't break. This injury is treated like a fracture and is placed into an above elbow cast after it has been reduced. Charnley's three point moulding is imperative.



Image No 2 (Lateral view) is a Colles' fracture. According to Ronald McCrae's book there are six characteristics to a Colles' fx. They are; dorsal displacement, dorsal angulation, shortening, radial deviation, radial angulation and supination of the distal fragment.



Image No 3 (A.P. view) is quite interesting as there are two fractures present. Firstly there is a Buckle (Torus) fracture of the radius, with a fracture of the scaphoid. This injury according to our Orthopaedic Surgeon Mr. Chris Harris, should be treated in a below elbow cast.



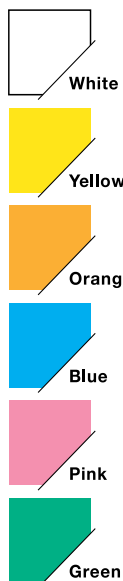


PrimeForm™ Fibreglass

Fibreglass Casting Bandage

PrimeForm Fibreglass is a synthetic casting bandage impregnated with a water-activated polyurethane resin. The knitted fibreglass substrate & resin formula provides for multidirectional stretch as well as a smooth surface and strong end lamination.

Available Colors



PrimeForm™ Polyester

Polyester Casting Bandage

PrimeForm Polyester is a knitted polyester casting bandage impregnated with a water-activated polyurethane resin. The polyester substrate provides excellent conformability, soft cast edges, strong end lamination and excellent functional strength in weight bearing situations.

PrimeForm™ Soft

Semi-Rigid Casting Bandage

PrimeForm Soft is a fibreglass casting bandage impregnated with specially formulated water-activated polyurethane resin that allows the bandage to remain semi-rigid & flexible. It is ideal for use in the management of soft tissue injuries, for selected orthopaedic casting applications and in paediatric settings.



Delta-Dry®

Water Resistant Cast Padding

For use under polyester or fibreglass casting tape

The unique patented technology in Delta-Dry has created a water-resistant cast padding which:

- Is easy to apply
- Is conformable to limb
- Offers a high level of patient comfort
- Has cut resistant properties

Ordering information

Code	Description	Items per unit
73443-00	5cm x 2.4m	pk/12 rolls
73443-01	7.5cm x 2.4m	pk/12 rolls
73443-02	10cm x 2.4m	pk/12 rolls



WATERPROOF CASTS: Helping your patients practice good personal hygiene while in a cast

Actimove® Sling

Collar and Cuff Support

- **NO** stretch
- **NO** cable ties
- **NO** safety pins
- High level of patient comfort
- Easily adjustable
- Convenient dispenser box
- 24 metres in one box

Ordering information

Code	Description	Items per unit
75859-18	2 rolls x 12m	bx/1



Contact your Smith & Nephew representative or customer service on 13 13 60 for further information



DISTRIBUTED BY:

Healthcare Division, Smith & Nephew Pty Ltd, 315 Ferntree Gully Rd, PO Box 242, Mount Waverley, 3149, Victoria, Australia
T 61 3 8540 6777, F 61 3 9544 5086, Customer Service T 13 13 60, F 1800 671 000. www.smith-nephew.com.au/healthcare

© Registered Trademark SN6271a (06-2010)



Delta-Cast® Elite

Polyester Casting Tape

NEW, IMPROVED Delta-Cast Elite is here!

New formula Delta-Cast Elite includes the following product improvements:

- Improved resin formulation – Delta-Cast Elite may now be applied with standard examination gloves
- Includes additional bandage length of approximately 30cm, unstretched
- The addition of pink, green and mixed pack to existing range of colours



The new formula of Delta-Cast Elite allows application with standard examination gloves

Delta-Lite® Plus

Fibreglass Casting Bandage

Everything you require from a fibreglass casting bandage, **at a competitive price**

- Excellent end laydown
- Smooth finished cast
- Strong lamination
- Consistent working time
- Easy unrolling tension
- Good conformability
- Improved rigidity



Application Tip

Remember to squeeze Delta-Lite Plus five times before removing from water

Contact your Smith & Nephew representative or customer service on 13 13 60 for further information



DISTRIBUTED BY:

Healthcare Division, Smith & Nephew Pty Ltd, 315 Ferntree Gully Rd, PO Box 242, Mount Waverley, 3149, Victoria, Australia
T 61 3 8540 6777, F 61 3 9544 5086, Customer Service T 13 13 60, F 1800 671 000. www.smith-nephew.com.au/healthcare

© Registered Trademark SN8271b (06-2010)



QUALITY ASSURANCE

Reduce mistakes!

Mr. Bob Brewster.
Orthopaedic Technologist (Retired)
Sweden.

In this text the words Quality Requirements and Control are used. These have become common in Finnish, being linguistically adapted from translations of the words standard and criterium. The former word standard has in many texts been translated to Finnish as Quality Requirement. The author has personally used the words Quality goal, because in have created a Quality Requirement sets a goal for good Health care.

In general the term standard means: norm, normal type, common or normal model or type, etc. With standardisation one means taking measures to assure



*5 year old child sustained this burn/cut after cast split due to neurovascular complications.

that a product or an intended goal are uniform and thus improve general comparative quality. (Definitions from The New Conversation Dictionary.) Standards and Quality Requirements are also general patient expectations concerning quality in Health care. Standards are thus the demands which Health care is required to meet and are commonly accepted when it concerns a qualitative high standard care. (According to Kalkas compendium, 1980.)

It is just not enough that we set up a goal. It is very important we also check that we have reached that goal. Therefore one must make an instrument for measurement, a form, a balance sheet, a criteria meter for Quality Requirements. *Criteria are known quantities, the conditions of object or a meaning which definitely sets it apart from all others. (*According to the New Conversation Dictionary, 1968.) In other words the criteria, quality measurements are a method to judge the quality of care. An example of Quality Requirement is an operation is successful when the patient does not get a hospital infection. A Quality Control would then be that a patient did not get an infection.

One learns that it is easier to organise Quality Requirements if you begin every statement (sentence) with the words: "Care is good, when..." Quality Control is easy to implement, you only need to check if the care is as good as one would wish.

The most important thing with Quality Requirements is the quantitative increase in the quality of care and the creation of a general satisfaction with your work. A job well done is always a reward in itself.

If we begin to demand Quality Requirement, it would be ideal if there were International Quality Requirements for Health Care for the world, and similar Quality Requirements for Finnish

Plan

- Age of patient
- Fracture type
- Work situation
- W.B. or N.W.B.
- Swelling
- Incontinent
- Diabetic
- Splint/Full cast?
- Split cast
- Extra padding
- POP or Synthetic
- Window needed later
- Moulding

Prepare

- Patient comfort
- Applicator comfort
- Bed height
- Patient position
- Limb stands
- Draping of patient
- Materials at arms length
- Equipment (scissors etc)
- Water (right temperature)
- Correct parameters
- Moulded properly
- Correct bandage width

Technique

- Speed
- Dexterity
- Even consistent bandages
- Smooth inner layers
- Smooth outer layers
- Cool or tepid water

Follow Up

- Neurovascular check
- Check edges
- Check mobility of all joints
- Check for dents or defects
- Verbally explain cast & limb care
- Provide written instructions on limb & cast care
- If sling provided explain any exercises
- Mark cast for any future windows
- Arrange cast check for following day
- If Total Contact Cast- Cast must be marked clearly with the words "Unpadded cast".

Excerpt from 'Introduction To Casting'. John Kinealy 1997.

One of the consequences of cast application!

Taken from Mail Online. To read the full article go to- www.dailymail.co.uk/news/article-1035568/Man-suffers-broken-ankle-LOSES-leg-doctors-make-plaster-cast-tight.html

* Images taken from R.Vragovski & J. Kinealy Casting Power Point presentation.

The screenshot shows a news article on the Mail Online website. The article title is "Man suffers broken ankle and LOSES a leg after doctors make plaster cast too tight". The author is JAYA NARAIN, and it was last updated at 4:04 PM on 16th July 2008. The article text states: "A pensioner was forced to have his leg amputated after medics allegedly fitted him with a plaster cast that was too tight. Tom Talks, 60, fractured his ankle while walking his dog and was taken to hospital where he was fitted with the cast. But his leg swelled up and he was left in agonising pain which forced to return several times to ask doctors to loosen the cast to relieve the pressure. They refused and Mr Talks eventually collapsed and was rushed to hospital by ambulance where surgeons told him he was lucky to be alive." Below the text is a photograph of a man in a hospital bed. The website header includes "Mail Online" and navigation links like "Home", "News", "Sport", etc. The date "Friday, Jun 04 2010 12PM" is visible in the top right corner.

care as well as your own hospital's Quality Requirement based on a world standard. There are no known International Quality Requirements as yet but one can begin to apply the principles to one's own work in the clinic. If there is not sufficient interest for Quality Requirement in your own clinic, the individual members of the staff

can make a Quality Requirement for their own area of treatment and carry it out alone. It is often enough that in the beginning that one starts following more carefully Health care's most important principles such as attention to the individual, safety and antiseptic factors, co-operation and interpersonal relations.

Casting is one of a technician's main tasks, so QR (Quality Requirement) has been initially applied to these areas. Hopefully, what follows below may be an example of how one can create Quality Requirement and Quality Control.

QUALITY REQUIREMENT NO 1

The cast is good when it is correctly applied anatomically and physiologically, that is it fulfills its task.

- it immobilises the injury in the correct position.
 - it is the correct size.(dimensioned)
 - it does not restrict movement in those joints in which this is permitted.
 - it does not apply unnecessary pressure during movement or cause skin sores.
 - it is correctly padded.
 - it gives sufficient support but is neither too tight, giving rise to undue pressure, or too loose.
 - it does not interfere with daily activity more than is necessary.
 - it allows sufficient movement and use limb of the limb.
 - it does not "point-pressure" against the skin.
 - it does not have "fingerprints" or edges pressing into the skin.
 - it is as painless as possible.
 - The patient complains no more than "normal" over the pain.
- With a good cast both the patient and the doctor are satisfied.

QUALITY REQUIREMENT NO 2

The cast is good when it is aesthetic

- it looks good
- its surface is smooth
- it looks professional
- its distal and proximal ends are suitable and well-fitting.
- its colour suits the situation.

QUALITY REQUIREMENT NO 3

The cast is good when its material is correctly chosen.

- it remains intact during the immobilisation period.
- it permits personal hygiene and rehabilitation, even for bed-ridden patients.
- the initial "primary" cast makes allowance for swelling.
- this form of treatment does not cause more problem than the injury
- the material is chosen with due consideration to both economic and environmental points of view.
- the choice should be for every individual case taking into account both the medical praxis and social considerations, e.g. social groups, children, and those who have "difficulty in understanding their situation."

QUALITY REQUIREMENT NO 4

The cast is good when the patient has been given sufficient advice:

- one explains to the patient why just this type of cast has been used.
- one tells the patient about the fracture and the casting position.
- one informs the patient about fluctuations in swelling and that the cast may become "loose" periodically.
- one describes to the patient the drying period of the material and precautions to observe at this time.
- one warns the patient not to get the cast wet and what happens should this occur.
- one alerts the patient about pain, and the degree of pain that is considered normal and when this level is exceeded who they should contact.
- One makes clear for the patient about how they should use the extremity in the cast. Applying light weight-bearing. How to use the hand while doing housework, etc.)
- One gives advice about elevating the extremity to reduce swelling.
- One recommends measures for rehabilitating a casted extremity during the period of immobilization.

Conclusion

I hope this article makes you think before and after applying, modifying or removing any cast or splint.



*Child presented with pain in ante cubital fossa. Cast applied in extension then flexed causing this crease.



*2 day post ORIF of Weber B Fx. Pt complained of pain and intense burning. Applicator used thumb to hold ankle in plantargrade position.



*Adult with B/K F/G cast. Same problem as image 1. Pressure area from padding and material applied with foot plantarflexed, then extended.



*Thumb spica slab applied with two separate pieces. POP slab allowed to crease over already wrinkled and poorly applied padding.

NEMOA™

EVER FRESH

WATERPROOF UNDERCAST PADDING



DON'T LET A CAST CRAMP YOUR STYLE

**BE ABLE TO WASH YOUR HANDS, BATH,
SHOWER AND SWIM
PERSONAL HYGIENE IS NOW A BREEZE**

Ask for NEMOA EVER FRESH with your next cast



ORTHOCARE

P.O. BOX 2510, BURLEIGH M.D.C. QLD, 4220 AUSTRALIA
"STELLA PLACE", 35 - 37 DOVER DRIVE, ANDREWS, QLD. 4220

Ph: (07) 5520 3666
Fax: (07) 5520 3266
Toll Free: 1800 226 445

Orthocare Workshop



D.J. Orthopaedics Workshop





Hygia Cast

Polyester orthopedic casting tape

Hygia Cast offers all the strength, rigidity and durability that you expect from a fiberglass tape—with the added advantages of being fiberglass-free. Hygia Cast is comprised of a knitted polyester fabric which features extensible yarns which shape easily to body contours, providing superior molding capabilities for both primary and secondary casting applications.

- Preventable from being damaged by the scattered particles of fiberglass
- All strength, rigidity and durability that you expect, but from a fiberglass-free tape
- Superior lamination
- Excellent conformability
- Improved finish for smoother and softer edges
- Less dust than fiberglass casting products
- Excellent X-ray radiolucency
- Encourage greater patient compliance given their vibrant colors and patterns
- Easily removed with a regular cast saw blade



DJO **DANEX**



FIBERGLASS (x 150)

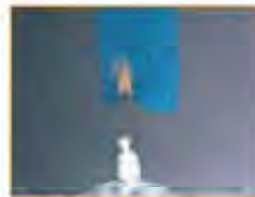
Safety

No risk of skin irritation and itching, even respiratory allergies as Hygla Cast is made of 100% knitted polyester fabric.



X-ray Radiolucency

Excellent X-ray radiolucency makes it easier and more efficient to take an accurate diagnosis for a patient's bone-setting.



Cost-effective Waste Disposal

Hygla Cast can be perfectly destroyed by fire after use and it doesn't cause any environmental problems.



Easy and Convenient to apply

The elasticity of polyester fabric provides excellent moldability and conformability.

Application Instructions:



Slip one layer of Hygla Cast over the affected body part.



Additional padding may be used for greater protection of pressure points and bony prominences.



Gloves must be worn.



Open only one roll of Hygla Cast at a time.



Invert the roll in room temperature water. Turn five squares of the roll while immersed will give a set time of approximately 3 minutes. To lengthen the set time, invert the roll and narrow it immediately without squeezing. This will give you a set time of around 6 minutes. Warmer water shortens the set time while cooler water lengthens it.



Wrap spirally, taking care to avoid excessive tightness.



Smooth and rub the surface to achieve good contact between layers. About 3-5 minutes after immersion in the water, Hygla Cast is sufficiently cured to prevent further soaking.

Removal: Hygla Cast may be unwound, trimmed or removed with traditional cast saw equipment. Although most standard saw blades are suitable for use on Hygla Cast, cutting of these strong, durable casts will be facilitated with the specially designed heat treated steel blades. Always be sure the blade is sharp. A blade that is not sharp will result in heat build-up and possible patient injury.

Product Information:

Code No.	Description of goods	Size	Shipping Qty
WS-0011	Hygla Cast	2.5cm x 1.8m	1 CTN(10 boxes of 10 rolls)
WS-002K	Hygla Cast	5cm x 3.6m	1 CTN(10 boxes of 10 rolls)
WS-003K	Hygla Cast	7.5cm x 3.6m	1 CTN(10 boxes of 10 rolls)
WS-004K	Hygla Cast	10cm x 3.6m	1 CTN(10 boxes of 10 rolls)
WS-005K	Hygla Cast	12.5cm x 3.6m	1 CTN(10 boxes of 10 rolls)

1-White, 2-Green, 3-Pink, 4-Blue, 5-Red, 6-Yellow, 7-Grey, 8-Black, 9-Purple, OR-Orange

WS-0021 (5cm x 3.6m, white)

→ Color
→ Inch



Phone: 1300 66 77 30 Fax: 1300 66 77 40

Radiology review

Fractures- a pictorial essay

Dr. Jacques Robin FRANZCR

Radiologist

The Northern Hospital

Epping, Vic, Australia.

Introduction:

The presence of a fracture may be confirmed by the presence of one or more signs on a radiograph.

Fig 1



1. Most commonly an irregular lucency is present separating the bone margins of the fracture.

Fig 2



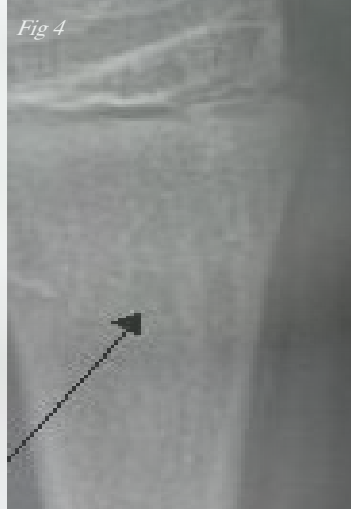
2. With overlapping bone margins a sclerotic (white) line may be seen.

Fig 3



3. Cortical deformity here seen in a metacarpal fracture.

Fig 4



4. Trabecular irregularity, can be subtle and may be the only plain film sign of an undisplaced fracture.

B. Position of fragments:

The relative displacement and angulation of fracture fragments will give the treating practitioner information regarding the relative need for reduction.

Undisplaced fractures can have fixation applied without the need for reduction



8. An undisplaced fracture of the midshaft of the radius.

9. A Colles fracture of the distal radial metaphysis, an injury most commonly seen in post-menopausal females, demonstrating dorsal angulation of the distal fragment. The fracture is the result of falling on the outstretched arm and warrants reduction of angulation prior to fixation.



D. Relation to joints and bone attachments:

In intra-articular fractures, a fracture line extends into the surface of an adjacent joint, requiring consideration of the importance of realignment to maintain function at the joint over the long-term.



13. An undisplaced intra-articular fracture of the radial styloid. The fracture line extends into the articular surface of the radio-carpal joint. Future union in this position would maximize joint function.



14. A minimally displaced intra-articular fracture of the trapezium resulting in a small step in the joint surface. Such incongruity at the joint may result in accelerated degenerative arthropathy if not reduced into anatomic alignment.

Part 2 of this X-Ray article will continue in the next newsletter.

Australian Institute of Orthopaedic Technologists Inc.

ABN No 57 322 771 197



PRIVACY COMMUNICATION

When completed, please forward to:

***Ms Tracey Prosser
6 The Esplanade South
Geelong Vic 3220***

Current AIOT Executive

<i>President</i>	<i>Mr. Robert Vragovski</i>
<i>Vice President</i>	<i>Mr. Nick Free</i>
<i>Sec/Treasurer</i>	<i>Ms. Tracey Prosser</i>
<i>Board Member</i>	<i>Mr. Glenn Brown</i>
<i>Board Member</i>	<i>Mr. John Kinealy</i>
<i>Newsletter Ed</i>	<i>Mr. John Kinealy</i>

AUSTRALIAN INSTITUTE OF ORTHOPAEDIC TECHNOLOGISTS Inc.

**Information supplied on the Application form is strictly private
and confidential.**

I agree that all communication made by the Board to any person, or between members of the Board to any other persons, or made between members of the Board in relation to membership / examination shall be absolutely privileged and shall for all purposes be deemed absolutely privileged communication.

This includes supplying mailing information about its members to any person or organization.

APPLICATION FOR MEMBERSHIP/REGRADING

(BLOCK LETTERS PLEASE)

TITLE (MR/MRS/MS/MISS/DR)	
SURNAME	
FIRST NAME	
ADDRESS (to which you would like all correspondence sent)	
EMAIL (please note: it would be appreciated if you could supply an email address as this is an easy way for us to communicate with you) Please print clearly	
PHONE NUMBER/S	
EMPLOYER & EMPLOYER'S ADDRESS	
JOB TITLE/POSITION	
YEARS/MONTHS IN POSITION	

QUALIFICATIONS AND EXPERIENCE

PLEASE PROVIDE US WITH A BRIEF DESCRIPTION OF YOUR JOB (YOU MAY ATTACH A JOB DESCRIPTION IF YOU WISH):

PLEASE LIST ANY TRAINING SESSIONS OR COURSES YOU HAVE ATTENDED RELATED TO ORTHOPAEDICS OR CASTING:

IF YOU HAVE RUN ANY TRAINING SESSIONS OR HAD INPUT INTO DESIGNING EDUCATIONAL MATERIALS RELATED TO CASTING OR ORTHOPAEDICS, PLEASE LIST: (IF THERE ARE MULTIPLE ITEMS, YOU MAY LIKE TO ATTACH COPIES OF SUPPORTING DOCUMENTATION RATHER THAN ITEMISING EACH ONE):

Please tick for permission for your email address to be on the website.

DECLARATION

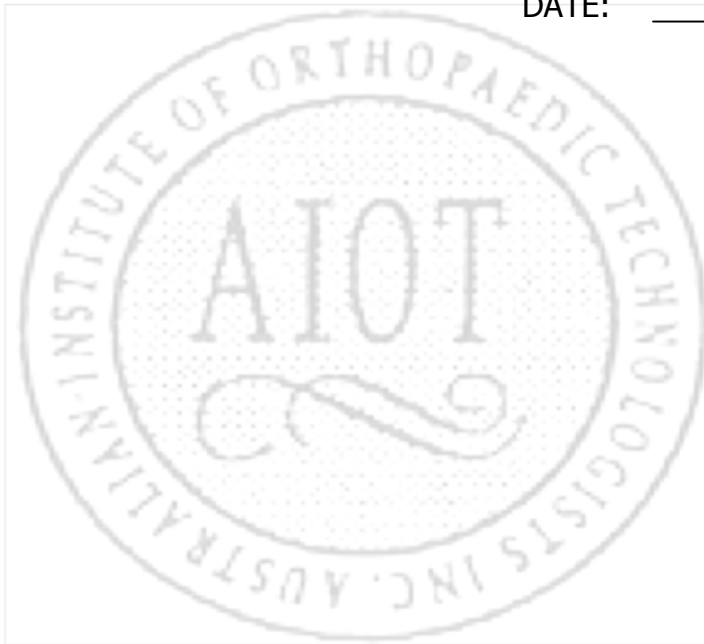
I FULLY UNDERSTAND, THAT MY ACCEPTANCE AS A MEMBER OF THE INSTITUTE DOES NOT IMPLY THAT I AM, OR CAN ASSUME TO BE, AN ORTHOPAEDIC TECHNOLOGIST.

I UNDERSTAND THAT I MAY NOT USE ANY QUALIFICATIONS UNDER THE CONSTITUTION OF THE INSTITUTE, UNTIL SUCH TIME AS I AM DEEMED SO QUALIFIED BY THE BOARD AND BY THE LAWS, OF THE AUSTRALIAN INSTITUTE OF ORTHOPAEDIC TECHNOLOGISTS.

I, THE UNDERSIGNED, HEREBY DECLARE THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND I AGREE TO ABIDE BY THE CONSTITUTION OF THE ASSOCIATION.

SIGNED: _____

DATE: _____



Initiation Fee \$ 10.00

Membership Fee \$ 40.00

Fellow	\$50.00 – Holds a Cert IV
Ass Fellow	\$40.00 - Does not have Cert IV