East Lancashire Hospitals NHS Trust

LKS Current Awareness Bulletin
Orthopaedics – June 2019

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- Evaluation and diagnosis of common causes of forefoot pain in adults
- Evaluation and diagnosis of common causes of hindfoot pain in adults
- Overview of foot anatomy and biomechanics and assessment of foot pain in adults
- Talus fractures

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The Influence of Gait Pattern with AIDS on the Patient's Recovery in an Early Period of Total Knee Replacement
Author(s) Vassileva D.; Mindova S.; Karaganova I.; Nedelcheva I.
Source Acta Medica Bulgarica; 2019; vol. 46 (no. 2); p. 36-40
Abstract: Introduction: The total knee replacement is the definitive treatment for knee osteoarthritis (OA). It is an effective intervention to correct OA-related functional limitation. In such patients postoperatively are observed significant differences in the biomechanics of the two knee joints. While bearing the body weight the unoperated knee joint becomes very painful, stiff and incapable of neutral positioning. These factors significantly hamper the initial training in gait with aids in the standard locomotive stereotype immediately after surgery for knee joint replacement, where walking plays an essential role in daily activities and has varied health benefits. Aim(s): The aim of the study was to check whether different types of gait with aids in the early postoperative period after total knee replacement have a different influence on the recovery process. Material(s) and Method(s): This study was conducted between January 2017 and July 2018 in the Department of Orthopedics and Traumatology of the University Hospital "Kanev" - Rousse. It included 56 patients with unilateral total knee replacement after gonarthrosis, divided into a control and experimental group, each of 28 patients. All patients in both groups had knee extension deficit of the untreated knee joint. The patients in both groups followed the same physiotherapy programs, performed from about the 2nd postoperative day to the 21st day when they were discharged from the department. The difference between the patients in both subgroups was their gait pattern with two axillary crutches. Results and Discussion: There were statistically significant differences between both groups. One of the most significant differences was in ROM. In the experimental group patients, flexion was improved with an average of 20degree more than in the control group patients. Also, in the operated joint, the patients in the experimental group had no contracture, whereas those in the control group showed 15degree at the end of the follow-up period. Conclusion(s): The results of the study show that the choice of gait training in the following order "crutches, operated leg, crutches, untreated leg" in patients with extensor deficiency and contracture in the untreated knee is more appropriate than the standard type of training in walking with aids.

Are orthopaedic surgeons reading radiology reports? A Trans-Tasman Survey
Author(s) Kruger P.; Lynskey S.; Sutherland A.
Source Journal of Medical Imaging and Radiation Oncology; Jun 2019; vol. 63 (no. 3); p. 324-328

Abstract: Introduction: The attitudes of orthopaedic surgeons regarding radiology reporting is not well-described in the literature. We surveyed Orthopaedic Surgeons in Australia and New Zealand to assess if they routinely review formal radiology reports. Method(s): An anonymized, 14 question online survey was distributed to consultant surgeons of the Australian and New Zealand Orthopaedic Associations (AOA, NZOA). Result(s): Two hundred respondents completed the survey (Total number of Fellows: 283 NZOA, 1185 AOA). 18.5% of respondents always reviewed the formal Radiology report, 44.5% most of the time, 35% sometimes and 2% never. By imaging modality, MRI reports were the most frequently reviewed (92%), followed by ultrasound (74%) and nuclear medicine (63%). Only 10% of surgeons consulted formal reports for plain radiography. 55% of surgeons were still likely to disagree with the MRI report, followed by 46% for plain radiography. In cases of disagreement, only 21% of surgeons would always contact the reporting radiologist. The majority of Surgeons (85.5%) think there should be more collaboration between the disciplines, although only 50.5% had regular attendance of a Radiologist at their departmental audit. Conclusion(s): This survey reveals that the majority of orthopaedic surgeons are not routinely reading radiology reports. This points towards a need for further interdisciplinary collaboration. To our knowledge, this is the first survey directly assessing attitudes of orthopaedic surgeons towards radiology reports.

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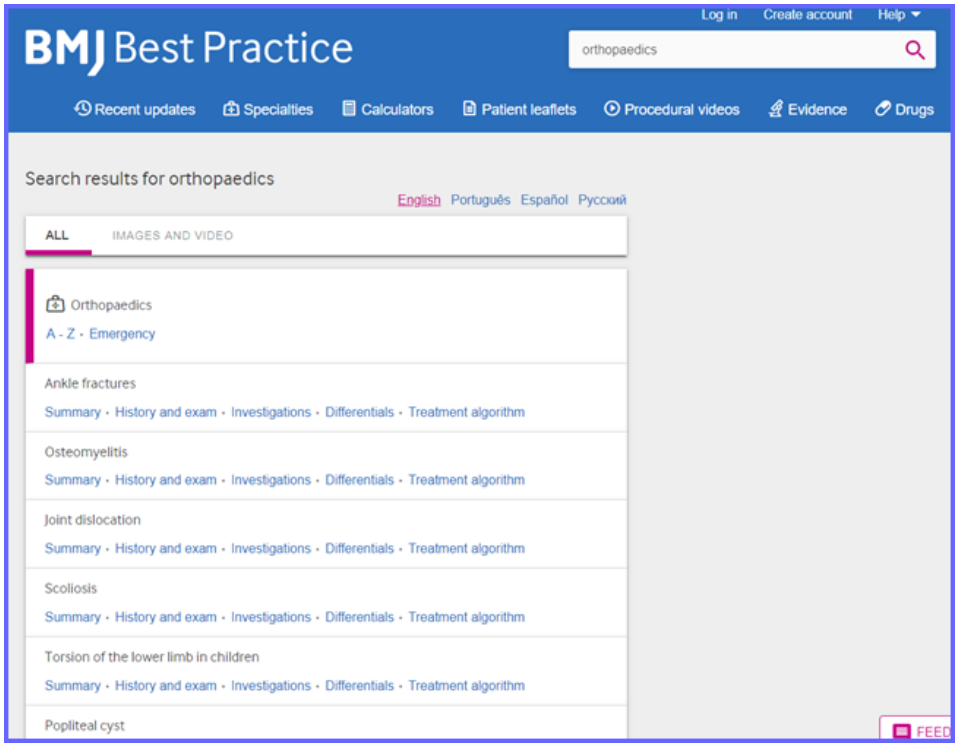
Surgical management of patellofemoral instability
Author(s): Purohit, Neeraj; Hancock, Nicholas; Saifuddin, Asif
Source: Skeletal radiology; Jun 2019; vol. 48 (no. 6); p. 859-869
Abstract: The patellofemoral joint is a complex joint that relies on both bone and soft tissues for its stability. Dysfunction of the patellofemoral joint, whether pain or instability, is a common cause of medial consultation. Thorough clinical and imaging assessment is important for managing these patients, who may require a combination of a bony and soft tissue surgical procedure. Trochlear dysplasia, a cause of anterior knee pain and patellar instability, has been classified using conventional radiography. Radiographic signs on a lateral projection, such as the "double contour" sign and the "crossing sign", can alert the radiologist to the grade of trochlear dysplasia. Magnetic resonance imaging (MRI) is the gold standard for accurately assessing the soft tissue around the patellofemoral joint, such as the medial patellofemoral ligament and the medial and lateral patella retinacula, especially in the context of a transient patella dislocation. Risk factors for patellofemoral instability, such as patella alta, an increased tibial tubercle to trochlear groove distance and trochlear dysplasia, can all be assessed on MRI. Advanced imaging techniques such as dynamic MRI and CT are able to demonstrate patellar maltracking. These techniques can also be employed to reliably assess the outcomes of treatment. In this article, we review the normal and abnormal pre-operative imaging findings of the knee extensor mechanism in relation to patellofemoral joint instability. This review provides a useful tool for the reporting radiologist and highlights the imaging findings that are of relevance to the orthopaedic surgeon. **Request this article from the library**

Electrospun Polylactide-Nano-HydroxyapatiteVancomycin Composite Scaffolds for Advanced Osteomyelitis Therapy
Author(s): Zhao, Xingyu; Han, Yu; Zhu, Tongtong; Feng, Naibo; Sun, Yifu; Song, Zhiming; Li, Shuqiang; Liu, Jianguo; Ding, Jianxun
Source: Journal of biomedical nanotechnology; Jun 2019; vol. 15 (no. 6); p. 1213-1222
Abstract: The development of effective treatment for the infection and bone defect resulting from advanced osteomyelitis is an urgent task in the orthopedic clinic. To simultaneously address the issues of infection and bone defect, the multifunctional electrospun scaffolds composed of polylactide (PLA), nano-hydroxyapatite-graft-polylactide (nHA-g-PLA), and antibiotic vancomycin (VAN) were developed for the treatment of advanced osteomyelitis in the present study. The composite scaffolds PLA/nHA/VAN could sustainably release VAN and exhibited excellent antibacterial activity toward S. aureus. The rough surface of PLA/nHA/VAN induced by the presence of nHA-g-PLA promoted the adhesion and proliferation of osteoblasts. More interestingly, PLA/nHA/VAN, especially PLA/nHA10/VAN8, reduced bone infections and boosted bone regeneration at the defect site with better outcomes than other treatment groups. In conclusion, it has been demonstrated to be highly effective for the treatment of osteomyelitis using the scaffolds with sustained release properties, which has great potential for real application in the orthopedic clinic. **Request this article from the library**



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A Competence Framework for Orthopaedic and Trauma Practitioners
The RCN recognises the importance and value of orthopaedic and trauma practitioners in clinical practice. These competencies have been revised to support these practitioners in a clear, consistent and evidence based format to reflect their specific, specialist knowledge and skills.
Source: Royal College of Nursing

Exercises to promote bone and muscle strength
Bones stay strong if you give them work to do. Keeping physically active and doing exercise will help you maintain bone density and strength as you age.
Source: Royal Osteoporosis Society

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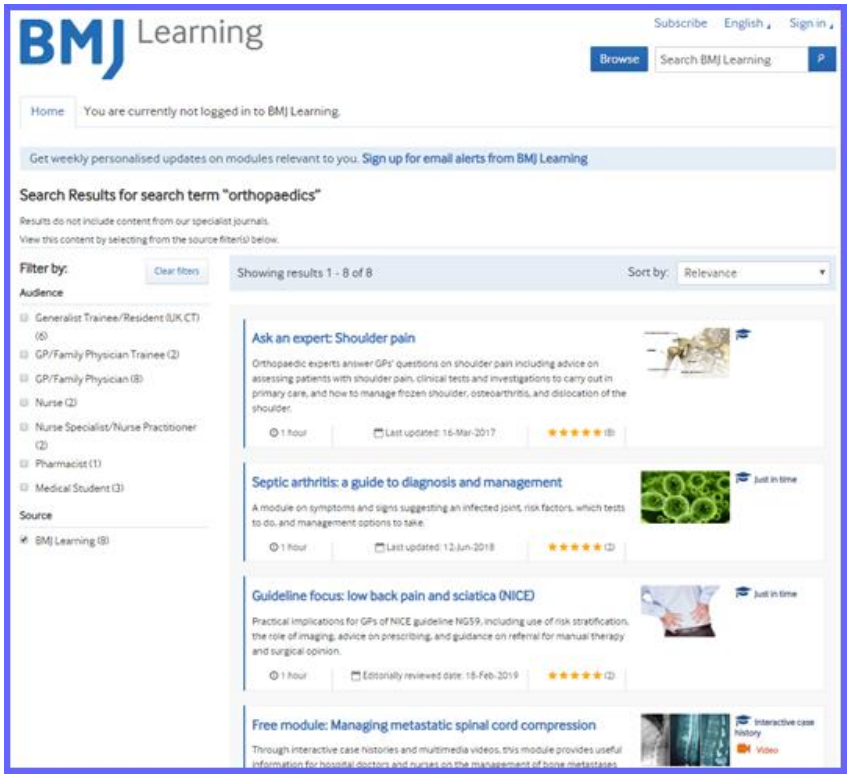

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