

Orthopedics

Fractures

- S/S – Pain and tenderness, unnatural movement, deformity, crepitus, swelling, discoloration
- Diagnostics – X-ray
- Treatment – reduction, maintain realignment, restoration of function
 - o What if it is open?? Cover with something sterile if possible
- What are major complications to look out for??
 - o Compartment syndrome – pain is disproportionate for the injury. If they have a cast, you could loosen it by bi-valving it. If in any doubt, call MD!
 - Make sure you are doing your neurovascular checks.
 - o Shock, hypovolemic, can occur with trauma of pelvic fractures, crushing fractures and long bones
 - o Fat embolism
- Cast Care
 - o Plaster - Use your palms, keep uncovered, only rest extremity on pillow, mark any bleeding, neurovascular checks
 - o Fiberglass – dries very fast so molding has to occur quickly
- Traction must be continuous
 - o Never release without an order
 - o Weights should hang freely and not touch floor
- Joint replacement
 - o Hip – neurovascular checks, overhead trapeze, firm mattress, neutral rotation, extension of hip, abduction, encourage isometric exercises, trochanter roll, avoid crossing legs, avoid bending over
 - Watch for dislocation, infection, and avascular necrosis

Amputations

- Causes - PVD, Trauma, congenital deformities, malignancies, infection
- Post op – monitor dressing, prevent contractures by extension, stump should lie flat (you may see some elevation first 24 hours), phantom pain is real, limb shaping to form a cone for better fit of prosthesis, encourage upper body strength work

Review how to educate on walkers and crutches