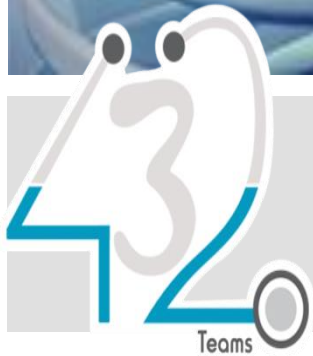


# Orthopedics

## 1 Introduction to Orthopedics



**1<sup>st</sup> Edition:**

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Revised by: Majed ALOmar (A1)

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جامعة  
الملك سعود  
King Saud University



**Color Code:**

**Slides**

**431 team work**

**Doctor's Notes**

**Arabic Words**

**Team Notes**

**Books' notes**

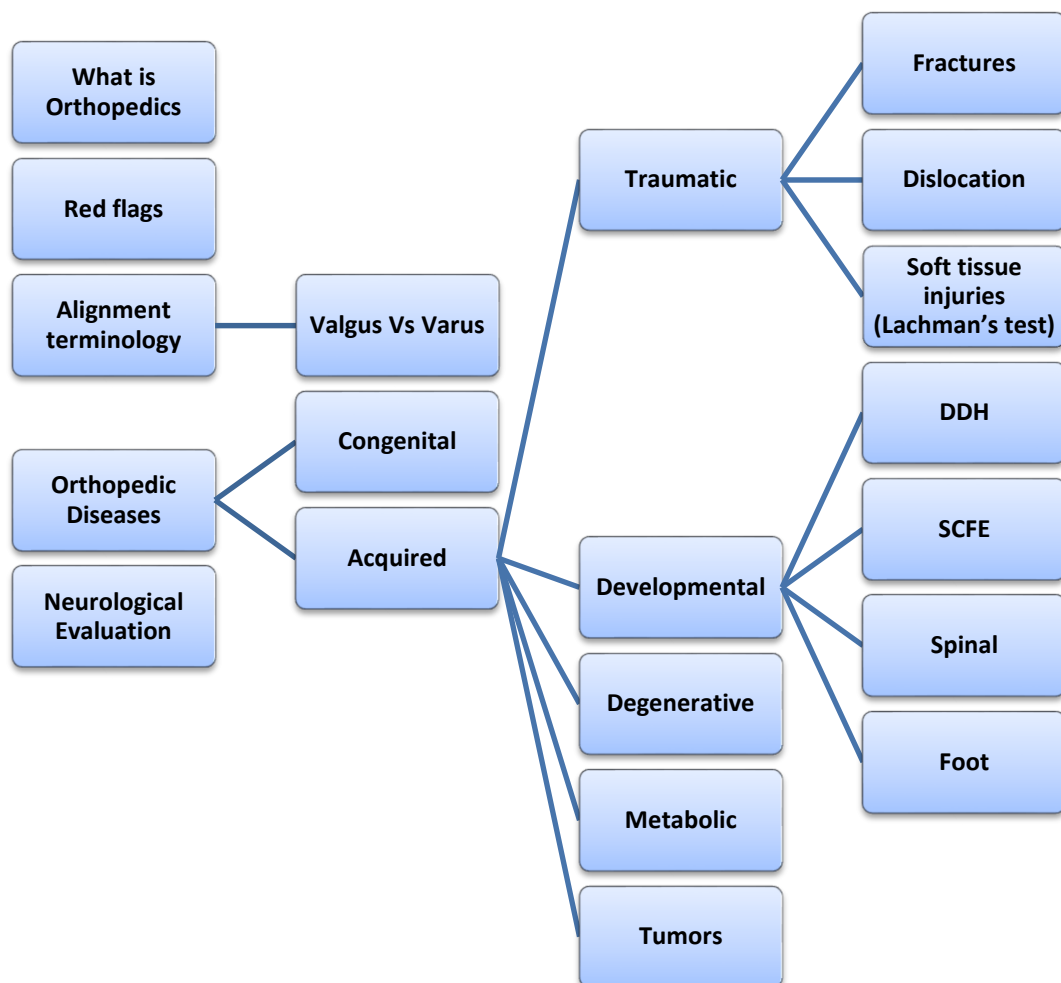
**Important**

**Other Sources**

# Objectives

- To explain what is Orthopedic and what conditions will be discussed during this course.
- Explain what do we mean by Red Flags.
- List the different causes of orthopedic disease.
- Describe some of clinical examination tests.
- Introduce titles of Clinical Skills which will be taught during this course.

## MIND MAP



# Orthopedics

- ORTHO = Straight, Upright, Correct. Paios = Child.
- First used by **Nicolas Andry**; a French doctor (1841) in a book titled "Orthopedia: the art to correct and prevent deformities in children".
- Orthopedic specialty is the branch of medicine which manage trauma and disease of musculoskeletal system. It is also known as: Trauma and Orthopedic Surgery.
- **It includes:** bones, muscles, tendons, ligaments, joints, peripheral nerves, vertebral column and spinal cord and its nerves.
- **Sub-Specialties:** Pediatric Orthopedic, Sport and Reconstructive Orthopedic, Orthopedic Trauma, Arthroplasty, Spinal Surgery , Foot and Ankle surgery and Orthopedic Oncology.

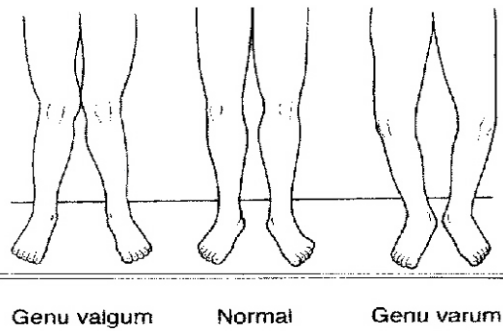
## **RED FLAGS:**

- Red Flag = Warning Symptom or Sign.
- Red flags should always be looked for and remembered.
- Presence of a red flag means the necessity for urgent or different action/intervention.

## **Examples:**

- **Open Fractures:** more serious and very high possibility of infection and complications.
- **Complicated Fractures:** fracture with injury to major blood vessel, nerve or nearby structure.
- **Compartment Syndrome:** increase in intra-compartment pressure which endangers the blood circulation of the limb and may affect nerve supply.
- **Acute joint Dislocations:** requires urgent reduction or may cause serious complications
- **Multiple Trauma or Pelvic Injury:** more than one fracture or injury sustained at the same time; consider massive blood loss and associated injuries.
- **Cauda Equina Syndrome:** compression of the nerve roots of the Cauda Equina at the spinal canal which affect motor and nerve supply to lower limbs and bladder (also saddle or peri-anal area).
- **Infection of Bone, Joint and Soft Tissue:**
  - **Osteomyelitis:** Infection of the bone.
  - **Septic Arthritis:** Infection of the joint.
  - **Cellulitis:** spreading Infection of the soft tissue, May cause septicemia or irreversible damage.

**Alignment terminology:**



**Valgus:** when the limb go lateral and the joint go medial.

**Varus:** when the limb go medial the joint lateral.

In the upper limb the elbow is called **Cubitus**. So, the same as the lower limb we call it either **cubitus valgus or varus**. In examination you have to describe the alignment before you describe the swelling or small wound.



Cubitus Varus

Cubitus Valgus



**Orthopedic Diseases:**

**Congenital**

Present since birth (though may not be evident till some time later).



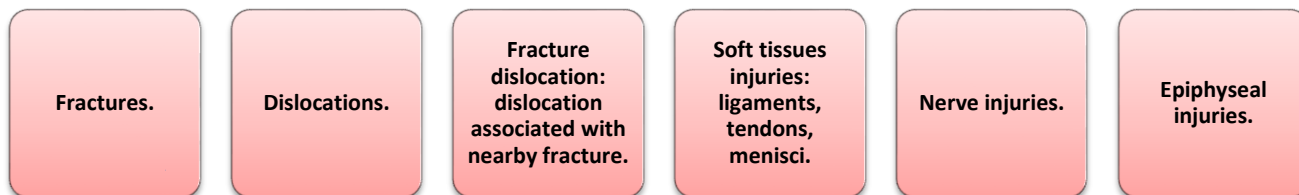
Talipes equinovarus TEV

**Acquired**

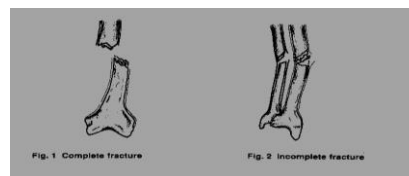
Develop or begin after birth.

- Trauma
- Developmental
- Inflammation
- Infection
- Neuromuscular
- Degenerative
- Metabolic
- Tumor

**- Traumatic:**

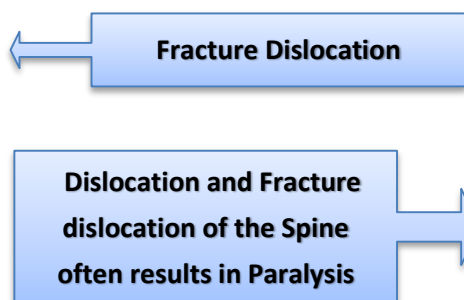
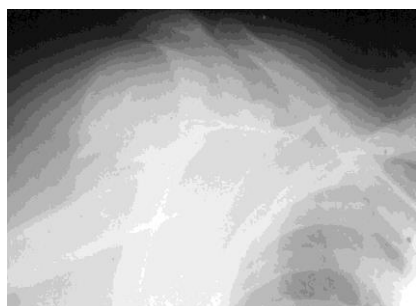
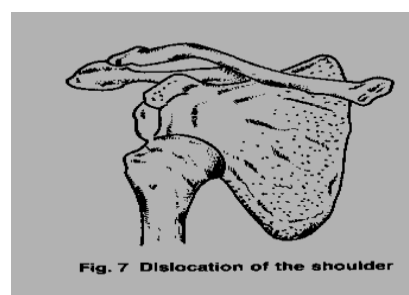


**1- Fractures:** Break in the continuity of bone.



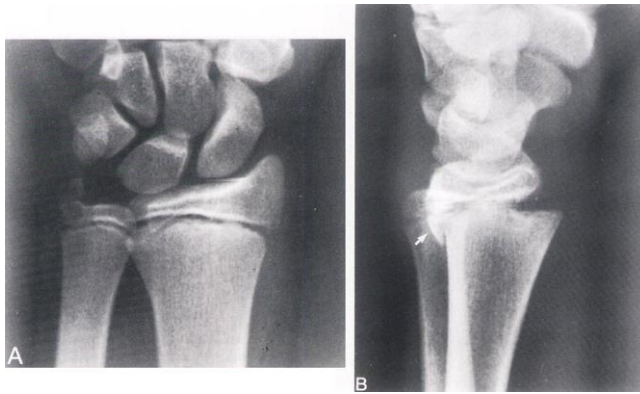
**2- Dislocation:** Complete separation of the articular surface

- How to describe dislocation?
  - o Distal to proximal fragment: Anterior, Posterior, Inferior, or Superior.
- Acute dislocation may be complicated by neurovascular injury.
- Acute dislocations require urgent reduction



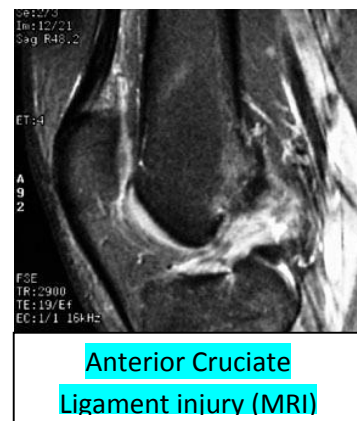
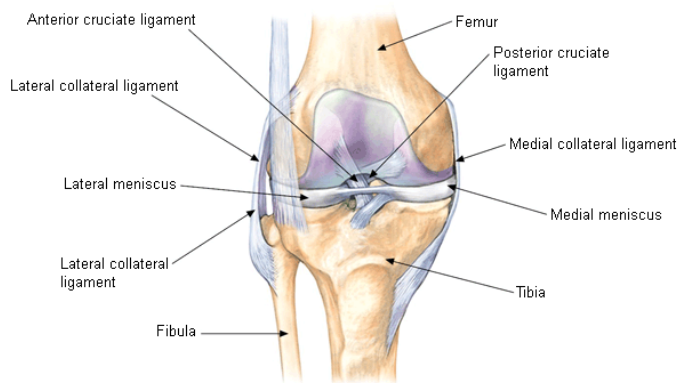
- **Intra-articular Fractures:** If displaced; should always be treated by ORIF= (Open Reduction and Internal Fixation).
- Failure to reduce and fix such fracture results in loss of function, deformity and early degenerative changes.



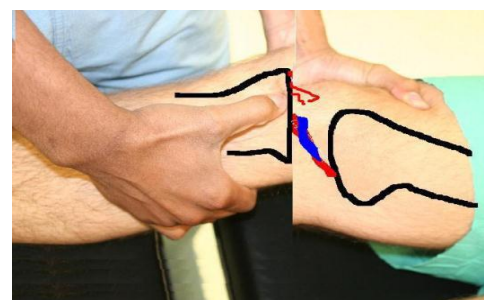


← Epiphyseal Injuries:  
Salter-Harris classification

**3- Soft tissue injuries of the knee:**



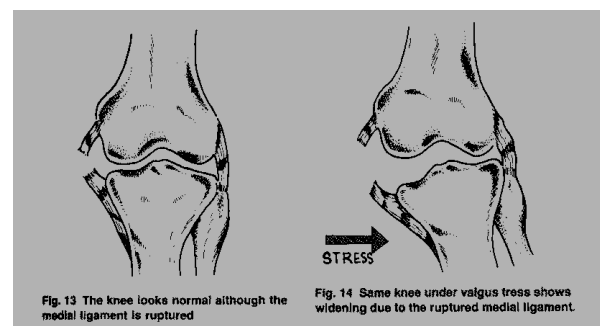
**Lachman's test:** To diagnose injury of the anterior cruciate ligament (ACL).



\* Video: <https://www.youtube.com/watch?v=gfN-p-xZx24>

**Medial Collateral Ligament (MCL):**

Extra articular. We do stress test to the knee to determine if there is an injury to the collateral ligament or not. It appears normal in x-ray.



**- Developmental:**

**1-Developmental Dislocation of Hip (DDH):** The hip joint has not formed normally. The ball is loose in the socket and may be easy to dislocate. **The mother complains of difficulty in changing the baby's diaper.** At the beginning we do US because it's easier. When the baby become few months old, we do x-ray.

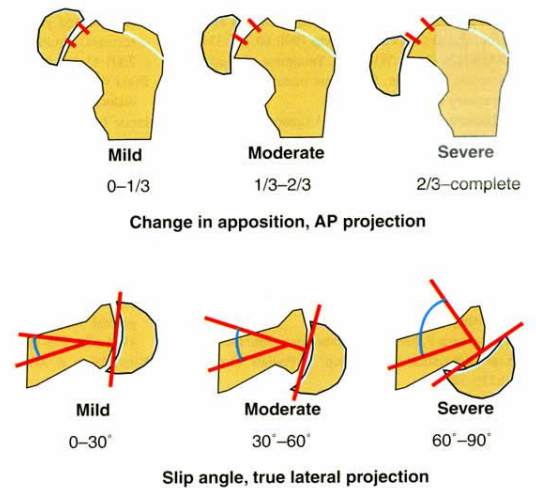


**Orthosis:  
Pavlick Harness  
for DDH**



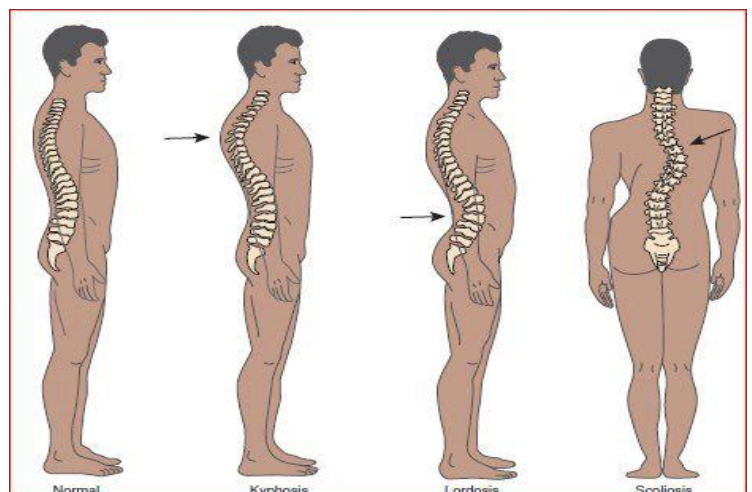
**2- Slipped Capital Femoral Epiphysis (SCFE):**

For reasons that are not well understood, the ball at the upper end of the femur (thigh bone) slips off in a backward direction. This is due to weakness of the growth plate. Most often, it develops during periods of accelerated growth, shortly after the onset of puberty.



**3-Spinal Deformities:**

- **Hyperlordosis** is an excessive inwards curvature of the lumbar (lower) spine. It's very common among females in our society.
- **Kyphosis** is an exaggerated curvature of the upper (thoracic) spine that creates a hunchback appearance.
- **Scoliosis** it is the lateral deviation of the spin from the mid line.
  - Most of the time it's painless and
  - Developmental (but it could be congenital).
  - Mostly affect female more than male.



**4-Developmental Foot deformity: Hallux Valgus**

Forefoot become wide then when patient wearing tight shoes it becomes more deviation.

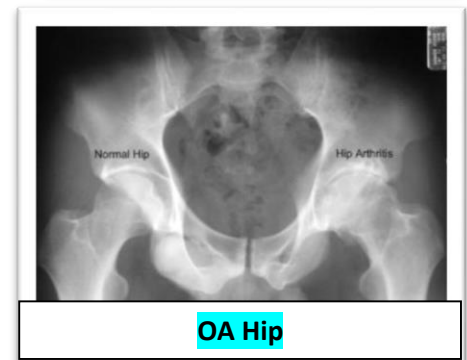
**-Degenerative:**

- Occur at any joint
- Can be primary or secondary
- Increased wear and tear
- Can lead to pain, deformity, loss of function
- Increase with advancing age
- Management depends on type and age



**The changes which can happen in osteoarthritic hip:**

- Decrease in the joint space because the cartilage becomes thinner.
- There may be sclerosis of the hip.
- There will be an osteophyte.



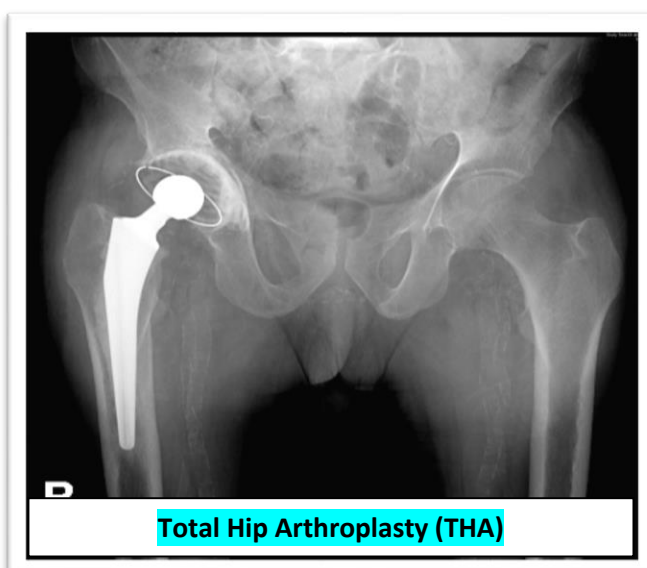
**OA Hip**

**The changes which can happen in osteoarthritic knee:**

- Decrease medial joint space.
- Osteophytes formation.
- Sclerosis.



**Osteoarthritis of Knee**



**Total Hip Arthroplasty (THA)**



**Osteoarthrosis of Knee**



**- Metabolic:**

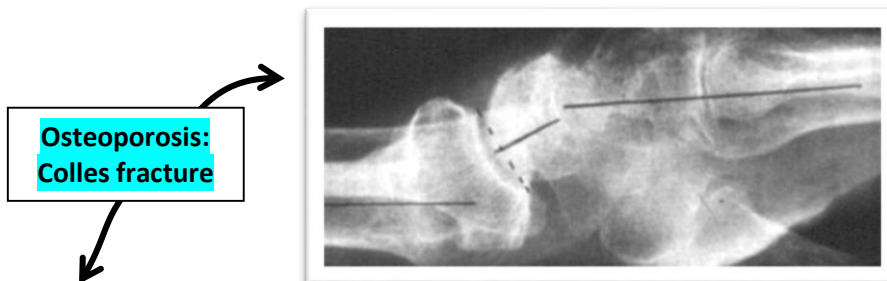
**Rickets: Bow Legs**

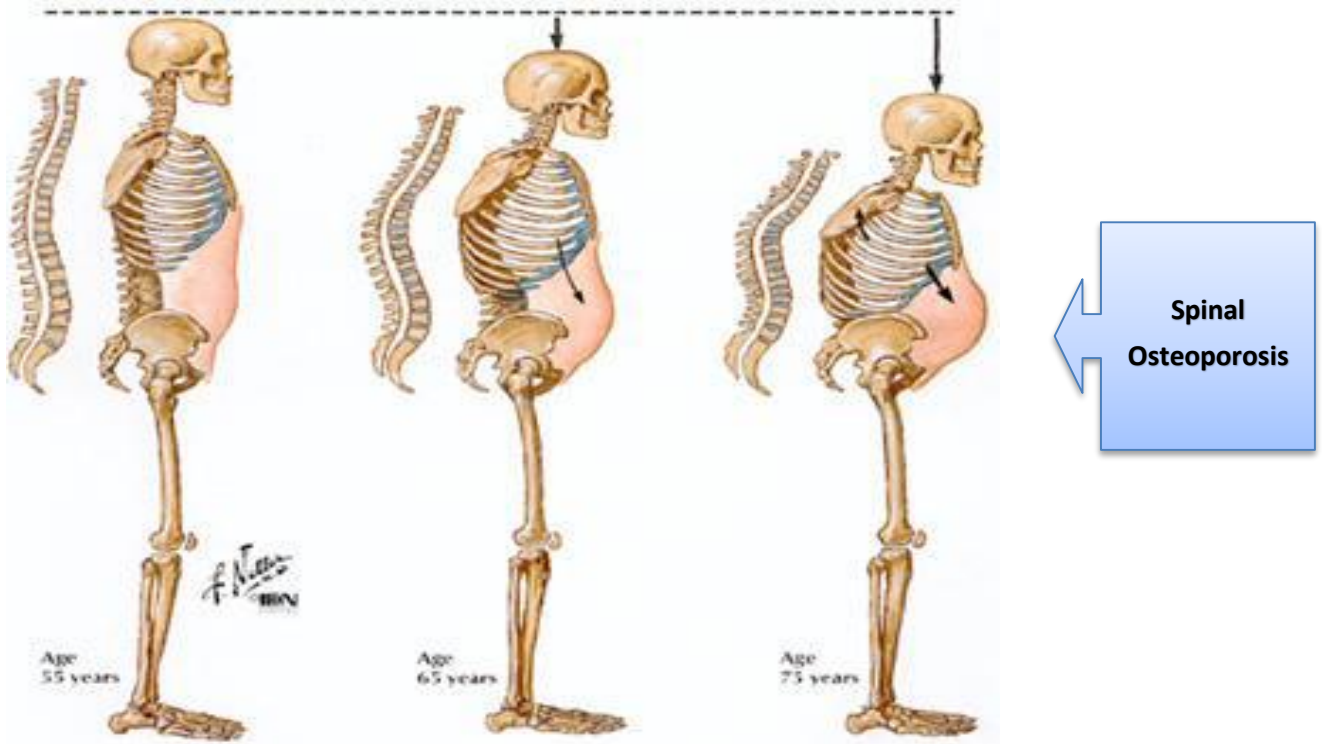
- Unique to children
- It's due to vitamin D, calcium deficiency or insufficient exposure to the Sunlight (nutritional & sun exposure).
- Sometimes the cause is the kidney disease & it's called renal rickets.



**Osteoporosis:**

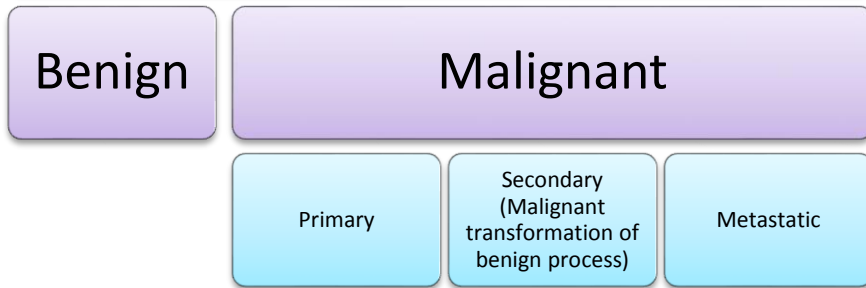
- **Fracture of the Neck of the Femur (NOF):** The most dangerous complication especially in old people.
- **Colles fracture**
- **Spinal Osteoporosis:**
  - Mainly affect female more than male due to the decrease of the level of estrogen after the menopause.
  - It's painless & can cause the fractures.
- **Osteoporotic fractures** are painful & can affect the patient's life & he may die from it (especially hip fracture).





**- Bone Tumors:**

**Tumors & Tumorlike Lesions**



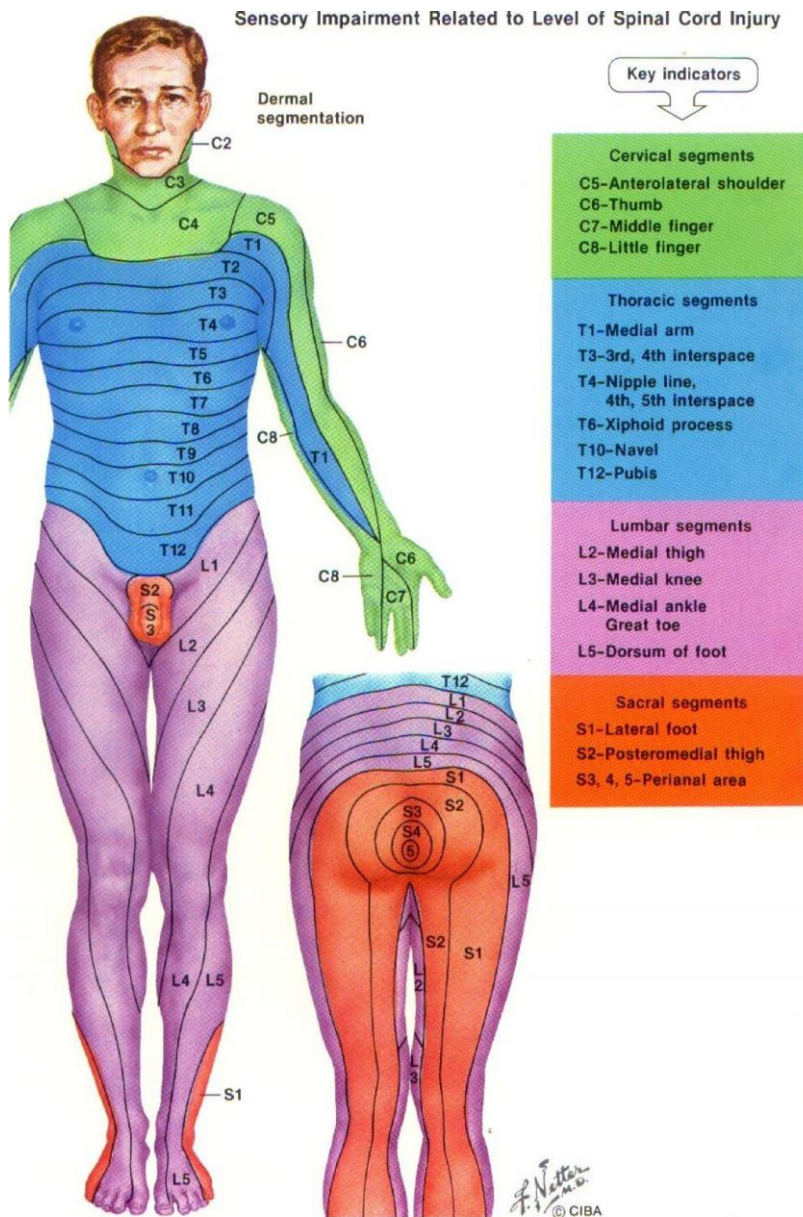
**In the x-ray, there are:**

- Bone destruction.
- Pathological fracture.
- Ill-defined lesion.
- Most likely it's malignant tumor.

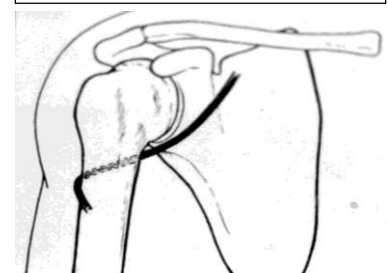


**- Neurological Evaluation:**

• **Sensory:**



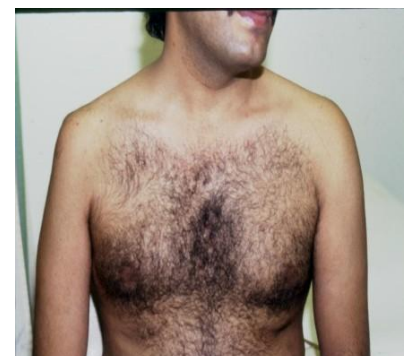
**Axillary Nerve or Circumflex Nerve**



**- Muscle wasting:**

There are differences between the R & L side:

- Difference in the shoulder's shape (the left one has normal contour while the right one is slipped).
- There is atrophy of the muscle at the right side due to nerve damage.



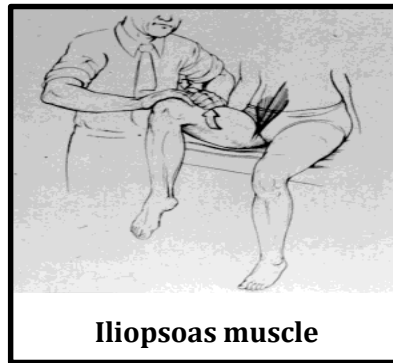
**- Muscle Power Testing:**

• **Muscle Power testing:**

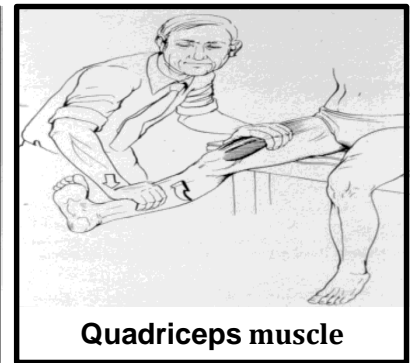
- 0 = no power.
- 1= simple contracting.
- 2= slight contraction within the gravity.
- 3= muscle power against gravity
- 4= against gravity with resistance
- 5= against gravity with normal resistance



**External Fixator:  
Ilizarove**



**Iliopsoas muscle**



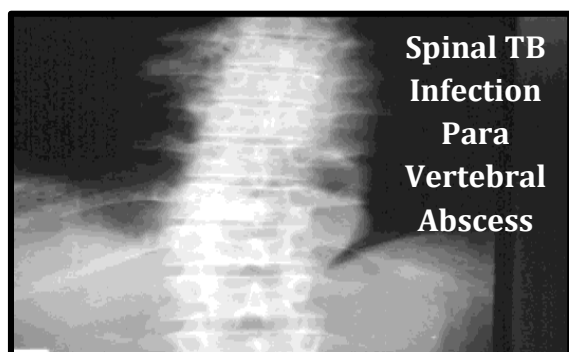
**Quadriceps muscle**



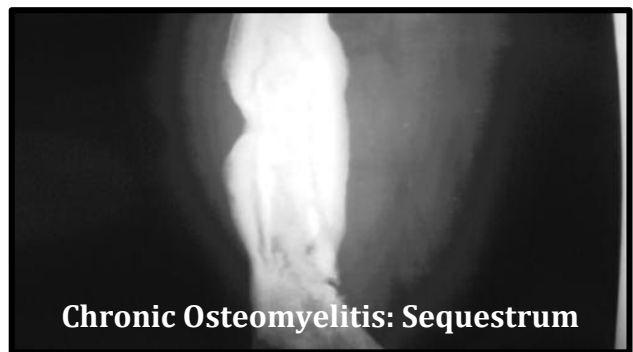
**Neuromuscular disorder: Polio**



**Chronic Osteomyelitis: discharging**



**Spinal TB  
Infection  
Para  
Vertebral  
Abscess**



**Chronic Osteomyelitis: Sequestrum**

**Physiotherapy for Orthopedic Patients:**

- Physiotherapy is an important part of orthopedic and trauma management.
- It is used for: pain relief, prevention of stiffness, muscle strengthening, mobilization of stiff joint or spine, training non-weight bearing or partial weight bearing.
- Physiotherapy modalities include: heat, cold, exercise, ultrasound, traction, electrical stimulation.

## Summary

- **RED FLAGS:** Open Fractures, Complicated Fractures, Compartment Syndrome, Acute joint Dislocations, Multiple Trauma or Pelvic Injury, Cauda Equina Syndrome and Infection of Bone, Joint and Soft Tissue: Osteomyelitis, Septic Arthritis and Cellulitis.
- **Valgus:** when the limb go lateral and the joint go medial.
- **Varus:** when the limb go medial the joint lateral.
- **Orthopedic Diseases:** Congenital and Acquired.
- To describe a **dislocation**, you start by Distal to Proximal fragment: Anterior, Posterior, Inferior, or Superior.
- **Acute dislocation** may be complicated by neurovascular injury.
- **Acute dislocations** require urgent reduction
- **Intra-articular Fractures:** If displaced; should always be treated by ORIF= (Open Reduction and Internal Fixation). Failure to reduce and fix such fracture results in loss of function, deformity and early degenerative changes.
- **Lachman's test:** To diagnose injury of the anterior cruciate ligament (ACL).
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### 432 ORTHOPEDICS TEAM LEADERS

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