

ORTHOPAEDICS

BY PROFESSOR
ATING'A

● PATIENT: STRAIGHTENING CHILD

● ORTHO PAEDI

● POSTURE: ALTERATION

GAIT/LOCOMOTION

TREE OF LANGE

HISTORY EXPLORATORY

70% TRAUMA

ORTHOPAEDIC PATIENTS ARE LIKELY
TO COME IN:

- ∅ PAIN e.g. AT A CERTAIN POINT
- ∅ DEFORMITY e.g. ARO

- Ø STIFFENING e.g. JOINTS
- Ø LOSS OF FUNCTION e.g. hands, fingers, limbs etc.
- Ø SWELLING
- COMBINATION OF ANY OR ALL

- PAIN:

- INTENSITY

- PATTERN OF DISTRIBUTION

- TYPE'

- Degenerative

- Neurogenic

- Neoplastic

- Infective/Inflammatory

- DEFORMITIES

- PLANE OF MOTION EXTENSION

- BODY AXIS

- MIDLINE

- VARUS or VALGUS

STIFFNESS

- LOCALISED
- GENERALISED
- LOCKING

JOINTS

Rheumatoid Arthritis

SWELLINGS

- LOCALISATION/SITE
- PAIN PATTERN
- AGE OF PATIENT
- VELOCITY OF PROGRESSION (swellings that develop in less than three months are probably malignant)
- ASSOCIATION (examine the whole patient)
- CHARACTERISTICS – SIZE, SHAPE (palpate and decide the consistency of the swelling)

- COMMON DISEASE CLASSIFICATION:
- ACQUIRED
 - CONGENITAL e.g. talipes equinovarus (club foot) is the most common
- TRAUMATIC (most common acquired orthopaedic condition)
 - ONSET
 - CONSISTENT WITH PROGRESSION
- DEGENERATIVE: MECHANICAL PROBLEM e.g. osteoarthritis, spondylitic conditions
 - Starting pain is most commonly associated with degenerative condition)
- NEOPLASTIC (benign or malignant; the pain and rapid progression usually points to malignancy)
 - Osteochondroma is the most common benign orthopaedic condition
 - Multiple myeloma is the most common malignancy in adult hood
 - Osteogenic sarcoma is the most common malignancy in mid-age

- **INFECTIVE CONDITIONS:** Osteomyelitis, septic arthritis
- **METABOLIC CONDITIONS:** Osteoporosis
- **NEUROGENIC CAUSES:** Back pain causes nerve irritation; pain description is in an atypical manner e.g. things are moving, burning condition etc. are they following a dermatomal pattern? Is it worse at night due to increased blood supply?
- **INFLAMMATORY CONDITIONS:** RA, Psoriatic arthritis: pain due to synovial fluid involvement and pressure cause in the joint.

- BASED ON:

- HISTORY
- MODE OF PRESENTATION
- PATTERN OF DISEASE
- EFFECT
- LABORATORY FINDINGS

ONE IS EXPECTED TO MAKE
AN INTELLIGENT
DIAGNOSIS BASED ON
SCIENTIFIC METHOD

- PHYSICAL FINDING
- COMPARATIVE EXAMINATION
- -OBSERVATION: GLOBAL-EXPOSURE
LOCAL
- -PALPATIONAL FINDINGS 80%
- -MOVEMENTS
- -RADIOLOGICAL

- LABORATORY: BLOOD FINDING

- CONGENITAL

- BORN 2YRS

- GROWTH DISTURBANCE: LOCAL
GLOBAL

● DYSPLASIAS

- OSTEOGENESIC IMPERFECTA 19.6%
- MULTIPLE EPIPHYSEAL DYSPL 13.4%
- DIAPHYSEAL ACLASIS 10.3%
- SPONDYLOEPIPHYSEAL DYSPLASIA
TARDA 9.3%
- SPONDYLOEPIPHYSEAL DYSPLASIA
CONGENITAL 4.0%

ACHONDROPLASIA

- DYSMORPHISM

- DWARFISMS M < 5 FT

- F < 4 FT 10 IN

- ONE YEAR < 3RD PERCENTILE

PROPORTIONATE Vs. DISPROPORTIONATE

- SHORT LIMBED
- SHORT TRUNK

- 3 CARDIAL CLINICAL FINDING
DYSPLASIA

A.FLAT NASAL BRIDGE

B.LACK OF FULL ELBOW EXTENSION

C.LUMBAR LORDOSIS



- DESCRIPTIVE

- ANATOMICAL

- MOLECULAR