

## Current Concepts Of External Fixation Of Fractures

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Intra-articular fractures of the DIPJ and PIPJ**Current Concepts Of External Fixation**

External fixation is now being used widely to maintain fractures, osteo tomies, and arthrodeses in a desired position during consolidation. Whereas external fixation has been readily accepted in European countries, its use has weathered a rather stormy course in North America, especially in the treatment of fractures.

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A one day course on the use of external fixation in trauma. Short interactive lectures and dry bone workshops give trainees a stress free introduction to the use of external fixation and its application in real life scenarios. Trauma and orthopaedic specialty trainees, ideally people in core trainee years 1-2 and specialty trainee years 3-4.

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External fixation is now being used widely to maintain fractures, osteo tomies, and arthrodeses in a desired position during consolidation. Whereas external fixation has been readily accepted in European countries, its use has weathered a rather stormy course in North America, especially in the treatment of fractures. Only recently has external fixation found its rightful place on this continent as well. Many different models are on the market today, and the practitioner is faced with a difficult decision in selecting a model. Should he buy a system where the fracture has to be reduced first, or should he work with a device permitting a reduction after insertion of the pins? To enable surgeons to study the different systems, to discuss their advantages and disadvantages, and to permit them to put their hands on these devices and inspect them personally, the Division of Orthopedic Surgery, University of Ottawa organized an applied basic science course in May 1981, External Fixation of Fractures. During this course, all major systems were pre sented to the participants. As happened during the course "Internal Fixation of Fractures" held two years ago, the rigidity of internal fixation was frequently and intensively debated. Whereas the rigidity of internal fixation cannot be altered during the course of healing, the rigidity of external fixation can be changed. In fact, with progression of union, rods of increasing elasticity can be used.

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Orthofix External Fixation in Trauma and Orthopaedics provides the scientific basis behind the success of the Orthofix system of external fixators, which are now widely used throughout the world. These devices are used in the treatment of serious fractures, limb lengthening and limb reconstruction. This book covers comprehensively the wide range of scenarios in which such devices can be used. Each topic is dealt with by the appropriate international expert in the field. Orthofix External Fixation in Trauma and Orthopaedics should be read by all those involved in elective or traumatic orthopaedics.

External fixation in Orthopedic traumatology is a textbook that focuses on the use of external fixation in the acute management of patients with serious orthopedic injuries. The book highlights the indications for external fixation and provides an evidenced based guide to both the specialist orthopedic surgeon and the trainee. The manuscript is organised in 15 chapters covering the indications and surgical techniques for pelvis, lower limb and upper limb injuries, including detailed illustrations and clinical photographs that will enable the reader to rapidly visualise the structure of the construct and to plan the surgery accordingly. More general topics such as damage control orthopaedics, the biomechanics of external fixation and medico-legal considerations surrounding the injured patients are also included to provide an overall picture of the Orthopedic trauma patient. The Combined experience of the editors and authors, their involvement in a number of external fixation system designs and their international reputation in the field contribute to making this textbook an essential tool that should be available to all orthopedic surgeons dealing with injured patients.

The Ilizarov device has revolutionized the treatment of non-healing fractures and the correction of deformities. This book supplies all the information required in order to use the Ilizarov and other external fixation devices optimally; it will serve as an indispensable manual for both trainee and experienced orthopedic surgeons. Biomechanical principles, preoperative preparation, and the use of a system of coordinates to allow safer insertion of K-wires and half pins are thoroughly discussed. External fixation of a variety of fractures in different pathologic settings is then clearly explained in a series of detailed chapters with the aid of high-quality illustrations. Numerous case reports are included to illustrate the results of different treatment methods. In addition, postoperative management and treatment of complications are described. Since the first edition the text has been thoroughly updated, with inclusion of contributions from leading world experts.

Topics include: "What lessons can history teach us about the Charcot foot?", "Medical treatment of Charcot Neuroosteoarthopathy", "Epidemiology of the Charcot Foot", "The Diagnosis of Charcot Foot", "The Natural History of Charcot's Neuroarthopathy", "The Causes of Charcot Syndrome", "Surgical Reconstruction of the Charcot Rear Foot and Ankle", "Surgical Management of Charcot Midfoot Deformities", and "Physical Management of the Charcot Foot."

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