



## Ep 10 Lower Extremity Reduction Tips Notes- Dr. Donovan Johnson

### Hip Dislocations



- Often High Energy Trauma (MVC, MCC, Fall from height, etc)
- Most commonly **Posteriorly dislocated**
- Limb tend to be shortened, flexed, and adducted
- Often associated with femoral head fractures, acetabular fractures, and knee injuries



### Technique

#### **Allis Maneuver**

- Make sure you have examined the films to determine the type of dislocation and associated fractures
- Have patient appropriately sedated
- Consider using traction pin versus Abduction pillow to help stabilize the hip
  
- Have someone stabilize the pelvis while the patient is laying in supine position
- Flex the hip to 90 degrees
- Pull traction in a upward direction in line with the femur
- Gently rotate the hip internally and externally with traction until the hip is reduced





### Captain Morgan

- Have the patient lay in the supine position; stabilize the pelvis to the bed
- Place your bent knee beneath the patient's leg just distal to their knee
- Place your forearm beneath the patient's knee and grasp the ankle with your opposite hand
- Apply upward traction with the hand and knee behind the patient's knee. The ankle can be used to internally and externally rotate the hip while pulling traction





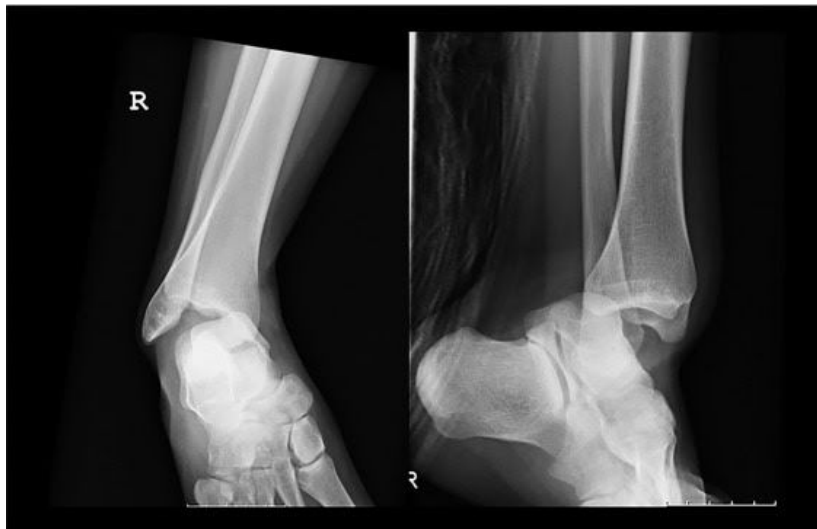
## Knee Dislocations



- Have high suspicion for this injury for it often self reduces
- Fall from heights, MVC, sport injuries, etc
- Most commonly anteriorly dislocated
- Check ABI's to evaluate Vascular status of the lower extremity
- Low threshold for CTA and Vascular consult if concern for vascular injury
- Gentle traction and correction of dislocation often corrects deformity



### Ankle Dislocation



- Careful examination of radiographs is key on reducing this fracture type
- Consider which type of analgesia you will use (sedation vs intra-articular blocks)
- Needs to be reduced in a timely manner to help with comfort for the patient as well as reduce soft tissue damage
- The exact maneuver will be determined by the displacement seen on the radiographs
- Can often have the patient hang their leg off the side of the bed or have them lay prone with their knee flexed to splint this patient if their pain is controlled



### **Quick Tips for Grand Rounds Talk**

- a. Go over the quick resource guide on the topics (Orthobullets, Handbook of fractures, etc)
  - b. Look at General resource on the topic
  - c. Ask some of your attending on which topics you should focus on within the talk
  - d. Thorough Literature Review
  - e. Use proper Technique when making Powerpoint
  - f. Practice giving your talk before the actual Grand Rounds
  - g. Consider putting questions at the end of your talk for residents
- Nailed It Ortho podcast episode - Lower extremity Reduction Tips

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### References:

1. Egol et al. Handbook of Fractures
2. Orthobullets