



## Ep 9 Notes- Upper Extremity Reduction Tips - Dr. Donovan Johnson

Primary Call- The primary person actively seeing the patients during the call shift

Secondary Call - The more senior resident as backup for the junior primary call person

- In house call vs At home call

Being the Solo guy

- You have to learn how to do things by yourself
- Have to be confident in your ability to manage patients
- Repetitions help with building your confidence

Things to call your senior immediately about

- Depends on program
- Some want to know about every patient
- Some would like to know after you have appropriately worked the patient up
- Safe to always let your seniors know of any possible operative or urgent cases
- Of course reach out any time you are unsure of how to handle a situation

### Common Upper Extremity Reduction Tips

- **Shoulder & Elbow**

#### Shoulder Reductions

- Get appropriate Xrays

AP, Axillary, Scapula Y View, Velpeau View

Don't forget to get full length films

- A. Set up your room to your preference
- B. Consider which medications you are going to use for the reduction



## Methods for Anterior Shoulder dislocation

### Traction-Countertraction "Captain Morgan"

- Requires assistant
- Place folded sheet around chest of patient to apply countertraction while traction is being applied along abducted arm



### FARES Method (FAst, REliable, and Safe)

- Performed without any sedation
- Hold patient's wrist with gentle traction
- Abduct arm to around 90 degrees while oscillating outstretched arm in A/P direction
- Reduction usually occurs around 120 degrees
- Then internally Rotate arm back to side

Ufberg et al. "Anterior shoulder dislocations: Beyond traction-countertraction." J Emer Med. 27 (3). 2004. 301-306



### **Elbow Dislocation Methods**



- Identify the location of the dislocation
- Use Mini C arm to assist with relocating the elbow
- Flex elbow to 90 degrees while pulling axial traction to locate the elbow; Like will be in correct position by the time you're flexed to 90 degrees
- Examine which angles the elbow is stable and which positions it is unstable as well
- Splint these patient quickly before they re-dislocate

Armstrong A. Simple Elbow Dislocation. *Hand Clin.* 2015;31(4):521-531

### **Distal Radius Dislocation Methods**

- Very common fracture/dislocation
- Hematoma Block - Introduce analgesia medication to the fracture site via injection
- You can hang the fracture and let it reduce some with the help of gravity and external weights
- Colles Fracture - Hyper extend the fracture (Cause distraction of the fragments)
  - Use traction to push the fragment volarly back on top of the radius
  - Immobilize the fracture using either splinting or casting



Søsborg-Würtz H, Corap Gellert S, Ladeby Erichsen J, Viberg B. Closed reduction of distal radius fractures: a systematic review and meta-analysis. *EFORT Open Rev.* 2018;3(4):114-120.

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