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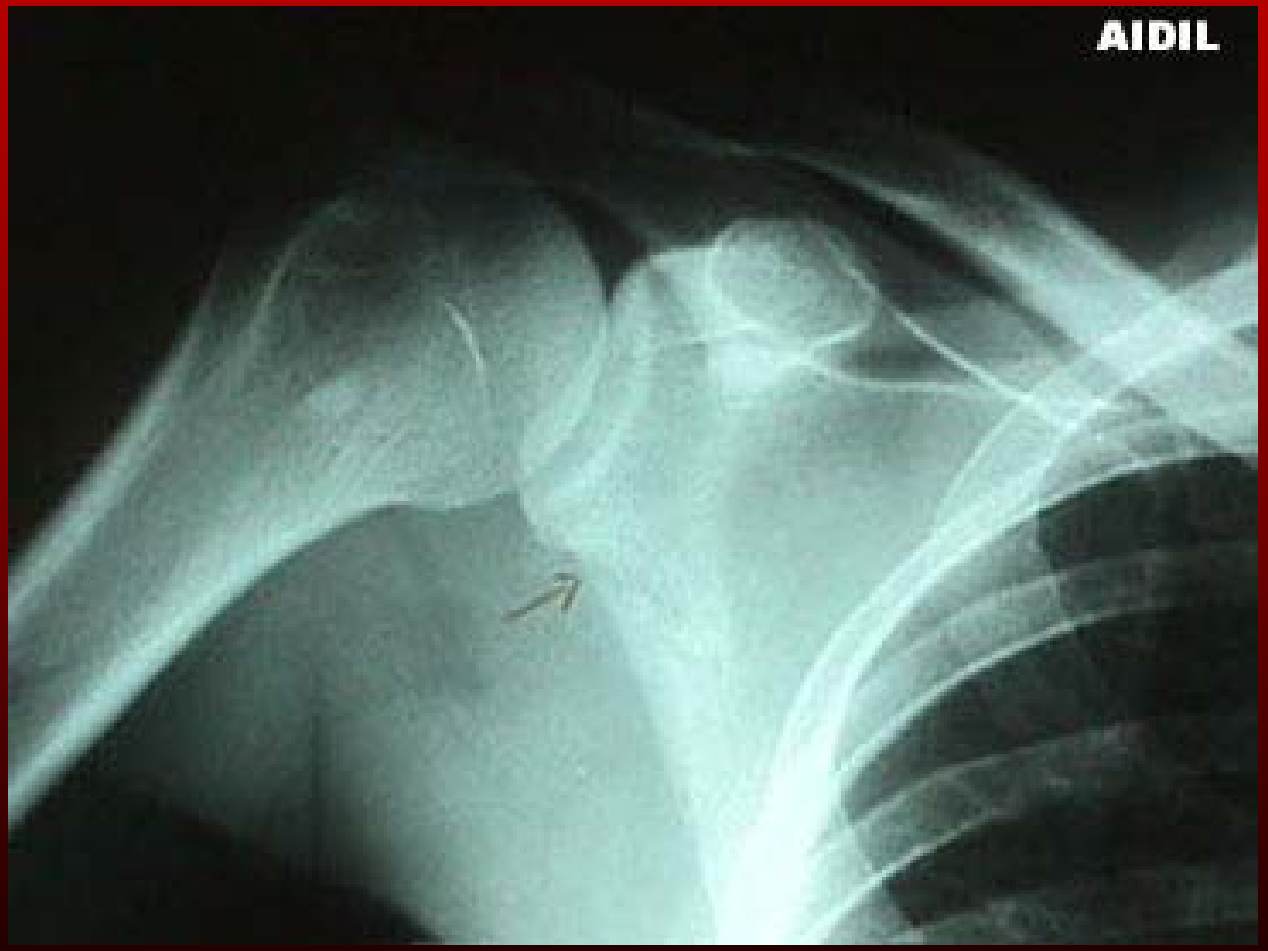
Common Upper Extremity Injuries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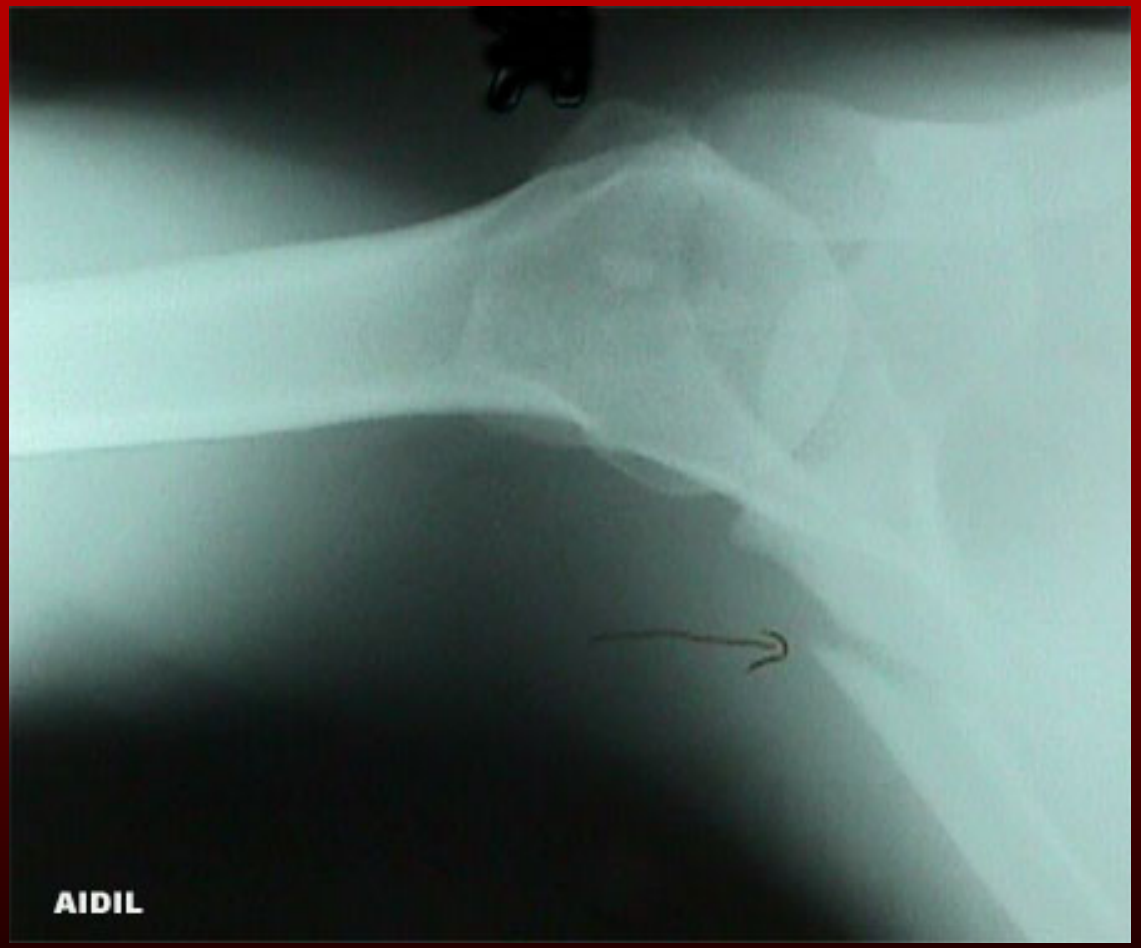

AIDIL

Scapula Fractures

- Scap Y, Ax
- Op: Large glenoid step-off, malalignment or shoulder instability
- CT indications
- Tx: Sling. Almost always trauma. D/w Lang, Prokuski

AC joint injury

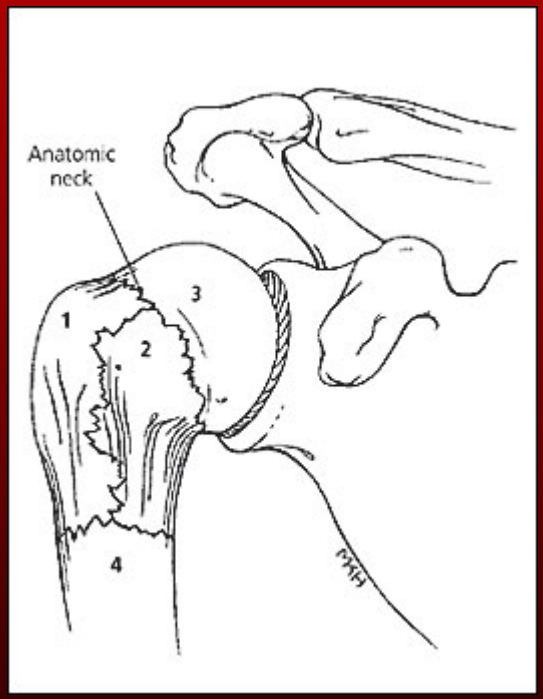
- Almost always nonoperative
- Operative
  - Widely displaced
  - Posteriorly or inferiorly displaced
- Tx: Sling, no f/u for minimally displaced – if concerned talk to Kaplan

Clavicle fractures

- Absolute operative indications:
  - Open, threatening open
  - NV injury
  - Floating shoulder
- Proximal / middle 3rd
  - >2 cm shortening
- Distal 3rd
  - Intraarticular displacement, superior displacement
- Reduce if brave
- Tx: If not trauma send home with figure-8 or sling → Lang, Prokuski or Ablove.

Prox Humerus Fx

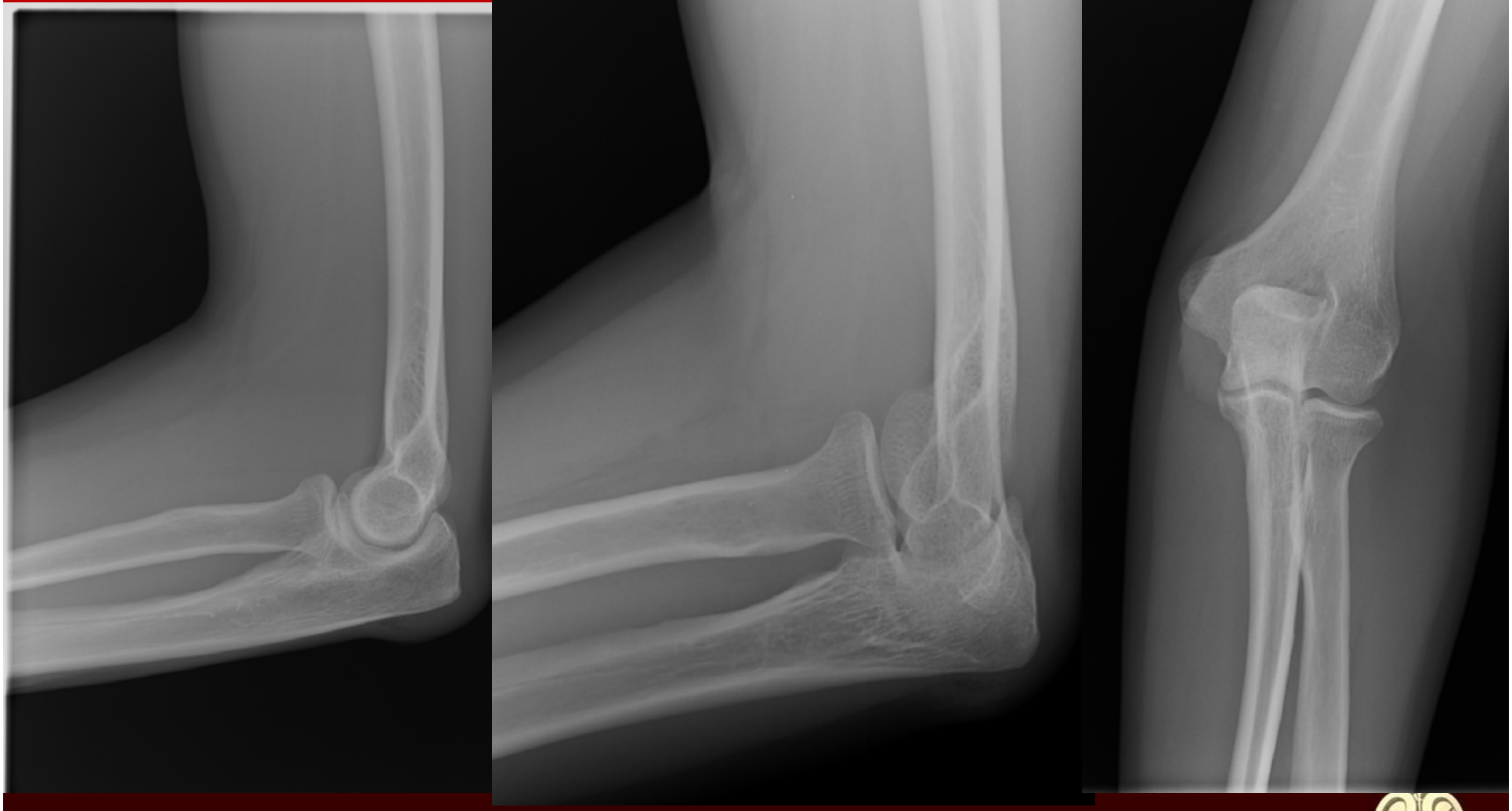
- NO COAPTATION SPLINT
- “Parts” based on
  - >1 cm displaced
  - >45º angulated
- No Reduction
- Most often sling and home
  - One week Ablove, Lang, Prokuski

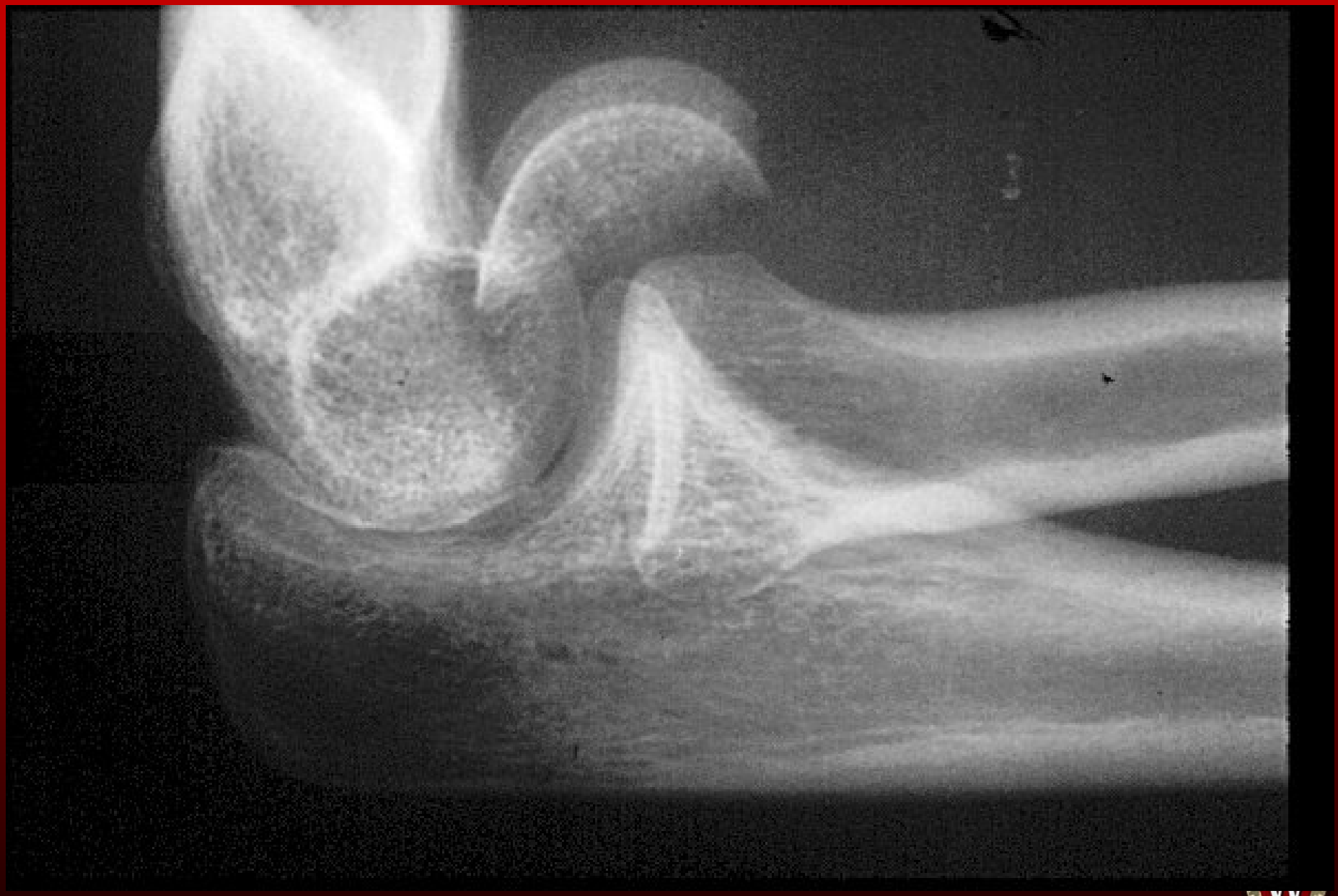


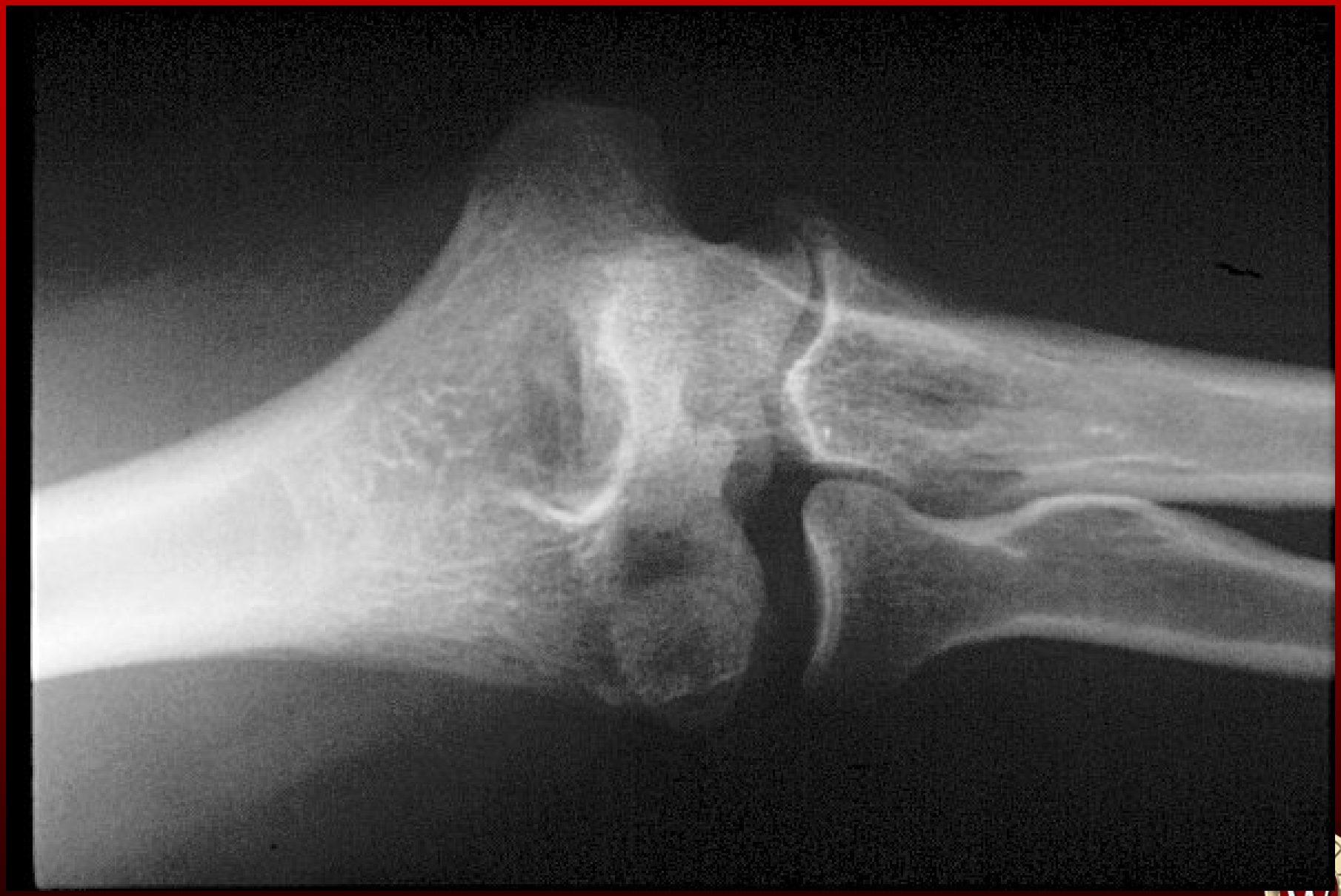
Humerus Fx

- Most often nonoperative
- No reduction
- Operative:
  - 20º AP, 30ºvar/valgus, 3 cm bayonet
  - Floating elbow, bilateral, segmental
  - Polytrauma
- No active wrist extension?
- Coaptation Splint / functional fracture brace
- f/u one week with Lang, Prokuski

Distal Humerus

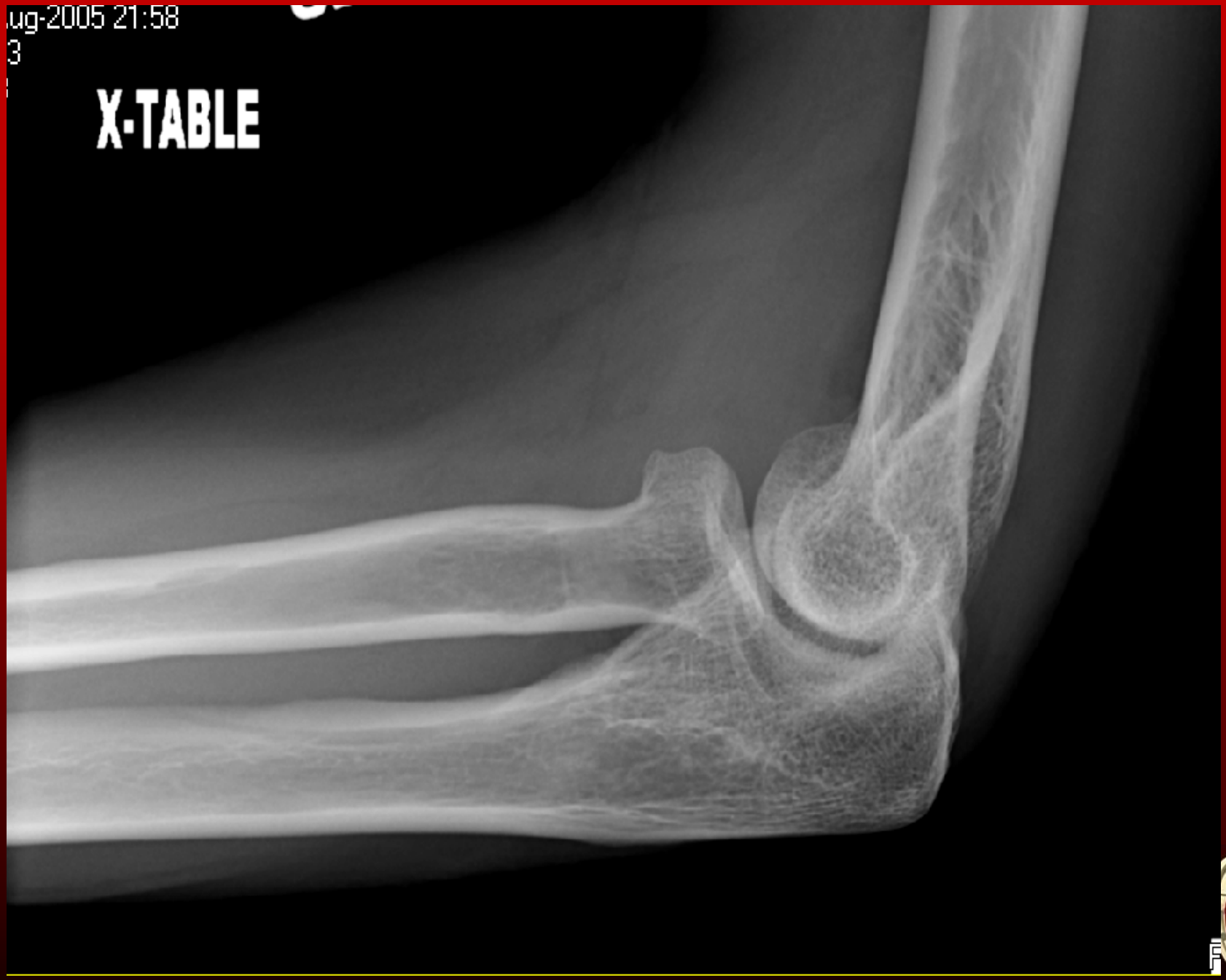






Capitellum Fractures

- ORIF if displaced
- Posterior splint and home
- f/u: Ablove, Prokuski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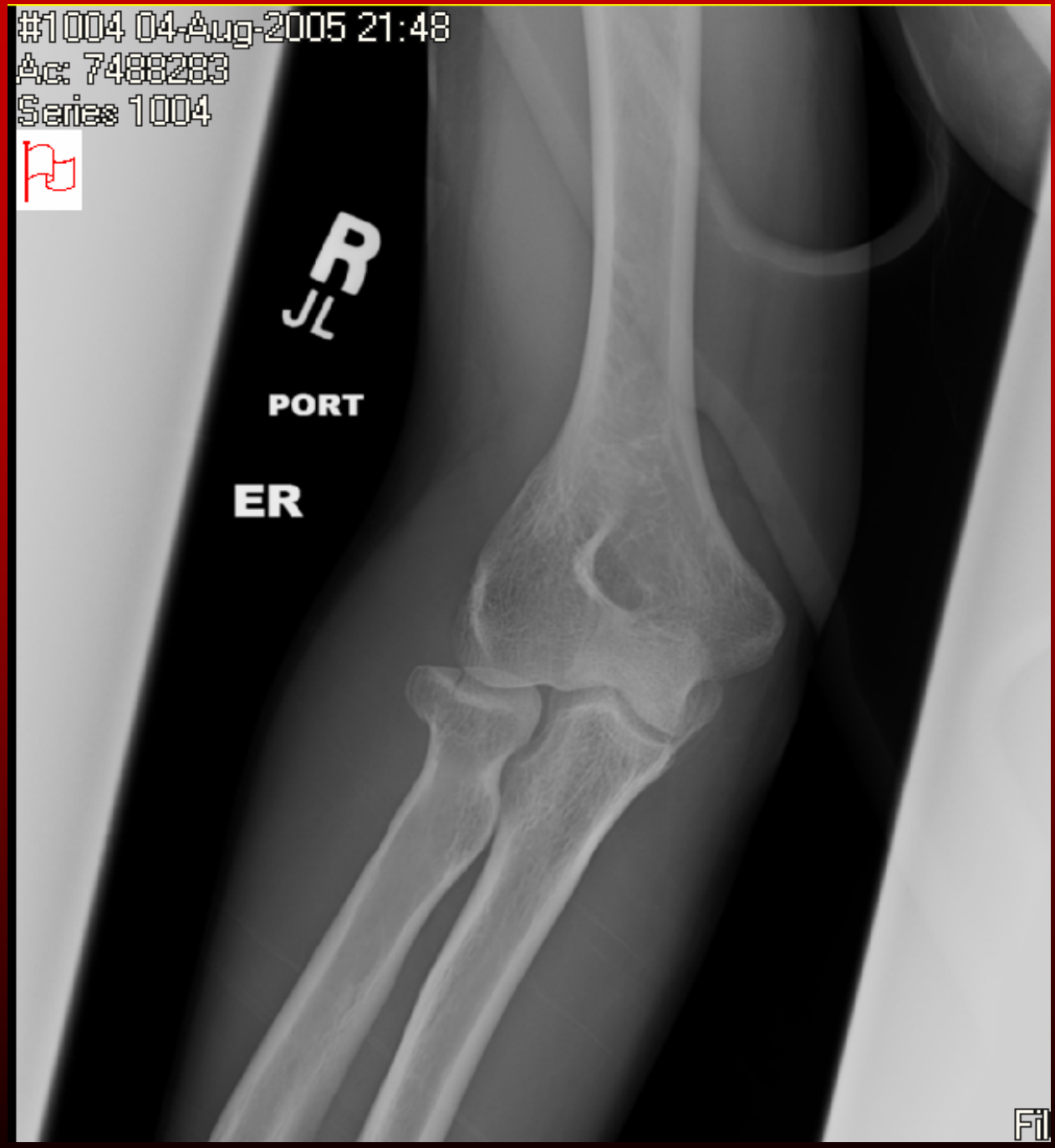
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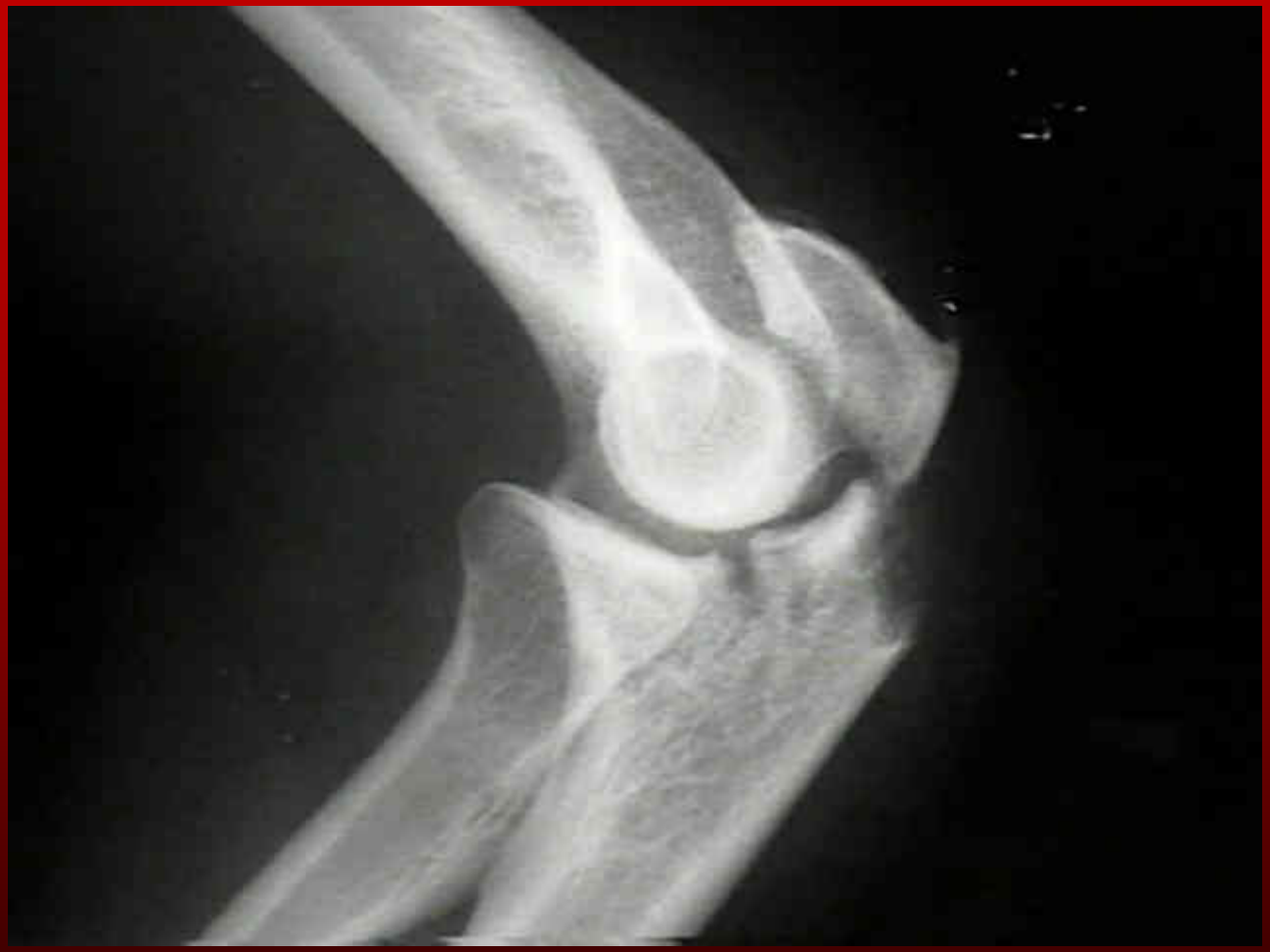
ER

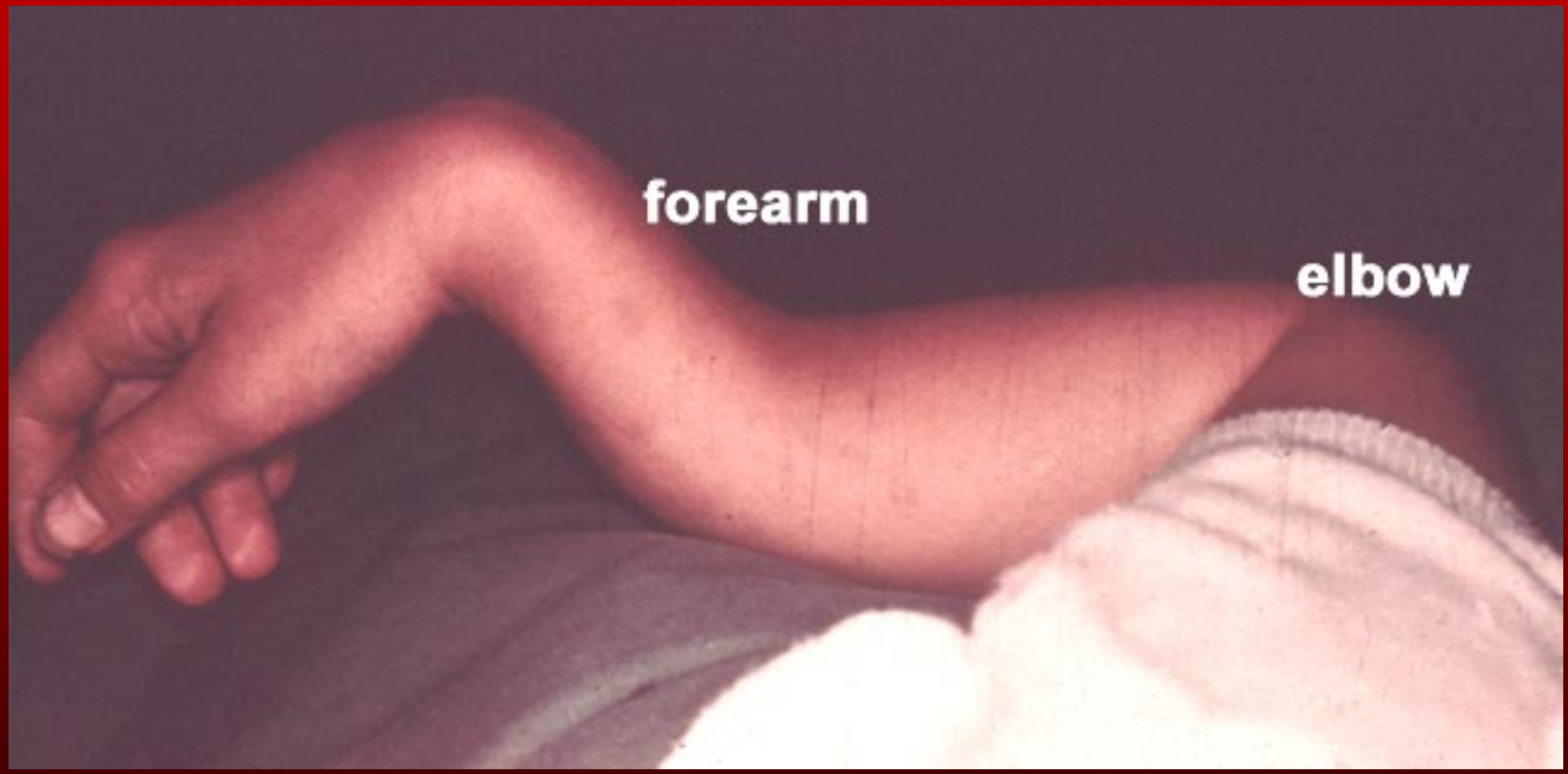
Radial Head Fx

- >30% of joint surface that is
  - 3 mm displaced
  - 30º angulated
- Mechanical block to motion
- Otherwise nonop
  - Splint for comfort, otherwise sling
  - Early motion
  - Prokuski, Lang, Ablove



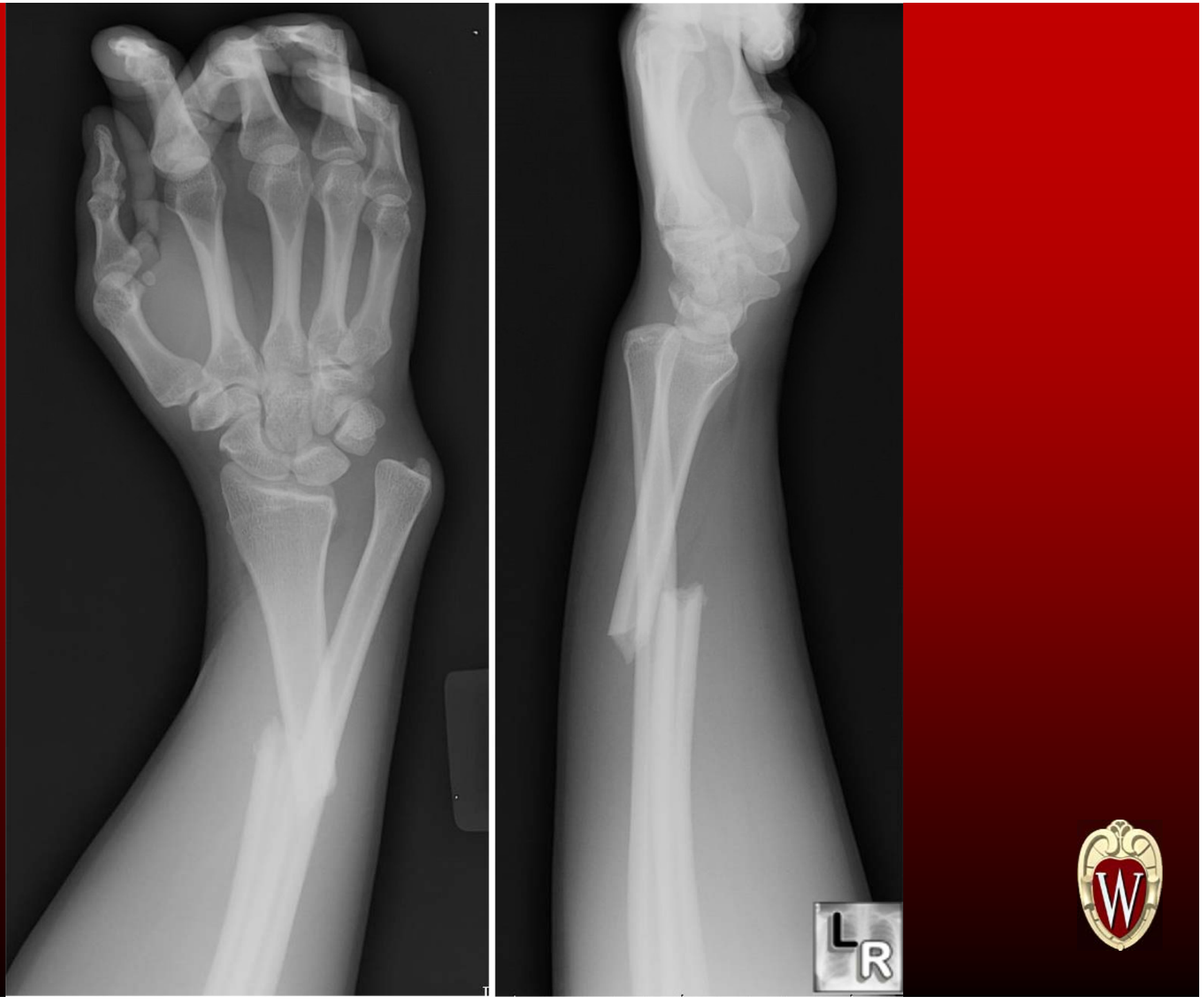
Olecranon Fx

- ORIF if displaced, nonop if nondisplaced
- Posterior splint, f/u one week:
  - Prokuski, Lang, Ablove


forearm
elbow

Both Bone Forearm fracture

- ALWAYS operative (ORIF with plates)
- Reduce, sugar tong
- Most often admit
- Beware of compartment syndrome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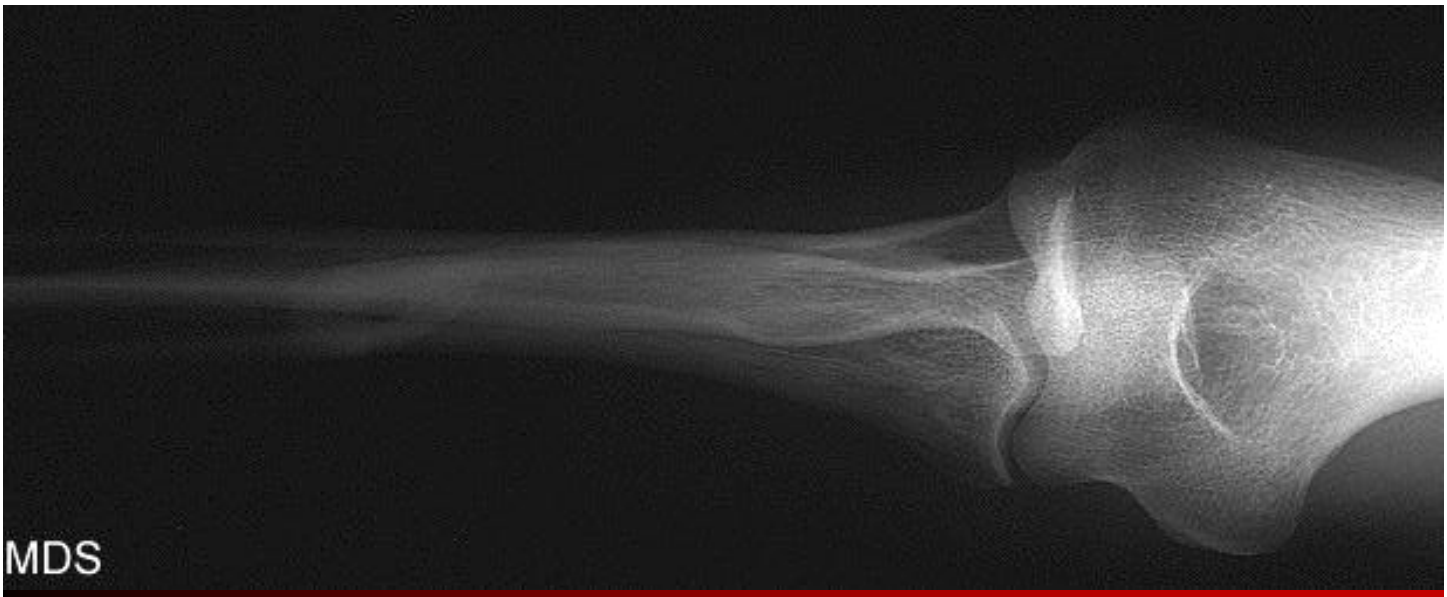
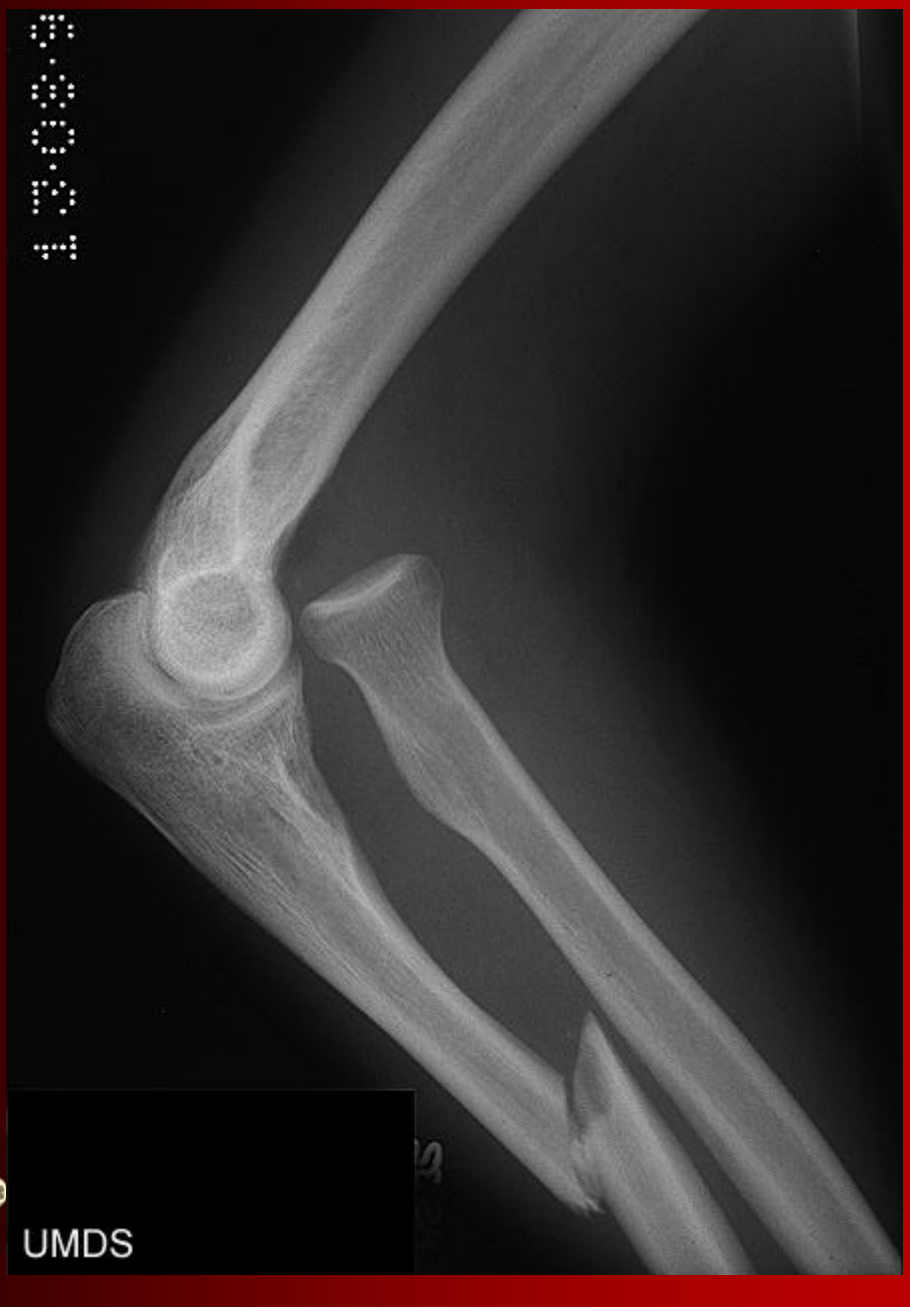
Galleazi Fracture


MDS


UMDS

Monteggia Fracture

Distal radius fracture

- Colles, volar/dorsal Barton
- Reduce in ER
  - Hematoma block
  - Finger traps
  - Reduction techniques
  - Fluoro?
- Sugar tong, post xrays
- Normal: 11º volar tilt, 21º radial inclination
- Acceptable: neutral tilt, not horribly short