

Case-based Self-Study Module on Orthopedic Triaging

LU VII - Orthopedics 260
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Introduction

- These cases represent the dilemmas faced by clinicians rotating at the emergency room and managing Orthopedic patients

Learning Objectives

- Identify Orthopedic cases that require urgent attention and care at the ER
- Integrate the natural history of conditions into clinical applications
- Integrate general principles with case-specific factors in triaging patients with MSK concerns at the ER

The Situation

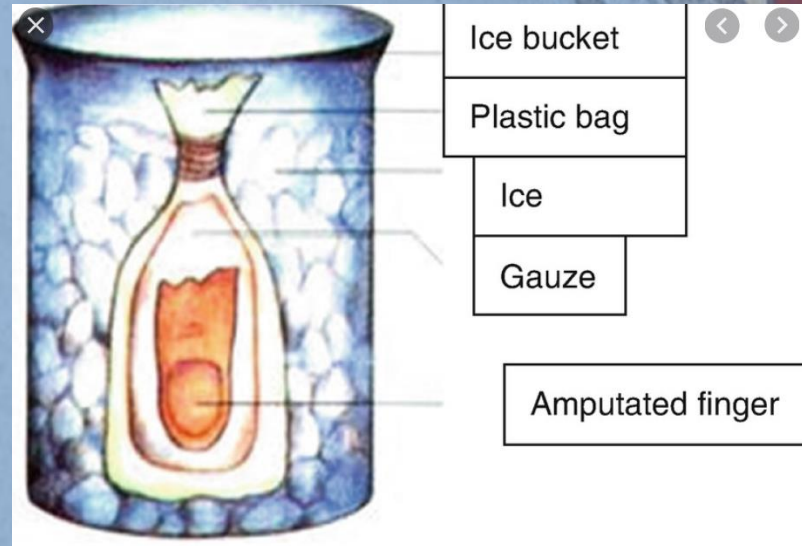
- You are on-duty at the emergency room during a pandemic. All departments have been advised to limit admissions to cases necessitating urgent management. You expect out-patient clinics to be closed for the next two to four weeks...

The Situation

- Currently, you have the following patients, awaiting your disposition:

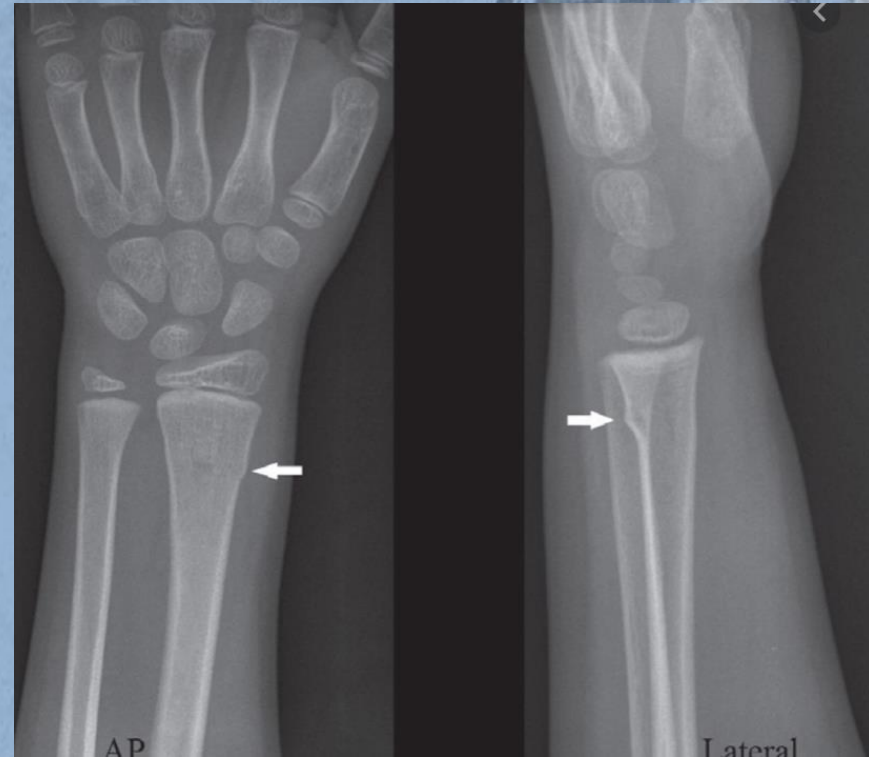
Patient #1

- 23/M L-handed carpenter, smoker, arrived 1 hour post-injury after accidentally amputating his R index finger at the level of the PIP joint, while cutting tiles with a grinder, with the amputated digit with him, packaged as shown below:



Patient #2

- 4/M who fell on an outstretched R hand after jumping from a sofa, initially “not allowing his parents to touch his R hand”, but currently comfortable; he came with a radiograph, shown as follows:



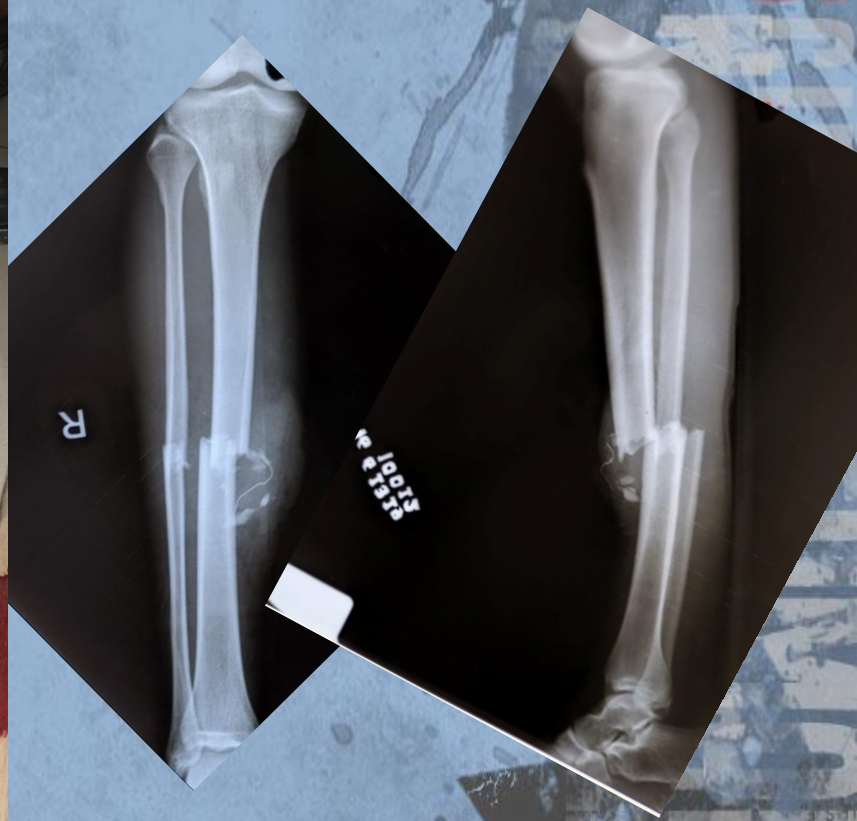
Patient #3

- 52/F, diabetic, presenting with wet gangrene of the L foot; patient is currently afebrile, but appears weak and has had poor appetite



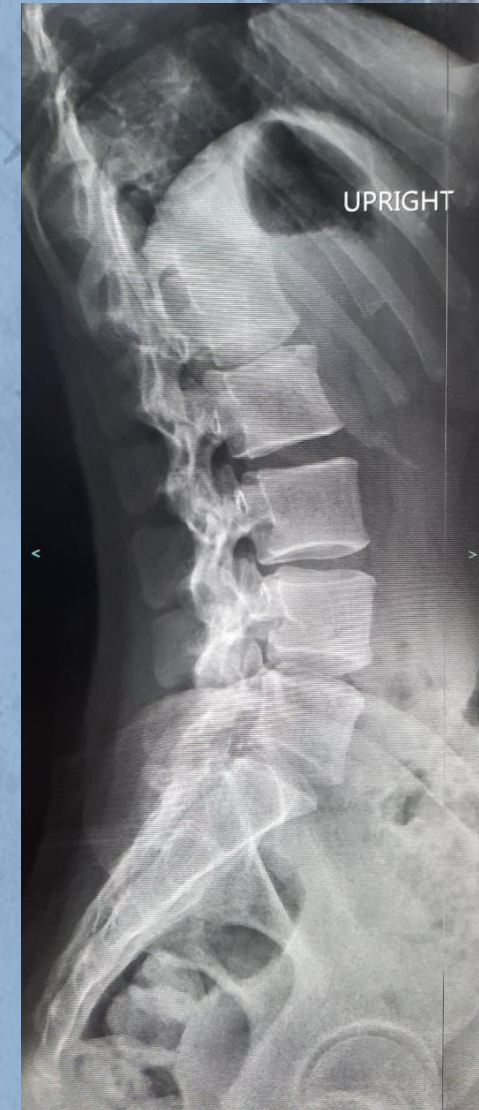
Patient #4

- 37/M, delivery man, with no comorbidities, who sustained an open fracture of the tibia and fibula with a 10cm wound from a motorcycle crash



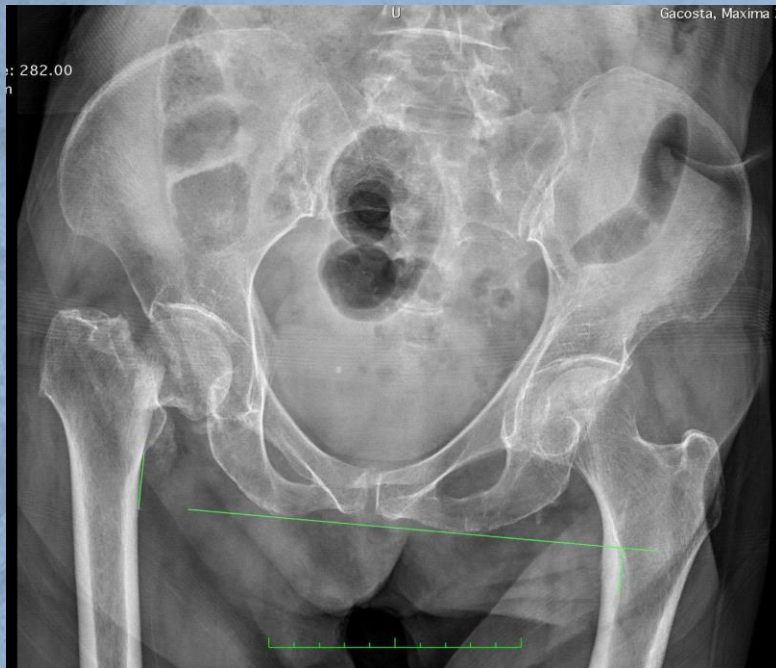
Patient #5

- 28/F came in for severe low back pain after trying to lift a heavy object, few hours prior to consult. She has been suffering from on-off radicular pain on the L lower extremity for the last 2 weeks, but was still able to go to work without problems, and on further examination had no neurologic deficits



Patient #6

- 82/F, hypertensive, presenting 30 minutes post-injury, stretcher-borne and in pain after falling from standing height. Hip radiographs confirmed a displaced femoral neck fracture



Patient #7

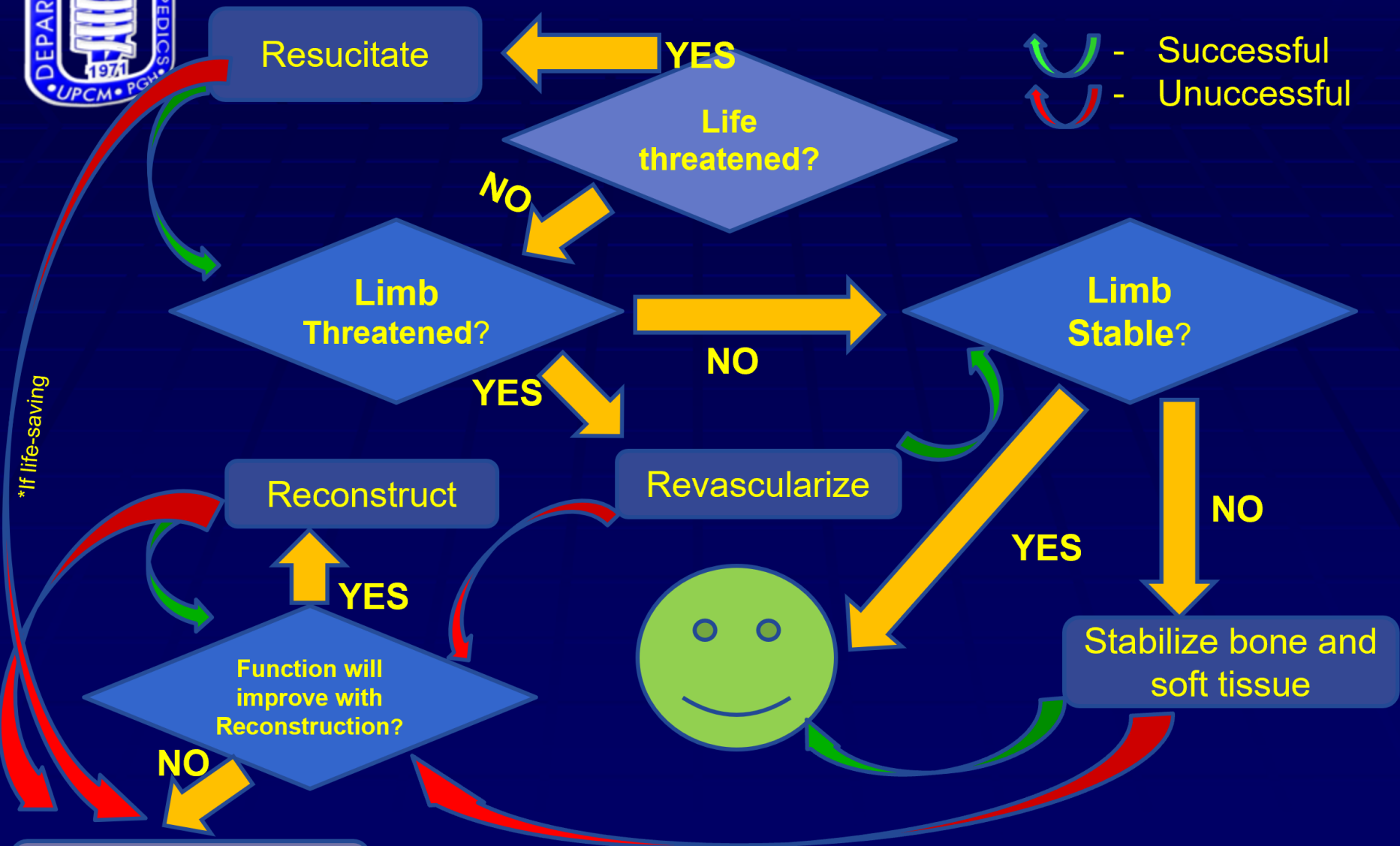
- 60/F, physician with diabetes, presenting 1-day post-injury when she twisted her left ankle on the way down the stairs. She was unable to bear weight on the left ankle afterwards.



The Task at Hand

- For each case, decide on your recommendations based on your knowledge of the natural history of each condition, as well as the current appropriate management.
- You may use the algorithm provided as a guide but consider ***ALL important factors*** before coming up with a conclusion.

Treatment Algorithm



*If life-saving

Amputate!

Note: This is a **simplified algorithm** on important decisions made in managing urgent MSK conditions. Application may differ in specific cases and situations. Consider all factors before making recommendations

Question #1

- This patient needs:
 - A. immediate admission and emergency surgery
 - B. a procedure done at the emergency room, then advised follow-up on next available clinic day
 - C. medications at most, then advised activities to be done at home while waiting for a follow-up appointment
 - D. immobilization for comfort and send home with reassurance and warnings to avoid further problems

Question #2

- Provide appropriate justification of your choice

Question #3

- Determine the likelihood of complications from the condition if the patient was not seen, or sent to the hospital.

Expected output

- Format your responses by answering the guide questions for each case, as detailed as possible, with appropriate references.
- Submit your answers in a word document format uploaded via UvLE the night before the scheduled SGD.
- Feedback on the details of the cases will be discussed in a SGD format during the clinical rotation.