Ortho 658 - Outpatient Orthopaedic Surgery Course

Originator: Department of Orthopaedic Surgery and Rehabilitation

Course Description for Bulletin: Outpatient Orthopaedic Surgery

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Availability: Maximum of 3 Students each month, available September – April. Most students interested in pursuing an orthopaedic surgical residency complete their surgical rotations during the months of July and August. In order to direct its full attention toward these students, the Department of Orthopaedic Surgery and Rehabilitation will refrain from offering this course during those months.

Course Objectives for Students:

The primary objectives of this course include:

1. Provide students with the requisite skills for performing a complete musculoskeletal examination both in office and emergency room settings, with an emphasis on the former, but including detection of such emergency conditions as joint sepsis and compartment syndrome.
2. Provide students with experience with the diagnosis and management of orthopaedic problems likely to be encountered by primary care physicians, including but not limited to those in the fields of sports medicine, spine, hand, pediatric orthopaedics, trauma and general orthopaedics.
3. Teach students basic skills for general outpatient orthopaedic care including but not limited to joint aspiration and injection techniques, skeletal film interpretation (plain, CT, MRI), as well as splint and cast application.

The course shall address these objectives primarily through direct patient contact by rotating participants though the clinics of faculty members in the department. Review of the hands-on experience in splinting and casting techniques and short-call taken with orthopaedic residents shall further address the aforementioned objectives. The American Academy of Orthopaedic Surgeons publication, Essentials of Musculoskeletal Care along with its companion CD-Rom, shall serve as the suggested course reading. Books are available for loan from the Department Library or for purchase directly from the academy. Recommended, but not required, will be Stanley Hoppenfield’s classic text, Physical Examination of the Spine and Extremities. Every attempt will be made to correlate daily reviews with daily clinical experience. A representative list of topics follows:

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1. Physical examination of the shoulder
2. Physical examination of the elbow
3. Physical examination of the wrist and hand
4. Physical examination of the C-spine and L-spine
5. Physical examination of the hip and pelvis
6. Physical examination of the knee
7. Physical examination of the foot and ankle
8. Acute compartment syndrome
9. Basic fracture treatment principles
10. Musculoskeletal imaging interpretation
11. Joint aspirations and injections
12. Orthopaedic trauma and long bone fractures
13. Commonly missed orthopaedic fractures (e.g. scaphoid, Lisfranc)
14. Sports injuries of the knee (e.g. ACL, meniscus, osteochondral fx, patellar dislocation)
15. Sports injuries of the shoulder (e.g. RC, glenohumeral instability)
16. Commonly encountered wrist pathology (e.g. carpal tunnel syndrome, ganglion, scaphoid fx, Kienbock’s z, tenosynovitis)
17. Hip dislocation, fracture, and replacement
18. Selected hip topics including: osteoarthritis, osteonecrosis, trochanteric bursitis & snapping hip
19. Selected pediatric topics including: SCFE, DDH, and adolescent idiopathic scoliosis
20. Low Back pain (e.g. spinal stenosis, HNP & sciatica, disc infection and metastatic scoliosis)
21. Selected foot and ankle topics including sprain, plantar fasciitis, care of the diabetic foot, hallux valgus, mallet toe & hammer toe.
22. C-Spine trauma
23. Septic joint

Hands on splinting opportunities will provide students with experience applying various types of commonly used plaster splints, including sugar tong, coaptation, radial & ulnar gutter, volar, long leg posterior and short leg posterior splints.

Attendance of the weekly Tuesday and Wednesday morning orthopaedic conference/ grand rounds is mandatory.

Within the outpatient environment, students shall bear responsibility for the initial evaluation of patients including formulation of a diagnosis and management strategy, overseen by orthopaedic faculty. Students shall be given the opportunity to perform fundamental orthopaedic outpatient procedures, such as joint aspiration and injection and cast application and revision when available.

Students will rotate through the orthopaedic clinics 5 days per week for the first three weeks of the rotation. On the 4th week, the students will be assigned to a faculty member. The student will attend clinic as well as accompany residents and faculty in the operating room for the remainder of the rotation. Students will also be required

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attend sign-outs with the Orthopaedic Residents on Monday – Friday typically at 6:30 a.m.

Student evaluation will consist of clinical faculty grades based on performance in the outpatient setting and a final practical examination involving case scenarios and splint application.