Cracking the Case Wide Open

A Case-Based Approach to Extremity Fractures



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Objectives

1. Differentiate common radiographic findings in orthopaedic injuries of the extremities.

2. Accurately describe fracture patterns.

3. Recognize fracture displacement including translation, angulation, and rotation.

4. Integrate Salter-Harris classification with pediatric fractures.

5. Differentiate features consistent with benign versus malignant bone tumors and lesions.



• None

Musculoskeletal Imaging

Choice of Imaging:

- Clinical presentation: history, MOI, location of pain
- DDX
- Availability of imaging modalities

Guidelines for Imaging:

ACR Appropriateness Criteria

Plain radiographs is the initial imaging of choice for most MSK conditions

Location

Which bone? Where in the bone? Joint involvement?



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Type Severity and Pattern

Complete vs Incomplete? Simple vs Comminuted?



Complete: transverse, oblique, spiral

Incomplete: greenstick, torus, bowing

Unique pattern considerations: compression, impaction, avulsion, stress

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Position

Non-Displaced vs Displaced? Translation, Angulation, or Rotation?



Translation: Described by % of Width or MeasurementAngulation: Measured in DegreesLength: Shortening, Distraction, or Impaction

*Description of position is based on distal fragment placement.

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Additional Considerations

Open Fracture, Physeal Involvement, Pathologic, Associated Injuries

Case courtesy of Dr Jeremy Jones, Radiopaedia.org, rID: 6387

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Location and Site:

Type:

Pattern:

Position:

Complications:



Case courtesy of Dr Ahmed Abdrabou, Radiopaedia.org, rID: 2889725704

Location and Site:

Type:

Pattern:

Position:

Complications:



Case courtesy of Dr Andrew Dixon, Radiopaedia.org, rID: 25704

Location and Site:

Type:

Pattern:

Position:

Complications:

Complete Description:

Horizontal Beam

Case courtesy of Dr Alexandra Stanislavsky, Radiopaedia.org, rID: 10961

Location and Site:

Type:

Pattern:

Position:

Complications:

Complete Description:



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Case courtesy of Dr Sajoscha Sorrentino, Radiopaedia.org, rID: 16164

Location and Site:

Type:

Pattern:

Position:

Complications:



Case courtesy of Dr Henry Knipe, Radiopaedia.org, rID: 27643

Location and Site:

Type:

Pattern:

Position:

Complications:



Case courtesy of Dr Tom O'Graphy, Radiopaedia.org, rID: 41772

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Location and Site: Type: Pattern: Position: Complications: Location and Site:

Type:

Pattern:

Position:

Complications:

Complete Description:

Image #8 Case courtesy of Assoc Prof Frank Gaillard, Radiopaedia.org, rID: 8012

Location and Site:

Type:

Pattern:

Position:

Complications:

Complete Description:

Image #9

Case courtesy of Dr Yair Glick, Radiopaedia.org, rID: 61659

Case courtesy of Dr Stefan Lazic, Radiopaedia.org, rID: 51225

Location and Site:

Type:

Pattern:

Position:

Complications:

Location and Site:

Type:

Pattern:

Position:

Complications:

Complete Description:



Case courtesy of Dr Benoudina Samir, Radiopaedia.org, rID: 22063



Image #12

Case courtesy of Dr Vincent Tatco, Radiopaedia.org, rID: 57095

Location and Site:

Type:

Pattern:

Position:

Complications:



Summary Be systematic



Verify your patient

Obtain quality films

- Multiple views
- Joint visualization

Identity fractures

• Compare to unaffected side if needed

Describe fractures accurately

- Location
- Type/Severity
- Pattern
- Position
- Complications

*Correlate Findings with Clinical Exam

Thank You

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- Radiopaedia. <u>http://radiopaedia.org/</u>. Accessed April 8th, 2021.
- Resources for Images and Figures*
- Sandra Ehrler, MWU PA student, provided original artwork for May 2019 JAAPA article. Illustrations were reproduced for this presentation with permission from JAAPA and illustrator.
- AO Foundation. <u>https://www2.aofoundation.org</u>. Accessed April 8th, 2021.
- Smithuis R. Radiological Society of the Netherlands. Radiology Assistant Educational site. <u>http://www.radiologyassistant.nl</u>. Accessed April 8th, 2021.

*Hyperlink or case number available for specific references