

## Brokeback Or Backbroke? The Dilemma

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### **ABSTRACT**

10% of contact sports injuries are related to the spine and 4% result in spondylosis or spondylolisthesis. The commonest type of spondylolisthesis is isthmic which is marked by a defect in the pars interarticularis. Common age group is six to fourteen. Football, taekwondo, gymnastics, weight lifting and diving are sports causing repetitive stress to the pars interarticularis and resulting in isthmic spondylolisthesis. Clinical features predominantly are backpain and legpain. Mechanism of injury secondary to poor conditioning and abnormal anatomy. Risk factors can be noted both on clinical and radiographic findings. Treatment ranges from conservative to surgical management. Rehabilitation and back to sports regime plays an important role

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SP 026

## Radiating Upper Limb Pain In Contact Sports Athlete

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### **ABSTRACT**

Participation in contact sports exposes the athlete to a risk of cervical spine injury. Temporary neurological injuries manifesting as radiating arm pain or paresthesias, such as transient quadriplegia and stingers, present unique challenges for the physician and will be reviewed in detail. The initial management of these conditions must recognize signs and symptoms of spinal cord injury and prevent further neurological sequelae. Evaluation will often include advanced imaging of the cervical spine in addition to serial neurological examinations. This review concludes with rational return-to-play guidelines for contact sport athletes.

## Role Of Physiotherapist: Preventing Injury To The Spine

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### ABSTRACT

Physiotherapist is dedicated to alleviating pain, preventing the onset and progression of impairment, functional limitation, disability, or changes in physical function and health status resulting from injury, disease of other causes as well as restoring, maintaining and promoting overall fitness, health and optimal quality of life. The role of physiotherapist primarily based on the Nagi model and WHO model (ICIDH) which are used to determine the level of impairment and disability of the patients. Physiotherapist functions at the levels of pathology, impairment, functional limitation and disability. The body posture primarily evaluated at the initial stage of physiotherapist assessment and intervention as poor posture is one of the causative factor to the gradual development of the spinal injury and the damaging effects of poor posture. Improper body mechanics while moving and doing daily activities can enhance the process of impairment which can leads to injury. Proper body mechanics allow human beings to walk, run, jump and move freely without pain or dysfunction. Adequate muscles length, muscles strength and muscles flexibility are one of the considerations in the role of physiotherapist to prevent injury to the spine. Recommendations of ergonomics implementation will reduced strain and wear and tear injury to the body at home and workplace At present, there is no cure for spinal injury, prevention is all we have.

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 SP 030

## Unicompartmental Prosthesis: Indications And Outcome

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### ABSTRACT

UKA's were first implanted in the late 1960s by Marmor and later in France by Cartier *et al.* Multiple studies have been published concerning outcomes of the early UKAs. Compared to total knee replacements, UKAs were shown to have worse outcomes with less reproducible results. We believe that this occurred primarily because the wrong indications were used. Failure rates were due, not just to errors in patient selection, but also problems with design and surgical technique. Recently there has been renewed interest in UKAs and the results from the Swedish Registry has led to an improved understanding of the causes for failure. This has led to interest in minimally-invasive techniques with lower morbidity and more rapid rehabilitation, which has resulted in improved functional results ("the forgotten knee"). Firstly, we explain the basic concepts of the UKA. Secondly, we describe the current indications and techniques.

## Osteotomy Around The Knee: My Practice

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### ABSTRACT

Before the introduction of the total knee arthroplasty into clinical practise, an osteotomy was the treatment of choice for osteoarthritis. Today however an osteotomy is considered technically difficult for the surgeon and demanding for the patient. Nevertheless, in our daily practise osteotomies are an important treatment option for arthritis of the knee, as they allow a return to a high level of activities including sports. An osteotomy delays the need for a total knee prosthesis in young active patients. Obviously the following variables have to be taken into account: the type of arthritis, clinical and radiological criteria, and the patient expectations. In this presentation, we will not only discuss the criteria that make us chose an osteotomy over a total knee prosthesis for degenerative knee pathology but also which type of osteotomy is indicated in the different clinical situations.

## Arthritis Of The Shoulder: Evaluation And Surgical Treatment

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### ABSTRACT

Evaluation	- History		
	- Examination		
	- Radiology		
Treatment	- Behaviour Modification		
	- Physical Exercise		
	- Surgery		
Surgery	- Indication – Pain		
	- Assessment	Pre Op	- Bony Anatomy
			- Soft Tissues
		Intra Op	- Soft Tissues
Technique	- Hemi vs. Total Shoulder Arthroplasty		
	- Cemented vs. Uncemented		
	- Anatomical vs. Reverse Shoulder Arthroplasty		

## Sports Activities After Total Joint Arthroplasty

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### ABSTRACT

An Increased life expectancy combined with good general health can enable the elderly to participate in diverse sports activities. Osteoarthritis (OA) can impair the joint function. A joint replacement surgery gives good results against pain and improves joint mobility. In general it is best to avoid impact activities after joint replacement. Wylde et al (2008) noted that three years before operation 726 (34.8%) patients were participating in sport, the most common being swimming, walking and golf. A total of 446 (61.4%) had returned to their sporting activities by one to three years after operation and 192 (26.4%) were unable to do so because of their joint replacement. The largest decline was in high-impact sports including badminton, tennis and dancing. Low impact activities such as walking, golf, cycling, swimming, hiking, or ballroom dancing are good sources of activity and cardiovascular exercise, and these activities are well tolerated by most joint replacements. There is no doubt that patients who participate in sport after knee and hip replacements are at higher risk of traumatic complications, including dislocation, fracture around the prosthesis and even failure of the implant. The likelihood of doing serious injury to the replacement joint while playing rugby is far greater than if low impact sports. Although people who have a total joint replacement should limit their participation in some sports after surgery, they can participate in a wide variety of activities that will not damage their new joint.

## Traction Immobiliser As Opposed To Traditional Method Of Traction In Management Of Fractures

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### ABSTRACT

The use of traction is inevitable in the initial management of fractures in Adults . This is so because patients often have to wait for surgery during this interim period of time. The use of traditional tractions accompanies pain and anguish as well as it forks anxiety and fear amongst adult patients with fracture of femurs . Traditional method of traction includes skin , skeletal and Steinman pin insertion. Besides undergoing the agony of this initial phase of management , the patient also has to accept the potential hazards that follows in tandem . Hazards include long bed stay , the possibility of getting thromboembolism , pneumonia etc., In applying excessive traction to the fractured limb can lead to distraction of the fracture. Hence, a new method of traction was sought where the patient had no fear or anxiety nor any phobia of management. The ‘ HARE TRACTION IMMOBILIZER ’ is an ideal alternative that can be applied by the health personnel on duty with comfort and ease. It saves time , cost and manpower and is a non invasive procedure. Its’ use now is encouraging and is the nest best thing in applying traction for fracture femur in adults.

# Assistant Medical Officers And Pre-Hospital Experience

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## ABSTRACT

One of the main barriers to developing a Pre Hospital Service (PHC) unique to Malaysia is the inadequacy of field information which includes operational data and clinical data. While most of the implications are obvious, the scarcity of solid data also results in misrepresentation of the contribution of existing services and the tendency to assume the worst and look for newer ways or alternatives which may be financially demanding. This is contrary to the recommendations of WHO with regards to PHC systems. WHO recommends using preexisting systems and not build from scratch. (Prehospital Trauma Care System- WHO Geneva 2000).

Some of the concerns and challenges in PHC.

- Call for help unanswered
- Caller management can be better
- Minimal first aid directions given prior to arrival of ambulance
- Delayed arrival to scene
- Minimal ambulance safety practices
- Risk of injuries and lives in crashes
- Clinical care not up to the mark and not monitored
- Outcomes and impact of existing services unclear
- No standard level of care from MOH ambulances

The approach now

1. Minimize or eliminate consequences and reduce probability.
2. Putting foundations in place
3. Plan and execute the development of a forward looking and sustainable service by:
  - Laying the foundations for a modern EMS system in Malaysia.
  - Creating and supporting a high quality workforce
  - Advancing system infrastructure
  - Preparing for disasters
4. Optimizing PHC services
5. Correct the mismatch between demand and supply
6. Improve coordination and communication
7. Improve standard of care and medical governance
8. Improve collection of essential service data
9. Improve support of the current operations of PHC in MOH

# Chronic Wound Care Management

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## ABSTRACT

Wound care is an art and in an industry that is rapidly evolving the advances made has not been fully capitalized on. New products, modalities, which were not available before is now at our disposal. Using these technologies could lead to significantly different outcomes. Wound management is now in the limelight of healthcare management. They are a major burden to the patient and the healthcare system and drain a huge amount of financial resources. In Malaysia diabetic foot ulcers and other chronic ulcers constitute a vast proportion of the cases that repeatedly come for treatment. They also occupy significant numbers of hospital beds. Wounds should be treated as early as possible to reduce long term complications. Understanding factors that delay wound healing will help achieve better outcomes. The best, if the right product is used for the right type of wound at the right time. Alternatively, the right modality for the right wound would ensure success. Foot complications are the result of a complex interplay of ischemia, ulceration, infection and neglect. In diabetics Charcot's joint often go unnoticed until damage is irreversible. In these patients, wounds are also associated with high amputation rates, significant morbidity, mortality and substantial wastage of resources. There is a dire need of a patient oriented multidisciplinary structured organization with facilities for providing optimal wound care. For such an approach to be useful concerted effort by health care providers working with patients is required and using specific guidelines which can ensure success in wound care. Advanced wound care modalities are not for the novice, but basic education in wound care including: anatomy and physiology of the integumentary, circulatory and musculoskeletal systems; principles of wound healing; asepsis; basic nutrition and modern wound care products would greatly help in improving wound outcomes. And finally ..... Promoting a multidisciplinary approach to care.

# Inclination Pro-Social Behaviour Among First Aid Course Participants

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## ABSTRACT

Prosocial behavior refers to unplanned and mostly proactive acts by individuals to help, share, cooperate, comfort and alleviate perceived suffering in others often without any expectation of material gains in return. First Aid training aims to impart basic skills to participants so that they are able to provide basic medical assistance and reassurance to victims of medical or trauma emergencies while awaiting definitive attention from medical personnel. Although the initiation of the 'helping' act is seen as having altruistic and proactive connotations among the first aid providers, the episode does incur 'costs' that may range from embarrassment and moral travesty, litigation risks, financial implications to personal health and safety compromise. The purpose of this research is to explore the latent inclinations towards prosocial behavior among course participants attending a first aid training program. The research problem evaluates notions of altruism, empathy as well as other antecedent elements that reflect prosocial characteristics inherent among course participants attending a First Aid training program. The research methodology adopts a qualitative case-study with a grounded theory underpinning to explore the elements of prosocial behavior among the subjects. Data was collected using self-administered open-ended questionnaires from all the 46 course participants. Follow-up interviews were conducted on five subjects who accepted the invitation for the purpose. Credibility and trustworthiness was enhanced by triangulating the responses from the open ended questionnaires and subjecting the emerging themes through a iterative process during the follow-up interviews. This process continued until a point of data saturation prevailed. This is a preliminary abstract and the findings of the study will be reported during the proceedings of the upcoming 42nd Malaysian Orthopedic Meeting.

# Navigation In Arthroplasty

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## ABSTRACT

Ask any orthopedic surgeons who regularly does total knee / hip replacement surgery and they will tell you that soft tissue balancing is half the procedure while another is the bone cutting. They will also say that soft tissue balancing during total knee / hip replacement comes with a unique set of problems. They typically know how to do the balancing but they just needed a more exact way of doing it. In response to such challenges, a growing number of doctors have turned to computer-assisted navigation systems with special software modules to help them do a better job at soft tissue balancing, it is just a matter of time before systems featuring soft tissue balancing functions become widely available. Today's systems seem to help in both these areas. Before computerized navigation, there had been no objective way to ensure the implant was truly stable and adequately balanced joint. Now, most systems available help the surgeons titrate the whole joint area a lot better. Orthopedic navigation systems are now available from companies like BrainLab, Aesculap, OrthoSoft, Medtronic, Stryker and Smith & Nephew to name a few. They provide a variety of ways to more objectively check joint stability and balancing intraoperatively. Each offers different approaches, ranging from on-screen depictions of the tissues and ligament gaps to numeric readouts, of medial and lateral gap size. At the most basic level, systems include tensioners or tools for measuring gaps. Others go a step further and allow the surgeon to apply the intraoperative gap measurements in a way that is reflected in implant positioning, their resection, or both. These new systems help because they provide on-screen confirmation for each step of the surgery and give immediate feedback as to why you're doing and what you're doing.

# Pre & Post Total Knee Replacement And Total Hip Replacement

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## **ABSTRACT**

Total Knee Replacement (TKR) and Total Hip Replacement (THR) are two surgical procedures where worn, diseased or damaged surface of knee joint or hip joint, which mainly caused by primary and secondary osteoarthritis, are removed and replaced with artificial surfaces. The purpose of both procedures allows for return of movement, correction of deformity, relief of pain and in most cases, enhances walking ability. As with any surgery, patients may be exposed to risks ranging from clotting, bleeding and infection to nerve damage, loose prosthesis, deformity and death. Three main principles in treating TKR and THR patients are pain management, increasing range of motion and decreasing load/stresses on the affected joints. The patient care process includes pre-operation screening and testing, and continued with post surgery care, ie. painkillers, cryocuffs (TKR), drainage and antibiotics, among others. Success of TKR and THR treatment highly dependant on both surgery and rehabilitation. Applying nursing diagnosis will help with pain management, while bleeding, dislocation and DVT could delay the treatment process.