

Case Study

Presented by the Orthopaedic
Traumatologists at Brackenridge Hospital

Orthopaedic Trauma Patient Regains Strength, Mobility

Patient History

A 55-year-old female presented to the Brackenridge Emergency Department as an unrestrained backseat passenger involved in a motor vehicle collision. Initial evaluation revealed multiple skeletal injuries, including fractures of the pelvis, left femur, left elbow, left proximal humerus, right proximal humerus, right wrist and a right hip dislocation, as well as multiple rib fractures and an extraperitoneal bladder rupture.

Treatment

The patient was taken to the operating room on the day of her presentation for closed reduction of the right hip dislocation and fixation of the left femur fracture with an intramedullary nail. During the next few days, surgical procedures were performed to treat the remainder of her skeletal injuries, including percutaneous iliosacral screw placement to stabilize the posterior pelvic ring injury. The patient also underwent open reduction and internal fixation with plates and screws to fixate the left distal humerus and left olecranon fractures, left proximal humerus fracture, right proximal humerus fracture and right distal radius fracture.

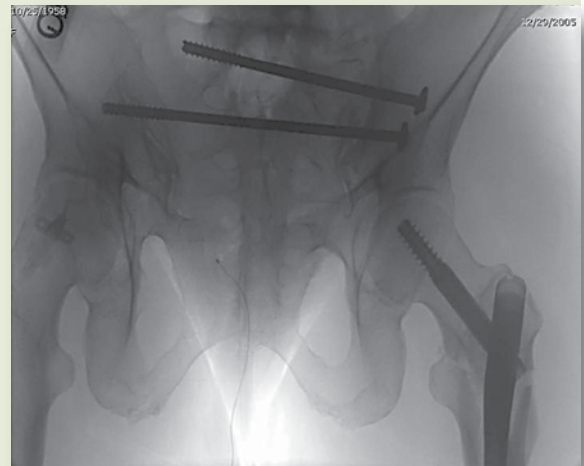
Hospital Course

Physical therapy was initiated in the early post-operative period allowing the patient to mobilize from bed to chair, as well as begin active and passive range-of-motion exercises for her upper and lower extremities. No casting was necessary due to the fixation techniques utilized. The patient was discharged to home (out of state) after less than two weeks in the hospital. At last report, she has continued to gain strength and mobility.

Discussion

Multiple-injury patients present a challenge to health care providers, requiring coordination among various specialists to best treat these patients. During the past thirty years, orthopaedic traumatology has evolved as a subspecialty within orthopaedic surgery, facilitating the timely care of patients with multiple injuries. Improved implants and surgical techniques have allowed orthopaedic trauma surgeons to operatively treat fractures with less-invasive techniques, limiting the need for immobilization after surgery. In this case, insertion of the iliosacral screws was performed using real-time X-ray and one-centimeter incisions. The plates and screws used to stabilize the proximal humerus, elbow and wrist fractures consist of "locking screw" technology, providing the most secure fixation periarticular fractures available.

**For more information, contact Austin Skeletal Trauma Specialists
David Laverly, MD, and Drake Borer, MD, at (512) 391-1751.**



▲ PREOP PELVIS (TOP) AND POSTOP PELVIS