

# TOS NEWSLETTER



**Dr. G. Mukesh Mohan**  
*President TOS*



**Dr. J. Terrence Jose Jerome**  
*Secretary TOS*

## Welcome Message

Dear Members

I am pleased to welcome you to the latest edition of our orthopedic society newsletter as we navigate these challenging times. It is more important than ever to stay connected and informed about the latest developments in our field. In this issue, you will find a wealth of information on new research, innovative treatments, and upcoming events in the world of orthopedics. We are also excited to feature interviews with some of the experts in our field, who will share their insights and perspective on the latest trends and challenges.

I encourage you to use this valuable resource and share your thoughts and ideas. Our society is only as strong as its members, and we are always looking for new ways to collaborate and support one another.

I appreciate your support and our society, and I look forward to seeing you at our upcoming events

Best regards

**Dr. Devendran** MS (Ortho)  
TOS EC Member,

Senior Assistant Professor KAPV govt medical college & City medical center, Trichy

# CME Research Methodology :



 **Trichy Orthopaedic Society (TOS) &**  
**IMA, Tiruchirappalli** 

# CME

## Research & Publications

 **23 April, Sunday 2023**

 **9 am -12 pm**

 **Mukesh Arthro Care Hospital, Trichy**

*\*TNMC Credit Points Awaited*

**Dr. G. Mukesh Mohan**  
IMA Secretary, Trichy

**Dr. J. Terrence Jose Jerome**  
TOS Secretary, Trichy

“A candle does not lose anything by lighting another.”

Prof Dr. Raju Vaishya, Prof Kartick Vishwanatan, Dr. Rishi Kanna, Dr. Gayatri, Dr. Sassendran, & Dr. Samundeeswari were the panelist with awe-inspiring presentations during the CME on Research Methodology and enlightened the delegates with rich knowledge about research and publications

Sacrificing their Sunday is their generosity and kindness

Trichy Orthopedics Society, IMA Tiruchirappalli, Tamilnadu Orthopaedics Association, Orthopedic Association of South Indian states & Indian orthopedic association highly appreciate everyone's contribution to imparting knowledge on research & methodology

Over 50 participants benefitted from this event.

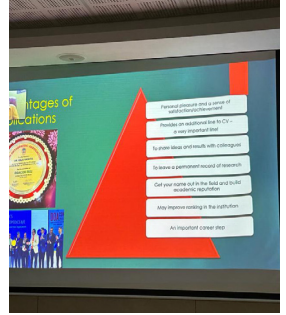
Tamilnadu Medical Council gave 1 credit points

Enthusiastic delegate's interactive discussion made this event a worthy.

The organizing team did a splendid performance on stage & off stage

We are sure that more publications will happen from this event





**CME on Research Methodology 23rd April 2023 from 9.00 am onwards**  
**Venue: 4th Floor, Auditorium, Mukesh Artho Care, Tiruchirappalli**

S.No	TOPIC	PRESENTED BY	TIMINGS	CHAIRPERSONS
1	சுரங்குலி அரங்கம்		9.00 am	
2	Welcome Address	Dr. G. Mukesh Mahan, Secretary IMA	9.05 am - 9.10 am	
3	Inaugural Address	Dr. S. Chitra, President, IMA	9.10 am - 9.15 am	
4	Introduction of CME	Dr. Terrence Jose Jerome, Secretary, TOS	9.15 am - 9.20 am	
5	Bring your research problems	Dr. I. Ouseph, Treasurer, TOS	9.20 am - 9.25 am	
6	Why research and publish?	Dr. Raja Valathy, Indraprastha Apollo Hospital, New Delhi	9.25 am - 9.35 am	
7	Tricks to write a publishable manuscript	Dr. Rishi Kama, Ganga Hospital, Coimbatore	9.35 am - 10.11 am	
8	The Issues		10.15 am - 10.20 am	
9	Formula to convert Thesis to Paper	Dr. Karthik Vishwanathan, Parul Institute of Medical Sciences & Research, Parul University, Vadodra	10.30 am - 10.45 am	
10	How not to submit a paper	Dr. Sankaradas Sankaradasarman, Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry	10.45 am - 11.00 am	
11	Reviewing an article - What is it for me?	Dr. Gayathri Viswakarma, George Institute for Global Health, India	11.05 am - 11.21 am	
12	Live workshop on keyword search	Dr. Samundeeswari Saseendrar, Sri Lakshmi Narayana Institute of Medical Sciences, Puducherry	11.24 am - 11.29 am	
13	Open discussion session and Closing of remarks		11.42 am - 12.02 pm	
14	Members Presentation		12.02 pm - 12.47 pm	
15	Vote of Thanks	Dr. G. Ramesh Prabha, Joint Secretary, TOS	12.47 pm - 12.52 pm	
16	Nathanael Anthem			
	Lunch		12.55 pm onwards	



# Case Study:

## Sutures for fractures

Dr. I. Geethan,  
*Treasurer, TOS*



Stabilisation of fractures is one of the primary medical care methods that could be provided. A renowned anthropologist once said that a healed femur is one of the earliest evidences of civilisation. Without culture and people caring for each other, a person who sustains a fractured femur does not have long enough for a fracture to heal. Hence it is no surprise various societies have evolved multiple mechanisms to treat fractures, most often by immobilisation and sometimes by traction.

Internal fixation of fractures was proposed in the late nineteenth and early twentieth centuries. Various fixation devices and materials were proposed. Of them, metallic implants were most often used. Further development of K Nail fixation by Kunsher and AO principles of internal fixation established metals as the primary method of fracture stabilisation, and the most commonly used metals are stainless steel and titanium. Fracture fixation is now synonymous with metallic implants.

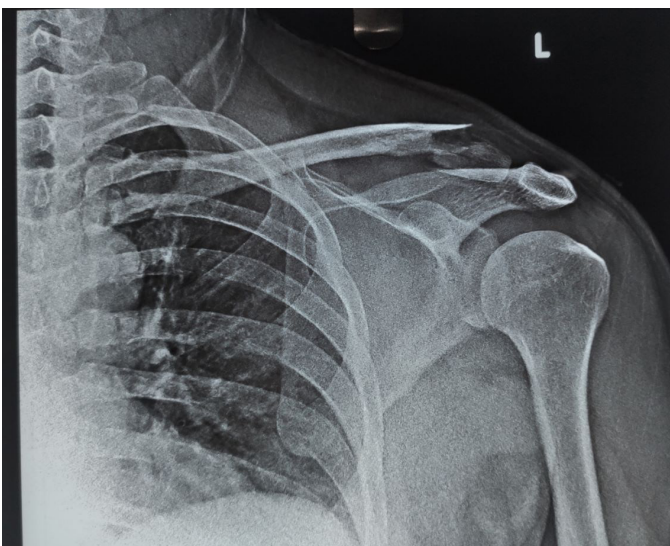


Fig: 1

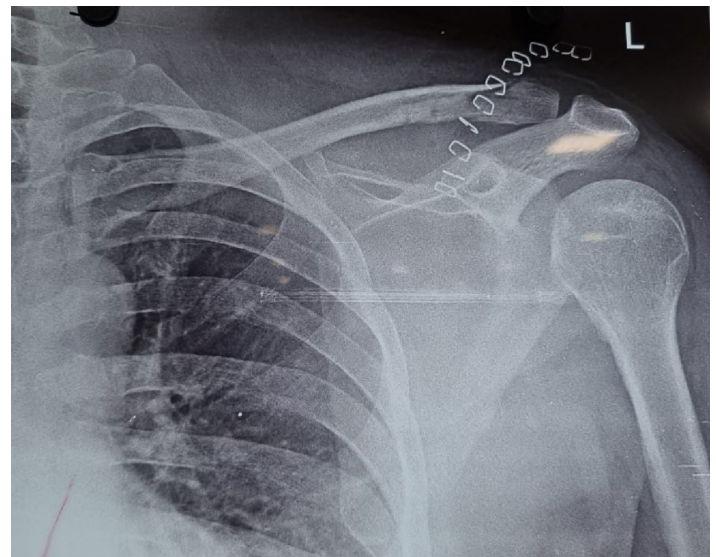


Fig: 2

However, there are difficulties in using metals, with the principal difficulty being the need for removal. In specific situations, other difficulties encountered are implant prominence in subcutaneous bones, skin irritation and risk of fracture comminution in the case of small fragments. Further, metal implants into joints always require implant removal. Despite these difficulties, metals are the predominant materials used in fracture fixation. Metals are popular because only metals have sufficient strength to withstand loads to allow early weight bearing and can be designed into screws to provide compressive forces.

Some specific fractures do not need compressive forces to heal and are not weight-bearing. A recent understanding of fracture healing has shown that not all fractures need compression and absolute stability for fracture healing. Also, the recent development of high-strength sutures has provided alternate materials to offer sufficient strength for fracture healing. Such high-strength sutures were initially used to fix avulsion fractures, essentially ligament injuries with attached bone fragments. ACL Avulsion fracture, PCL avulsion fracture, Patella fracture and Conoid process fracture. Recently, high-strength sutures have been employed in fractures other than avulsion fractures.

A 47 Years male patient presented with a history of injury to his left shoulder. The evaluation showed a fracture of the lateral end of the clavicle Type 2 B. (Figure 1). This fracture is conventionally managed with internal fixation using specialised plates like lateral clavicle plates or hook plates. While a hook plate might result in impingement and shoulder pain,

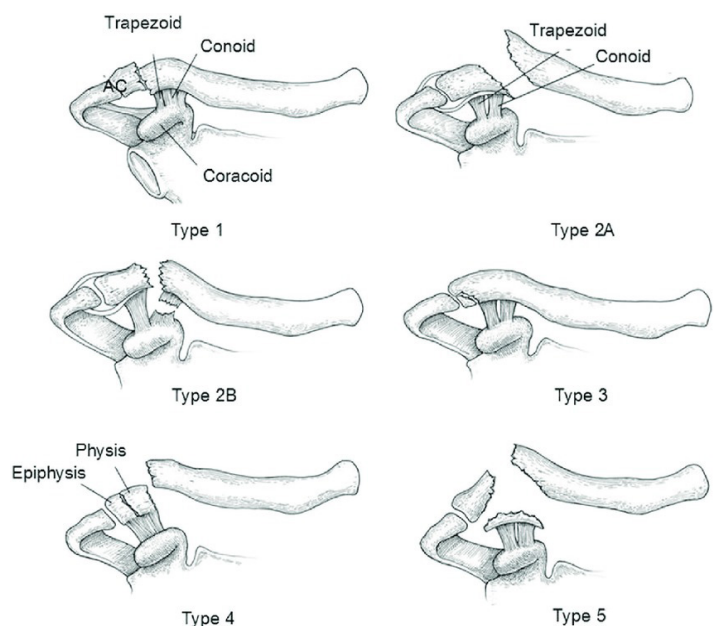


Fig: 3

a lateral clavicle plate has a high failure rate. Displacement of this fracture is due to the loss of the Conoid ligament's or trapezoid ligaments' stabilisation effect (Figure 2). The optimal treatment of this fracture is the treatment of coracoclavicular ligaments by placing an internal brace allowing the ligaments to heal. We stabilised this fracture by providing an internal brace in the form of a fibre tape which is passed inferior to coracoid, deep to the coracoid attachments of the acromioclavicular ligament and pectoralis minor, and passing the fibre tape through bone tunnels in clavicle and tied on the superior surface of the clavicle (Figure 3). While some surgeons add plate fixation to this construct, the addition of plate fixation is optional for this fracture and sutures in isolation give sufficient strength to the ligaments and bones to heal. We could achieve and maintain a sound reduction. (Figure 4) and the patient regained full function (Figure 5).



Fig: 4