

Mr Sunil Auplish

Consultant orthopaedic surgeon
Barking, Havering and Redbridge NHS Trust
Essex.

Profile

He obtained his medical degree from Guy's and St.Thomas' Hospitals in London, and trained to become an Orthopaedic Surgeon on the Oxford training programme. He specialised in complex open and arthroscopic Upper Limb surgery during his Fellowship at Wrightington Hospital, prior to taking up his Consultant post.

Has a strong interest in teaching and training, and has set up and run orthopaedic courses, as well as being invited as faculty on courses for plaster technicians, junior doctors, nurses, physiotherapists and Consultants.

Abstract

The aim of the session is to ensure familiarity with lower limb anatomy, particularly relating to surface anatomy and how it corresponds to the different fractures and injuries seen in the lower limb.

The session will be highly interactive in that participants who wish to do so will have identified all of the structures discussed on their own lower limbs!

Augusto Sarmiento, M.D.

Professor and Chairman Emeritus Departments of Orthopaedics at the Universities of Miami and Southern California; past President of the American Academy of Orthopaedic Surgeons, and the Hip Society; author of over 300 articles and Commentaries.

Presentation No. 1 TAKING ADVANTAGE OF AN OPPORTUNITY

Orthopaedics has experienced profound changes in recent decades. The explosion of technology resulted in the development of surgical and diagnostic means to assist in the care of a very large number of musculo-skeletal conditions.

Simultaneously, the profession has experienced a major division into a large number of sub-specialties, which have spawned progress, but other times encouraged other surgical disciplines into eroding its territory.

These changes should open opportunities to others, long involved in the care of the patients afflicted with orthopaedic conditions, to expand their knowledge and to assume additional responsibilities.

Expected Outcome :

An increased awareness of the current changes taking place in the management of the orthopaedically afflicted patient and the opportunities for additional knowledge and greater scope of orthopaedic allied professions.

Presentation No. 2 THE ROLE OF NONSURGICAL TREATMENT OF SOME UPPER EXTREMITY FRACTURES

A discussion of the basic principles that govern the behaviour of humeral, ulnar and Colles's fractures when treated by functional, non-surgical means. A practical demonstration of the technique of casting and bracing of these fractures follows, while emphasizing indications, and contraindications. .

Expected Outcome :

Appreciation of the importance of basic principles in the non-surgical, functional care of upper extremity fractures, its indications, contraindications and technique.

Presentation No. 3 THE ROLE OF NON-SURGICAL, FUNCTIONAL TREATMENT OF CLOSED TIBIAL FRACTURES

A discussion of the basic principles that govern the behaviour of closed tibial fractures and the steps essential to follow when these fractures are treated non-surgically.

A practical demonstration of the application of the below-the-knee cast illustrates step by step the proper technique while reinforcing the indications, and contraindications.

Expected Outcome :

Appreciation of basic principles in the non-surgical, functional care of closed tibial fractures, the indications, contra-indications and technique.

Jennie Walker

Profile

Graduated from the University of Nottingham in 1998 and started her career within Trauma and Orthopaedics. Since then she has gained a Bachelors and Masters degree from the University of Manchester and has recently started a PhD. Jennie has enjoyed varying roles ranging from staff nurse to health lecturer practitioner and currently works as a clinical educator where she divides her time between teaching medical undergraduates and working with staff to improve education and working within the clinical areas. Jennie also has a keen interest in publishing and reviewing literature for the Nursing press, and has to date published 20 peer reviewed articles and contributed to the Oxford Handbook of Clinical Skills.

Abstract

The aim of the session is to look at some of the debates surrounding pin site care for patients with external fixators. Pin sites from external fixators have a high risk of becoming infected and therefore there is great emphasis placed on the importance of good pin site care. There are many different approaches to managing pin sites, some based on research evidence, some clinician preference and others well who knows. This session will highlight some of the current thinking with regards to cleansing, dressing and general management of pin sites, which as yet still seems open for debate.

Colin Ogilvie
Orthopaedic Consultant
MBChB 1979 MD 1991 FRCS 1984
Hon President AOP.

Profile

Colin Ogilvie was born in Co. Durham, attending Washington Grammar School initially before the family moved to South Yorkshire and then proceeded onto Mexborough Grammar School. On leaving school Colin went to Leeds University Medical School, qualifying in 1979. After 'House jobs' in St James Hospital, Leeds and Pinderfields Hospital, Wakefield he went on to an Anatomy Demonstrations Post in Leeds. Moving south to Sheffield to start Surgical Training with Senior House Officer posts in both the Royal Hampshire Hospital and Northern General Hospital before a short period in Derby, returning to Sheffield as a Registrar. During the rotation, Colin obtained fellowship of the Royal College of Surgeons of England and came under the influence of Professor John Sharrard and then the lecturer, now Professor David Rowley.

The next two years was spent as an Orthopaedic Registrar with interests in Children's Orthopaedics, Joint Replacement and Education. When David Rowley moved to Salford a research opportunity arose, which resulted in a Doctor of Medicine Thesis, looking at the benefits of Orthotic Aided Upright Walking in patients with Spinal Cord Dysfunction. This was based at the North West Orthotic Unit where some of the "Dark Arts" of Orthotics and Casting were revealed. As the research was completed and the financial support from Action Research for the Crippled Child ended, it was time to re-enter mainstream Orthopaedics as a Senior Registrar in Bristol. With the completion of training, a Consultancy Post was offered in Musgrove Park Hospital, Taunton, Somerset and here he remains. The call to be an Examiner for the British Casting Certificate at the Royal National Orthopaedic Hospital, Stanmore came in 1998, then with a position on the committee in 2002 and the Chairmanship of the BOA / RCN / SOTN / AOT / Casting Sub Committee in June 2004.

During all of this time Colin has received great support from his wife Amanda and had time to raise two sons, Simon – a Junior Doctor, Jonathan – now working for a Marine Construction company. Gardening for sanity, cycling for fitness, and an occasional cricketer, Colin also enjoys watching Rugby and Cricket ("the older I get the better I was"!) all providing the release from the rigours of hospital medicine.

Abstract

The AOP is now in its 2nd generation, the use of plaster casts has been around for many generations with Lime Plaster bandages being used by Arabian Doctors in the Middle Ages. In the west ambulatory casts were being introduced and used in the early 1800s and Plaster of Paris dressings in the Crimea in the 1850s. Commercial bandages became available in 1931, with hospitals prior to that making their own. The '70s saw synthetic materials being used producing a more durable and lighter cast.

Covering the "modern" developments are a number of Surgeons whose names are now well recognised in the Orthopaedic world, Poinsetti, Charnley, Sarmiento. Each have made a huge contribution to our treatment regimes for both Orthopaedic conditions and Traumatic injuries. Despite the rise in Operative techniques for both trauma and elective Orthopaedic work, interest in the use of external casts remains strong. Our current Trauma Czar Professor Willetts is leading a Study of "Close Contact Casts for Ankle fractures in the over 60s". The Association's Past President Professor Rowley in his younger days looked at Ankle Fractures receiving either Operative or Manipulation and a cast which showed similar potential outcomes if the techniques were well performed.

One of those influential characters I have mentioned earlier, Professor Sarmiento will be made most welcome at Conference and will impart to another generation his wisdom and skill. With educational opportunities and developments and perhaps a "Return to Basics" the next generation can have a bright future in Casting and "In Casting" means having the "British Casting Certificate" and membership of the "Association of Orthopaedic Practitioners".

Awarding Academic Accreditation to the British Casting Certificate – Exciting Times Ahead

Presenters: Marty Wright and Sue Miles

Presenters Profiles:

Title	Mrs.
Name	SUE MILES
Job title	NATIONAL CASTING TRAINING ADVISOR.
Qualifications	RGN.ONC.FETC. Orth Tech Cert.
Place of work	BRITISH ORTHOPAEDIC ASSOCIATION SUB-COMMITTEE ON CASTING TECHNIQUES

Professional biography

I have over thirty years of experience in casting with twenty five of those devoted to teaching the subject. As part of my involvement, I instigated, currently organise and run the British Casting Certificate courses and the examinations. I am the National Casting Training Advisor appointed by the British Orthopaedic Association sub-committee on casting techniques. In addition, I work as an independent casting nurse specialist applying casts to patients.

Title	Mrs
Name	Marty Wright
Job title	Senior Lecturer

Place of work.....Glasgow Caledonian University; School of Health

Qualifications...MPhil; BSc (Hons); DipNursing; RN; RNT.

Short Biography

I started nursing career in 1978 and did Orthopaedic Nurse training first at the worldly wise age of 17, where I recall we were taught to apply casts!!

Most of clinical career was spent in Cardiac and Critical Care Nursing. Entered nursing education in 1990 and have remained there since. Managed the changes that nurse education has experienced and agree that just as the time is now right for nursing to become an all graduate profession it is also right to now award academic credit to the knowledge and skills of those who work in plaster rooms the length and breadth of the United Kingdom and beyond. I am undertaking doctoral level studies in education and I am exploring the merits of recognising and rewarding non formal and informal learning with academic credits. I believe there are benefits (personal, professional, organisational, managerial and strategic) to proving competence at an agreed academic level, to maintaining it and where appropriate developing it.

AIM

The overall aim of the session is to:

Provide attendees with the background, rationale and process for gaining academic credits for their casting related knowledge and skills either through an experiential claim or by completing the British Casting Certificate.

Learning Objectives:

- 1 Understand why the BOA has sought a university accreditation partnership for its casting techniques education provision.
- 2 Determine the appropriateness of the two accreditation options available in order to inform and progress for either self or colleagues.
- 3 Describe what will be involved for the course students.

Abstract:

We will explain how the joint venture between the British Orthopaedic Association and Glasgow Caledonian University came about and the history. We will describe the changes to the British Casting Certificate courses and examination in some detail and how the credits gained may be used to gain further qualifications.

In due course present BCC holders, who are on the Active Register held at the BOA and are therefore current with their Continuing Professional Development, will be able to approach the University and present some written reflective evidence and additional work to gain the credits.

The presentation will include an overview of the number and level of academic credits that the British Casting Certificate has been awarded and what the processes are for attaining the credits either experientially or through satisfactory completion of the various components of the course.