

# BREAKING NEWS

NEW ZEALAND ORTHOPAEDIC NURSES ASSOCIATION 2007. Issue 4

Hi everyone,  
Welcome to this issue of Breaking News.

By now your work areas should have received copies of the draft programme for the conference. Planning is going well and we are at the stage of working through the abstracts and putting these into the programme. Please photocopy as many of the registration forms as you require. I trust that you spent May 12<sup>th</sup> celebrating nurses and how important we are in patient care activities.

The Journal of Orthopaedic Nursing should have arrived in your letterbox. I hope you found it an enjoyable read. It is often difficult to find material related to our speciality without having to do an extensive search, so it is good to have some close to hand.

**The Orthopaedic nurse maintains current orthopaedic knowledge through formal and informal education.**

#### **Orthopaedic Scholarships.**

The Ministry of Health is currently offering scholarships for nurses working in Orthopaedics, particularly in the area of elective surgery. (Joint



We are now moving into winter. Take time to look after yourselves and keep well. Winter is traditionally the heaviest part of the year in healthcare so we need to be mindful of ourselves.

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Other opportunities.

**Auckland University of Technology** offers a Speciality Practice paper on Orthopaedic Nursing. This will next be offered in May 2007. This can become part of a course of study that leads to certification as a Nurse Practitioner. This paper is offered on-line. It is a single semester paper.

**The University of Auckland** also run a Speciality Practice paper in

replacements primarily).  
The scholarships can cover courses of study, conference attendances and site visits.  
Contact your Director of Nursing office for further information.

Orthopaedics. This can also lead on to a clinical Masters and Nurse Practitioner certification. This is not currently offered on line. It will next be offered Semester One 2008- it is a double semester paper.

**Show and tell:**

Do you have anything interesting happening in your area? If so, please share it. Send contributions to this newsletter to [LynleyP@middlemore.co.nz](mailto:LynleyP@middlemore.co.nz) or [papafam@ihug.co.nz](mailto:papafam@ihug.co.nz)

**Special Notice: Conference request please: from Lyn Paul**

The executive committee are putting together a recipe book for the conference, and of course need some recipes to go into it. We would like recipes that have a "healthy eating" nature, as we are promoting healthy eating in line with the obesity thing.

Collecting recipes from consultants etc is also great, as well as anyone famous you may know!

Recipes can be emailed to me at [lyn.paul@bopdhb.govt.nz](mailto:lyn.paul@bopdhb.govt.nz) or sent hard copy to me at

Ward 3

Private Bag 12024

Tauranga.

Final date Friday August 17<sup>th</sup> 2007.

**Website Development.**

Our website is now up and running. Go to [www.nzona.org](http://www.nzona.org) to see the results. The NZONA committee wish to express our gratitude to Liz Blake-Palmer for all her hard work and ideas.

We would like to see case studies and exemplars on the website as well.

Also if you have done any research, either as part of your studies or your role, we would love to see this on the web site as well. Research can often seem a scary prospect but if those who have participated in the process share their research and any tips they learnt along the way, it will encourage others to take up the challenge as well.

Upcoming events:

**Northern Regional Educational Meeting:**

This is planned for July 28<sup>th</sup> in Rotorua.

The format has been changed.

A  $\frac{1}{2}$  day programme has been proposed with some lecture format and some practical, clinical time. Further details to follow when finalised.

Spend  $\frac{1}{2}$  day learning (4 hours- certificates issued- all good for portfolios) then enjoy Rotorua for the rest of the day or weekend.

**Wellington Orthopaedic Conference**

The Fake Joint

31<sup>st</sup> August- 1<sup>st</sup> September 2007.

RCNSOTON Orthopaedic and Trauma Nursing Centre Stage. London UK.

1<sup>st</sup>-3<sup>rd</sup> November 2007.

Call for abstracts is now out

Queries to [orthoconference07@fsmail.net](mailto:orthoconference07@fsmail.net)

**AUSMED education offerings that may be useful:**

Basic High Dependency Nursing

1<sup>st</sup> & 2<sup>nd</sup> August 2007

Sydney

Wound Management & Skin Integrity

7<sup>th</sup> & 8<sup>th</sup> August 2007

Brisbane

Clinical Assessment Skills

17<sup>th</sup> & 18<sup>th</sup> September 2007

Sydney

Check out [www.ausmed.com.au](http://www.ausmed.com.au)

**Some useful websites:**

[www.orthopaedicnursing.org](http://www.orthopaedicnursing.org)

[www.ona.asn](http://www.ona.asn)

[www.orthonurse.org](http://www.orthonurse.org)

**Services offered:**

TYPING SERVICES

Assignments, Essays, Notes, Thesis, Interviews, Minutes, Reports

Previous Orthopaedic Typing Experience

Contact: Heather Almao PH 021 478 846

**Article of Interest:**

Peer, K. & Fascione, J. (2007). Spondylosis: A Review and Treatment Approach. *Orthopaedic Nursing*. 26(2), 104-113

This article discusses spondylolysis. The condition is defined as a stress fracture defect in the pars inter-articularis of the vertebrae.

Adolescents are most susceptible but can be asymptomatic until their age and weight-bearing forces increase.

The anatomy and mechanism of injury is discussed. Diagrams support the written description. As with many clinical problems, there are sub categories that relate to the mechanism.

Diagnostic techniques are discussed. Plain X-rays with oblique views are standard but newer imaging techniques are also employed such as CAT scans and MRI.

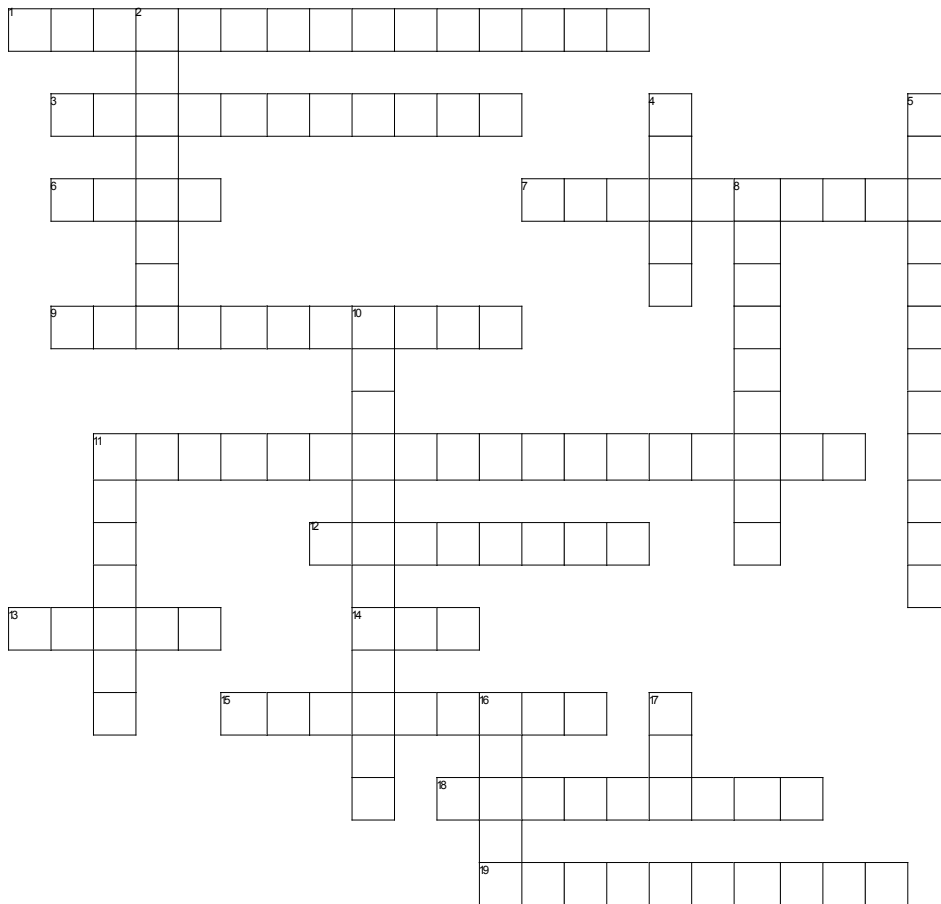
Conservative measures are employed to manage this problem. Surgery is typically used if the conservative approaches have not been successful. Surgical procedures usually involve spinal fusion with a range of screw fixations available.

Other treatment options include the use of ice to reduce inflammation. Electrical bone stimulators can also be employed. Pharmacological measures may include analgesia. NSAID's are not recommended because they can slow bone growth and healing. Other measures include the improvement of bone density. The stress fractures associated with spondylosis are more likely to occur with associated thinning of bone. If there is a history of osteoporosis or osteopenia, a DEXA scan may be performed.

Rehabilitation is recommended for post surgical and symptomatic patients. The objectives being to promote bone healing, relieve associated pain and optimise physical function.

Psychological considerations are discussed, an important aspect of rehabilitation.

# Orthopaedic Complications.



www.CrosswordWaver.com

## ACROSS

- 1 Longer \_\_\_\_\_ increases the risk of acute confusion in the elderly
- 3 \_\_\_\_\_ is not necessarily a symptom of FE although is taught as part of a triad that includes dyspnoea and pleuritic chest pain
- 6 Mini-Mental State Examination
- 7 \_\_\_\_\_ can occur as a complication of FE
- 9 The abnormal and excessive loss of blood
- 11 The triad for DVT included vascular wall injury, venous stasis and \_\_\_\_\_
- 12 Impaired \_\_\_\_\_ increases the risks of complications
- 13 A complication of excessive blood loss
- 14 Increased \_\_\_\_\_ is considered a significant general risk factor in orthopaedic complications
- 15 \_\_\_\_\_ embolism is a hemostatic plug that is trapped in the arteries of the lungs
- 18 \_\_\_\_\_ is an important element in the prevention of ulcers and promotion of healing
- 19 Deep Vein \_\_\_\_\_ is an increased risk after the age of 40

## DOWN

- 2 Any lesion caused by unrelieved \_\_\_\_\_ results in damage of underlying tissue
- 4 Other organs such as the \_\_\_\_\_, kidneys and liver can be affected by FE
- 5 An alteration in a patient's pattern of elimination can lead to \_\_\_\_\_
- 8 20%-80% of hospitalised elderly experience acute \_\_\_\_\_
- 10 \_\_\_\_\_ shock can contribute to a number of orthopaedic/trauma complications
- 11 A comprehensive medical \_\_\_\_\_ is helpful in identifying risks of complications
- 16 \_\_\_\_\_ Respiratory Distress Syndrome (ARDS)
- 17 \_\_\_\_\_ embolism is believed to be the presence of fat globules in pulmonary circulation that become entrapped in the lung capillaries

Last month's answers.

# Metabolic Bone Disorders

