

# BREAKING NEWS

NEW ZEALAND ORTHOPAEDIC NURSES ASSOCIATION 2007. Issue 5

Hi everyone,  
Welcome to this issue of Breaking News.

Healthcare has been in the news lately, with lockouts by Spotless, senior doctors unhappy with pay and hospitals being at Code Red because they are unable to cope with the workloads mostly due to insufficient staffing numbers and resources. The usual winter ills have not helped the situation either. It is crucial that we take time to look after ourselves. We cannot not be of benefit to our patients if we are ourselves sick. Please take care and help support one another through the tough times.



The Northern Region  $\frac{1}{2}$  study day in Rotorua on 28<sup>th</sup> July was well supported and appeared to be well received. Questionnaires were given to those who attended asking for topics for future  $\frac{1}{2}$  days as well as assessments of the day. Thanks to Teena for arranging it all. More information (possibly with photos) will be in the next bulletin.

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**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

replacements primarily).

The scholarships can cover courses of study, conference attendances and site visits.

Contact your Director of Nursing office for further information or go to MoH website for details and contacts.

The Speciality practice paper at AUT will be available in 2008.

**Conference Update:**

A reminder to members and non members: We now have just over 100 registered. Please encourage your colleagues to attend, let's make this a conference to remember (in a good way!!!) Accommodation at the Novotel is being taken up so you need to be early if this is your choice. The Novotel is very close to the lake front and handy to lakeside walks that take you around to the Polynesian Spa and the Government Gardens.

The committee have visited the venue and met the staff at the Novotel and it all is very promising.

The conference dinner will be at the Skyline Restaurant, gondola ride, drinks and nibbles, transport and entertainment all included in the cost.

The theme is T-shirts to Tiaras.

The views going up and the gondola and from the restaurant are spectacular, even at night.

**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 10<sup>th</sup> 2007.

Please send these asap. At this stage there are not sufficient to run a book. We need all we can get.

**Plea from the editor:**

Is there anyone out there who would love to contribute to the newsletter in some way?

Have you written an interesting exemplar/case study that could be shared?

Have you attended a conference or seminar that was productive and beneficial?

Are you leading or involved in any research relating to orthopaedics?

I would love to have some help with contributions to the newsletter

[LynleyP@middlemore.co.nz](mailto:LynleyP@middlemore.co.nz) or [papafam@ihug.co.nz](mailto:papafam@ihug.co.nz)

**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:**

Wellington Orthopaedic Conference

The Fake Joint

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

Contact: Pip Andrews @ [pip.andrews@ccdhb.org.nz](mailto:pip.andrews@ccdhb.org.nz)

3M Casting Conference

24<sup>th</sup> & 24<sup>th</sup> August 2007

Christchurch

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:

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)

NAON Congress San Jose California

May 2008

Some useful websites:

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

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

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

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Contact: Heather Almaso PH 021 478 846

**Article of Interest:**

Altizer,L. (2005)» Hip Fractures. *Orthopaedic Nursing*. 24(4), 283-294.

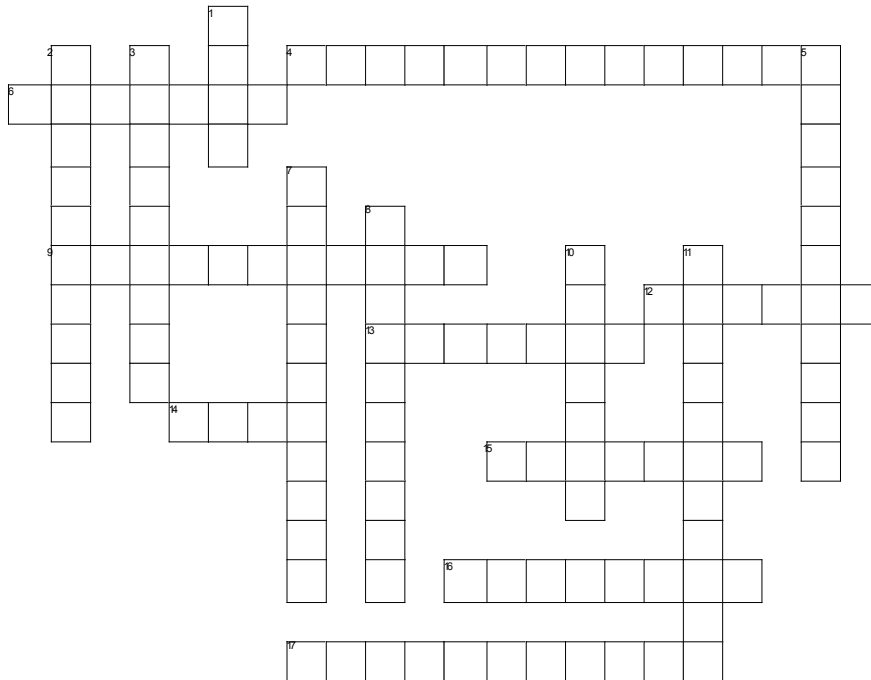
This article looks at hip fractures which are one of the most frequently seen fractures in hospital patients. As the general life expectancy increases, the incidence of hip fractures will also increase. This article briefly introduces the anatomy of the hip joint then moves on to discuss and describe the types of fractures that are seen within the area of the hip joint. Differences between femoral neck fractures, intertrochanteric and subtrochanteric fractures are discussed. This is important to understand as the surgical management is different according to the anatomical position. Diagrams indicate the common areas of fracture and the blood supply to the femoral head. The disruption of this affects the clinical management of intracapsular fractures of the femoral neck. X-Rays are also included to demonstrate some types of fractures and the fixation applied.

Potential complications are discussed related to internal fixation. These include infection, malunion and non union.

Hip fractures are one of the most common osteoporosis related fractures and treatment must be immediate.

Understanding hip fractures and the possible consequences is important for all members of the healthcare team. Patient and family education remains paramount in care. As it is well documented, the risk of falling and fracturing again increases with age and history of previous falls.

# Paget's Disease



www.CrosswordWan.com

## ACROSS

- 4 \_\_\_\_\_ Can be a complication of Paget's Disease
- 6 Research has indicated that there may be a \_\_\_\_\_ basis for Paget's Disease.
- 9 \_\_\_\_\_ is an IV medication given that inhibits osteoclasts, binding calcium phosphate in bones and blocking calcium reabsorption
- 12 Bone \_\_\_\_\_ is frequently replaced by loose fibrous tissue increasing vascularity
- 13 Skull involvement results in \_\_\_\_\_ enlargement
- 14 Occurs world wide but is extremely rare in \_\_\_\_\_, Middle East, Africa and Scandinavia
- 15 Renal \_\_\_\_\_ are known to occur
- 16 \_\_\_\_\_ with barrel-shaped chest and bowing of the tibia and femur leads to reduced height.
- 17 \_\_\_\_\_ and bowing of long bones occurs

## DOWN

- 1 This is a common symptom, made worse by weight bearing
- 2 Characterised by excessive bone \_\_\_\_\_ followed by excessive abnormal bone formation
- 3 Paget's Disease is also known as osteitis \_\_\_\_\_
- 5 Decrease the rate of bone resorption
- 7 Excessive osteoblastic activity causes a rise in serum alkaline \_\_\_\_\_
- 8 \_\_\_\_\_ is a drug that retards bone resorption
- 10 New bone structure is \_\_\_\_\_ and weak resulting in painful deformities and susceptibility to fractures.
- 11 Increased \_\_\_\_\_ means Pagetic sites are often warm and tender

