

# BREAKING NEWS

NEW ZEALAND ORTHOPAEDIC NURSES ASSOCIATION 2006. Issue 3

Hi everyone,  
Easter has come and gone and I trust you had an enjoyable one. The NZONA meeting at Rotorua on 21 March 2006 was well attended. Teena Robinson, Nurse Clinician from Queen Elizabeth Hospital, Rotorua gave us a presentation on DVT prophylaxis which is always a topic of debate among medical clinicians. Asela Karumamaya, Orthopaedic Registrar, told us of his experiences in Sri Lanka at the time of the tsunami. He was extremely innovative with the meagre resources available to him.

At the last NZONA meeting it was decided that the Breaking News will, from May 2006, be sent only to members who have paid. Attached to this e-mail is the membership application form. Please feel free to print these off and circulate through your work areas.



The next NZONA meeting will be at Waikato on 16<sup>th</sup> May 2006.

The NZONA meetings also have an educational element to them after the business has been done. Do make the most of these opportunities as they come your way.

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

**Orthopaedic Scholarships.**  
The Ministry of Health is

Other opportunities.

**Auckland University of Technology** offers a Speciality Practice paper on Orthopaedic Nursing. This will next be offered in Semester One 2007. This can become part of a course of study that leads to certification as a Nurse

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.

Practitioner. This paper is offered on-line. It is a single semester paper.

**The University of Auckland** also run a Speciality Practice paper in 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 2007- it is a double semester paper.



Upcoming events:

Conferences:

Orthopaedics Across the Generations- From Pediatrics to Geriatrics.  
May 7-10 2006.

West Edmonton Mall Conference Center  
Fantasyland Hotel,  
Edmonton, Alberta,  
Canada.

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NAON Congress Boston. Partnering for Growth. May 20-24 2006. See  
NAON website: [www.orthonurse.org](http://www.orthonurse.org) e-mail- [naon@smithbucklin.com](mailto:naon@smithbucklin.com)

3M Casting Conference 2006 Rydges Hotel Auckland August 25-26.  
Call for abstracts. Closing date for these is 16 June 2006.

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ANZONA conference, Canberra, Australia  
12<sup>th</sup>/13<sup>th</sup> October 2006. Rydges Lakeside  
Call for abstracts coming in May

RCN Society of Orthopaedic and Trauma Nursing International  
Conference and Exhibition, Sands of Time: Orthopaedic Nursing Past,  
Present and Future.  
September 14<sup>th</sup>-16<sup>th</sup> 2006. Floral Hall and Theatre Complex Southport,  
UK. For further details visit  
[www.orthopaedicnursing.org](http://www.orthopaedicnursing.org) and click on conferences tab

NZONA meeting:  
Tuesday May 16<sup>th</sup> 2006  
Waikato Hospital.

International Nurses Day May 12 2006

Some useful websites:  
[www.orthopaedicnursing.org](http://www.orthopaedicnursing.org)  
[www.ona.asn](http://www.ona.asn)  
The NAON website now offers education online for members.

**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)

**Final thought:**

**One value for Orthopaedic Nurses:**

The increased knowledge and expertise of the orthopaedic nurse serves  
to decrease the cost of health care through timely and appropriate  
identification of patient needs, effective and efficient health care  
delivery and timely and appropriate health education, maintenance and  
prevention programmes.

**Article of interest:**

Posthauer, M. (2006). The Role of Nutrition in Wound Care. *Advances in Skin and Wound Care* 19(1), 43-53.

This article examines the important role of nutrition in assisting in wound healing. Nutritional screening is discussed, assessing the patient for nutritional deficiencies. Significant factors in the assessment are height, weight and BMI, looking for indications of dehydration, oedema or ascities and signs of recent weight loss. Dehydration can impair wound healing by increasing the blood glucose level which slows healing. Dry, dull or sparse hair can indicate a protein deficiency, pale skin or spoon shaped nails may indicate iron or Vit B12 deficiency. Loose teeth or poorly fitting dentures can also indicate poor nutrition. It is important to remember that as we age our skin's response to temperature, pain and pressure decreases. As a result the healing process can be affected.

Laboratory values include serum albumin (low concentrations may indicate a liver problem as the liver synthesises protein), C-reactive protein raise indicates an inflammatory process (while this is elevated, the albumin levels remain depressed), FBC and iron studies can identify forms of anaemia and hydration assessed using blood urea and nitrogen levels (BUN).

Unintentional weight loss must be addressed immediately. A weight loss of 10% leads to decreased immune function, 20% loss increases mortality and 30% loss leads to 100% mortality. A significant weight loss causes loss of lean body mass. This comprises 75% of body weight and provides most of the protein requirements for the body. Loss of this compromises the manufacture of enzymes, collagen, growth factors and antibodies.

The article discusses the significance of vitamins and minerals in healing, Vitamins C and A and minerals such as zinc and copper.

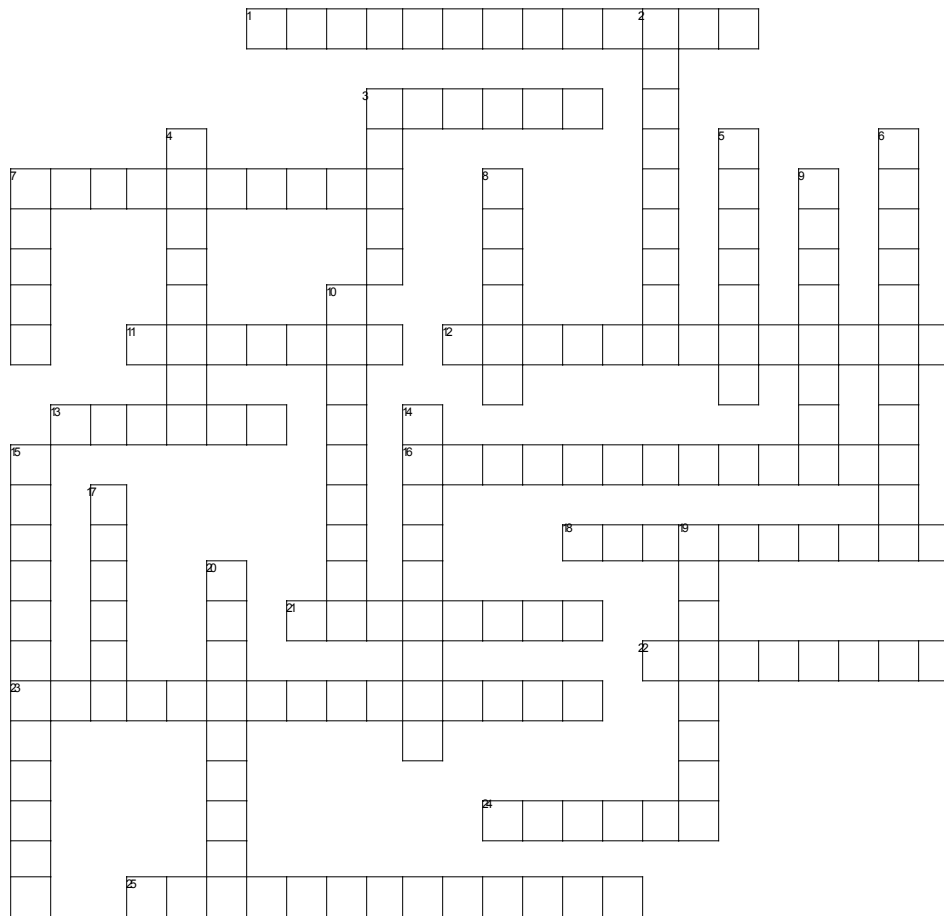
Careful documentation of nutritional care must be completed identifying food consumed and quantities, fluid amounts, is assistance required for the patient to eat and when a patient refuses food. Laboratory values need to be checked regularly to monitor nutritional status. Patient education is an important aspect of nutritional management and is an important aspect of the nurses' role.

In summary, malnutrition impedes the healing of acute and chronic wounds. Good nutrition is important to facilitate the wound healing process. Effective wound care should extend beyond the use of dressing products and include a nutritional assessment and treatment plan.

Orthopaedics is an area where we frequently see complex wounds so this article is relevant to the practice of an Orthopaedic Nurse.

Puzzle for the month.

MUSCLES AND TENDONS



www.CrosswordWaver.com

**ACROSS**

- 1 This muscle forms part of the rotator cuff and is one of the muscles that assists with lateral rotation of the shoulder
- 3 Attaches muscle to bone
- 7 Muscle that directly brings about a desired motion is known as \_\_\_\_\_
- 11 The biceps \_\_\_\_\_ assists with thigh flexion and extension. It is one of the hamstring group.
- 12 This muscle abducts the humerus and forms part of the rotator cuff
- 13 sacs of connective tissue filled with synovial fluid
- 16 This muscle is one of the four that make up the rotator cuff. It is responsible for medial rotation of the humerus
- 18 A muscle that directly opposes the movement is known as an \_\_\_\_\_
- 21 Muscle shortening when weight is lifted is described as \_\_\_\_\_
- 22 \_\_\_\_\_ anterior assists with inversion and dorsiflexion of the foot. It is one of the muscles found in the anterior compartment of the lower leg
- 23 This muscle is one that flexes the forearm
- 24 Flexion and supination of forearm is controlled by the \_\_\_\_\_ brachii
- 25 \_\_\_\_\_ muscle occupies the superficial posterior compartment and assists with plantar flexion of the foot and also knee flexion

**DOWN**

- 2 Muscle responsible for elevation, rotation and dorsal motion of the scapula: elevates and lowers shoulder is known as \_\_\_\_\_. Origin is the cervical spinous processes and spines of the thoracic vertebrae.
- 3 One of the muscles that assists in lateral rotation of the shoulder and is part of the rotator cuff is the \_\_\_\_\_ minor
- 4 The muscle found in the lateral compartment and responsible for plantar flexion, abduction and eversion of the foot is the \_\_\_\_\_ longus
- 5 Abduction of the arm is controlled by the \_\_\_\_\_
- 6 Tendinous expansion, insertion for a muscle
- 7 \_\_\_\_\_ major assists in flexion of the trunk origin being with the lumbar vertebrae and fascia
- 8 \_\_\_\_\_ femoris assists with leg extension and thigh flexion
- 9 Pronation and flexion of the forearm is done by the \_\_\_\_\_ teres.
- 10 Bands of fibrous tissue that connects bones, primarily at the joint
- 14 increase in tension without change in length is described as \_\_\_\_\_
- 15 one characteristic of skeletal muscle
- 17 Sheet of connective tissue that covers muscle
- 19 More common name for the calcaneal tendon
- 20 Muscle that extends, abducts and medially rotates the humerus is known as the \_\_\_\_\_ dorsi

Answers to last month's puzzle.

