

Techniques of reduction

Direct and indirect reduction

Tasks

Examine bone models; reduce fractures directly or indirectly, according to fracture pattern, location, and surgical approach

Learning outcomes

- Differentiate between direct and indirect reduction
- Relate both techniques to specific indications and bone segments

Take-home message

Direct reduction

- Fracture site is exposed, hands or instruments directly manipulate fracture fragments
- Reduction achieved is directly visible

Indirect reduction

- Fracture site is not exposed, reduction is performed by applying corrective forces and moments at a distance from the fracture
- Reduction is checked clinically or using image intensifier, x-rays

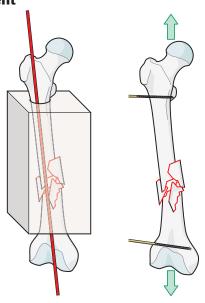
Metadiaphyseal segment

Indirect reduction to obtain

- Length
- Axial alignment
- Rotational alignment

A diaphyseal fracture is a black box

- No visualization
- No direct contact



Articular segment

Anatomical reconstruction of the joint surface

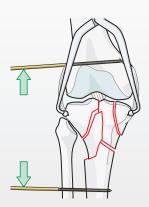




Direct reduction









Techniques of reduction

Use of reduction clamps

Tasks

- 1 Examine a variety of reduction clamps/forceps
- **2** Apply different tools at different anatomical sites

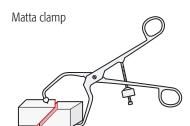
Learning outcomes

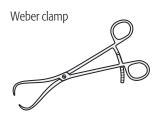
- Identify the degrees of freedom for each clamp
- Recognize difficulties in the application of the different devices
- Analyze biological advantages and shortcomings of different clamps

Take-home message

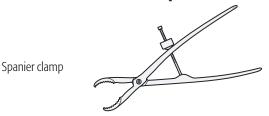
Use proper tools according to the anatomical and technical conditions

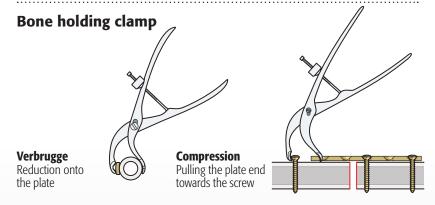
Pointed reduction clamps



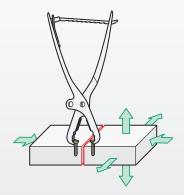


Toothed reduction clamp



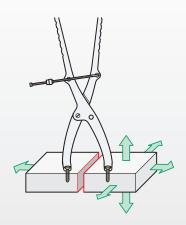


Pelvic reduction clamps



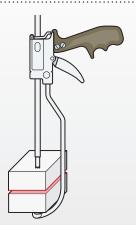
Farabeuf clamp

- Compression
- Shear
- Pull and push



Jungbluth clamp

- Compression and distraction
- Shear
- · Pull and push



Collinear reduction clamp

Allows minimally invasive direct reduction