Femoral Neck Fracture Treated with a 7.3 mm Cannulated Screw (00104)
Learning outcomes and timetables are provided for the benefit of practical directors and table instructors. These timings should not be regarded as completely accurate, since the time required for individual exercises will vary significantly, depending on the experience of the course participants and indeed the faculty. Practical directors should feel free to set their own learning outcomes for individual practicals or parts of practicals.

**Four activities are identified for the successful running of an AO practical.**

**Practical director**

The practical director’s role in the suggested timetable is identified by the icon on the left. The practical director is responsible for introducing the practical and outlining the key learning outcomes. He/she is also responsible for ensuring the practical runs to time and for providing an appropriate summary. In addition, practical directors may wish to discuss individual problems that have arisen during the practical.

**Table instructor**

The table instructors’ activities are identified by the icon on the left. Time is allocated for table instructors to discuss individual points with the course participants before they start the practical exercise. Suggested points for discussion are outlined in the timetable.
### Video

Videos are identified by the icon on the left. Videos have been divided into manageable sections (chunks). Individual timings are given for each part of the video.

### Practical exercise

Practical exercises are identified by the icon on the left. Suggested timings are given for the practical exercise. This time is very variable, depending on the experience of the course participant.

### Feedback

AO Education would welcome any suggestion for new or improved learning outcomes and would also welcome feedback on this educational package. Feedback with regard to particular problem areas encountered by individual practical directors would also be welcome.

All communications to
faculty.support@aofoundation.org
Short description

This implant is mainly indicated to stabilize femoral neck fractures, but may also be used in pelvic ring and tibial plateau fractures. The tip of the screw has a new design with a self-drilling and self-tapping flute, which allows introduction of this screw in not too hard bone without any predrilling. In this exercise a drill and tap are used.

Chapters on DVD

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<tr>
<th>Chapters</th>
<th>Minutes</th>
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<td>Introduction 01:28</td>
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<td>2</td>
<td>Surgical technique 02:44</td>
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Learning outcomes

1. To understand the indications and contraindications for the use of the 7.3 mm cannulated screw in femoral neck fractures.

2. To understand a technique for optimal screw insertion.

Suggested timetable 37 minutes

Bone model number 2422
For more information please check the online catalog on Synbone's official website www.synbone.ch
### Activities | Description | Minutes
--- | --- | ---
| | Review of learning outcomes | 0–5 |
| | Introduction and surgical technique | 5–10 |
| | Learning outcomes:  
1. Understand the use of the anteversion guide wire.  
2. Understand the use of the drill guides to achieve optimum position of screw tips. | |
| | 1. Review indications for use of cannulated screws—fracture type, age of patient, degree of osteoporosis, patient comorbidities.  
2. Discuss importance of reduction and how to obtain it.  
3. Review use of drill guides to achieve optimum screw placement. | 10–17 |
| | Practical exercise | 17–32 |
| | 1. Review learning outcomes.  
2. Discussion of problems that occurred during practical. | 32–37 |
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**Get images for your presentation**

Prepared lectures from the AOTrauma Principles and Advances course can help you find images for your presentation.

**Review practical exercise videos**

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