PRACTICAL ORTHOPEDICS

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Dedicated to

My mother (Late) Sampath Kumari who taught me that life is more than self and there is more joy in giving and sharing than taking.

My wife Dr Parimala and my lovely children, Rakesh and Priyanka, who are an epitome of love, sacrifice, encouragement and inspiration. All my teachers who made me what I am today and to all my students past and present.
Foreword

Practical examination of Orthopedics is tough and varies from university to university. The DNB exams have a totally different format. Many students who wish to take board exams after having finished the university exams find the format totally different. Fresh DNB graduates are totally at sea as they are trained in centers which woefully lack teaching infrastructure. So there is an urgent need of a book which in one cover deals with all the aspects of practical examination from long and short case discussions, typical exam X-rays, instruments and implants, orthotics and prosthetics, common surgical techniques, traction, plasters, splints, specimen and slides, ward rounds, spotters etc. This will enable the students to understand and prepare for the practical exams. They can refer back the book any number of times and even read it just before the exams. This will keep their minds fresh about the practical exams. Now they need not fear the vagaries of the practical exams.

I am very happy that Dr John Ebnezar has just brought about such a book that addresses the practical examination in all its entirety. He is a prolific writer in the field of orthopedics with 16 books under his belt. His achievement is truly laudable and praiseworthy. Like all his books this book too is written in simple and lucid manner. It has excellent clinical photographs, illustrations, figures and X-rays. Each chapter is painstakingly written and I am sure the students will find the book very useful.

I congratulate Dr John Ebnezar on his stupendous effort and have complimented him several times regarding his flare for orthopedic writing. I have advised him to keep up this interest and serve the orthopedic fraternity. His contributions will be remembered for ages to come. I advise the students to use this book as a reference but continue to work hard during their tenure as postgraduate students. Remember there is no shortcut to success and hard work is the only way to scale the Mount Everest of Practical Examination in orthopedics successfully.

With best wishes,

Prof Dr. HKT Raza
Past President of Indian Orthopedic Association
Preface

As a student of orthopedics, I enjoyed the experience of the studentship. Practical examination in our life as a student was always going to be an acid test. It was a mountain which every student wanted to scale successfully. The complexity of the practical examination made us run around the wards, journal clubs, libraries, rehabilitation departments, X-ray centres and to pathology department. We used to attend seminars, group discussions and special lecture classes. We used to grasp as much as possible because we would always fall short of expectations in practical examinations. As the final exams approached, we panic. We build into formed small groups for discussions and run around the wards seeing as many cases as possible not knowing what cases will be given.

Unfortunately, we never got to see all the cases shown in the exams at one go or got to see the X-rays all at a time, or the instruments and implants all assembled as a single unit, or had sufficient time to go to the pathology department to see the specimen and slides. As a DNB student, the situation was far worse as the centres of practical exams were alien and the atmosphere unfamiliar. There was no way we could revise the practical formats. It was at this time I felt if there ever was a book that deals with practical examination from cases to orthotics, then it would for us my life easy during the crucial hours of practical exams. Also, such a book could give us an opportunity for us to revise and re-revise again and again to our satisfaction. And if the book could give us the most likely questions that would be asked in the practical exams, then it would be still better as we would now know what to concentrate upon and what the examiner expects from us.

During practical exams, I have noticed students frantically looking for clues, for diagnosis, they try to peep into the X-rays, case papers, etc. They keep pleading with the seniors, experts, medical students, staff, attendees and even patients for some vital information. To my chagrin, many times I have seen students being misguided by wrong leads or suggestions by all sundry even though they had made the right diagnosis. I have seen the best of students not succeeding in practical exams. It was then I decided to write a book that caters to practical examination in its entirety. What was presumed to be a the experience fairly simple journey, turned out to be the most arduous one. It took strenuous five years for compilation of all exam related materials and proved to be very tough, cumbersome and tiring.

I sought the help of my friends and well-wishers to part with materials, photographs and X-rays, pictures, etc. They all responded favourably. Now, the book is complete and is before you. I have tried my best to include all aspects of practical examinations. But I know, despite my best efforts there would be inadequate, unnecessary or missing information. This is due to different requirements by the universities across the country. I request the students to please ignore these minor blemishes. I will be happy if the students find this book useful and helpful during the practical exams. Feedback will be valued.

Dr John Ebnezar
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My immense thanks to all these dear friends who have contributed few X-rays and clinical photographs that are used in this book

- **Dr Vishwas Mundevadi**
  Professor, Al-Ameen Medical College, Bijapur, Karnataka

- **Dr Mohan**
  Post-graduate student of Dr Mundevadi

- **Dr Ramesh Krishna**
  Professor, Department of Orthopedics, Bangalore Medical College and Research Center, Bangalore, Karnataka

- **Dr Nanjanduppa**
  Professor and Head, Department of Orthopedics, Bangalore Medical College and Research Center, Bangalore, Karnataka

- **Dr Ashok Talapatra**
  Pediatrician and my brother in law who gave me some good pictures,

- **Dr Gopinath and his team from Calicut Medical College, Calicut, Kerala.** I have used some of the clinical photographs and X-rays from their institute during the PG Orientation Course in July, 2008.

- Dr Yogitha and all the staff of my hospital who have helped me in bringing out this book.

I value and respect all your contributions and remain immensely grateful for your generous gestures. The student community at large will be benefited by your benevolent act. May your tribe increase.

John Ebnezar
My Own Experiences of the Practical Examinations

I had some unique experiences during practical examinations and I would like to share a few significant ones with you. This is to bring to you the lighter and serious effects of the practical examinations. I have seen many a bright students faltering to the vagaries of practical examinations. Reading my experiences may make you wiser and help you to avoid the exam blues.

**Practical Ortho Examination as an Undergraduate (1984)**

Our batch was an experimental batch. All the new reforms of the university like MCQ's, internal assessments, entrance exams etc., started with our batch. For the first time separate exams were being conducted for us in orthopedics and one case either long or short was allotted. I would like to recall three incidents from this first experiences our batch had.

**My Friend Raman**

Unfortunately he was given Non Union fracture neck of femur as a long case. There was no way he could have done well as we were never taught long cases in orthopedics as students. He could not make out head or tail of the case and flunked in the exams. This created a panic reaction in the hostel and everybody suddenly started feeling the heat. The furore forced the think tank among the examiners to abandon long cases and give only short cases for the next batch students the next day. But however the damage had been done.

**My experience with Dr RK Sharma**

I was taking the exams next day and was hoping that nothing untoward happens to me. But how wrong I was! I was the first student on that day who was let inside the hall which was menacingly silent. I saw glum faces all around and I was let to the area where patients were waiting for me. There were three short cases, two of them of surgery and one of orthopedics. I was given ten minutes to examine each case. While I was examining the orthopedic case, I overheard the discussions between the examiners. Dr RK Sharma was heard saying to the fellow examiners, "I take only few seconds to identify a good student. The moment he opens his mouth I will assess him. Let us see what this student will do now?" This set my heartbeat racing. To compound my problems I had got a case of unreduced dislocation of the left elbow joint. During my ward postings I had unfortunately never seen such a case. So I had difficulty in making a diagnosis. Time started ticking fast as I groped for the diagnosis. I looked around for help but there was none. With no experts around and the examiners fresh and looking hungry I was driven up against a wall. They were waiting to pounce on me. I had always heard that one should never be the first or the last candidate in the practical exams. But unfortunately I was. I was warned that I was running out of time and had taken more than 23 minutes figuring out the diagnosis? I had to make a diagnosis and rush to see the surgery cases and there was only 7 minutes left for examining the other two cases.

Then I decided I had to do something lest I become the second victim in our batch. I recalled fast all the elbow cases I had seen in the OPD and wards as an undergraduate student. I realized I had seen malunited supracondylar fracture and I knew that the other important that was told in the class was about unreduced dislocation of the elbow joint which in my short postings I had not seen. Then I quickly thought that this does not appear to be the supracondylar fracture hence it could be the latter. Thus I made
a diagnosis by exclusion as I had no choice. Then I rushed towards the surgery cases and examined them in 7 minutes flat. With my time up he asked me to stop and come to him. Profusely sweating and fearing the worst I approached him.

My tryst with Dr Sharma

There was a sarcastic welcome accorded to me. “Welcome great man to the exams. I was observing you for a long time now and I was trying to figure out what is that you were doing with my orthopedic case?” He told me to sit down. I sat trembling and looking into his eyes my adrenaline soared. Normally for short cases the discussion starts with “What is your diagnosis” and then proceeds to the discussions. We are not asked to present the case in detail. I was expecting him to ask me the diagnosis. But instead he asked me to present the case. I was taken back because normally the case presentation is done for a long case. But since I was the first candidate on that day and I was also looking very nervous the examiner decided to embarrass me and examine me leisurely. I politely told him that this being a short case I would like to give the diagnosis. He thundered and asked me to do as told. I thought if I refused I would be out. Though I had not taken detailed history as in a long case I decided to present the case as told. Then as I started presenting a short case as we do for a long case I never expected I would end up answering some bizarre questions. For instance I was asked what the past history of this patient was. I told him that there was no similar history of fall earlier!! Then when asked what has the family history was? I told him that no other family members of his has suffered from similar falls!! The examiner was amused by my answers and so was I!!

My worst was still to come. After the presentation I was asked the diagnosis. I said it was a case of unreduced dislocation of the right elbow joint! He said very good, right diagnosis, I heaved a sigh of relief but that was short lived. He growled back at me, “is it the right elbow or left elbow?” I suddenly realized that I had in my anxiety told the wrong side. But now I had to make a choice. If I had reversed and told left then I feared I land up with the same fate as my friend the day before for such was the panic that had gripped me. Then I thought to stick to my gun. I knew if he cross-checked then it would backfire. But I thought better to do down fighting rather than succumb meekly.

Taking a deep breath I said, “it is right elbow”. He said, “no it is left”. I said, “no it is right”. Then he said that he cannot be fooled as he himself had checked and brought the case from the ward. But I said firmly, “no sir it is right only”. My heart was pounding. The simplest thing he could do was just walk up to the patient to confirm. He then asked, “are you very sure that it is right?” I said, “yes”. Then he was taken aback. He told his fellow examiners, “I thought it was left but the confidence of this boy is so high that I feel I have erred”. I got a divine help here, he did not get up from his seat to go to the patient but instead looking at my steadfastness believed me. I had girded the lion, the same lion that had devoured my friend previously. He said, “good, go ahead you have done well”. He started showing me his personal collection of X-rays. He told me that he had taken all this while he was in England. As an undergraduate student I needed not know these X-rays. But since he felt I was a good student I could attempt these. He promised me that he would not penalize me if I went wrong. But on the other hand if I scored he would give me bonus marks. I attempted few correctly. He was mightily impressed with my performance and gave me very good marks. Then while I was proceeding to face my surgery short case, he told the examiner, “He is a very good student. Don’t ask him anything. He will surely tell everything. Look at the way he presented orthopedic case, I am sure he will definitely do very well in surgery too. Just ask him the diagnosis and send him. We have taken too much of time for him already and others are waiting”. Accordingly my surgery examiners let me go after asking me the diagnosis. I came out of the hall and was thanking my stars for my good luck.

What happened later?

Next, my friend was given the same case. Then he presented the case to Dr Sharma and told him that it was unreduced dislocation of the left elbow. He said, “it is not left it is right”. But my friend insisted that it was left. Then puzzled he got up from his seat and confirmed with the patient. He was shocked, it was indeed left. He realized that I had brazenly bluffed and got away. He got the taste of his own medicine. He waited eagerly for me during the viva voce in the afternoon. The moment he saw me he gave me a big welcome sarcastically and called all the internals and experts and told them how I had conned him. He exclaimed that this boy was so confident that I thought I was wrong. But he got away because he was bold. He threw me a patella bone that was looking like a talus. He asked me what was that bone? While I was examining it he said wryly, “now you see this boy will come out with some strange name”. But I did not give him another chance I told it was Patella and I was right. Then he gave me the skull and asked the names of all the foramen and the existing nerves. I told each one correctly then he realized indeed I was a good student and what had happened was an aberration. He asked me why I did not change the side of the elbow when prompted. I told him that I did not want to fail just because I got the side wrong. It had happened because of nervousness and my career was at stake hence I stuck to my guns because he had earned a very bad reputation among our batch because of the failure of my friend. He smiled and let me go. Then later I went on to become is postgraduate student at JNMC Belgaum and he kept repeating this incident to every batch of new students and told I admire the guts of this student and you should be like him!!