



# 2017 SPECIALTY DAY

MARCH 18, 2017 | SAN DIEGO, CALIFORNIA



## Session II:

### Quick Tips and Tricks for Acute Trauma – In 4 Slides Max!

8:40 am – 9:45 am

**Moderators: Pierre Guy, MD, MBA and Paul Tornetta, III, MD**

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|-------------------|--|
| 8:40 am – 8:42 am | Introduction<br><i>Pierre Guy, MD, MBA</i>                         |
| 8:42 am – 8:46 am | The Comminuted Lateral Malleolus<br><i>David W. Sanders, MD</i>    |
| 8:46 am – 8:50 am | Open Reduction of the Syndesmosis<br><i>Paul Tornetta, III, MD</i> |
| 8:50 am – 8:54 am | The Posterior Malleolar “Flip”<br><i>Pierre Guy, MD, MBA</i>       |
| 8:54 am – 8:59 am | Discussion   |

Panel



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**HANDOUT COMING  
SOON**

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Evaluating the Syndesmosis  
Paul Tornetta III, MD

Syndesmosis reduction techniques:

1. Fluoroscopic

a. Use posterior morphology

1. Compare to the contralateral side
2. Perfect lateral must be obtained
3. Relationship of posterior cortex of fibula with posterior articular margin (Posterior mal fx will impede)
4. Ratio at level of the epiphyseal scar

2. Open

a. At the level of the incisura

- i. NOT particularly accurate in AP translation
- ii. Large difference between fibular and incisural width
- iii. Incisura can be flat making relationship difficult

b. At the level of the articular surface

- i. VERY accurate
- ii. Width of the articular surface of fibula and lateral plafond within 2mm of each other.
- iii. Separate anterior incision, or bring incision anteriorly
- iv. Evaluate the anterolateral plafond against the anteromedial fibula



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**HANDOUT COMING  
SOON**

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