NewYork-Presbyterian
Queens

An Inpatient Guide to Orthopedic Trauma

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To Our Patients

You have been admitted to the Orthopedic Trauma Service because your musculoskeletal system has been injured. Your musculoskeletal system is the medical term that is used to refer to your bones, joints, muscles, ligaments, and tendons. Orthopedic trauma surgeons are medical specialists who are frequently consulted to care for injured people with fractures – also known as broken bones – and are a part of the larger team that starts you on your way to recovery.

Our Emergency Department has been designated by the American College of Surgeons as a regional Level I Trauma Center and treats more than 1,000 adult and pediatric trauma cases each year. This designation means that a complete support staff of physicians is always available to treat life-threatening traumatic injuries. The team includes specialists in surgery, neurosurgery, anesthesia, orthopedics, vascular radiology, and others.

This booklet will introduce you to the team and will give you an idea of what to expect while recuperating here at NewYork-Presbyterian Queens as well as after you leave. We realize that you and your family will have many questions and concerns regarding your injury, treatments, recovery, and hospitalization. We also understand that unanticipated injuries can be a source of great anxiety and that having your once-normal life turned upside down by this unplanned turn of events is stressful. The more informed and educated you become about what we are doing to take care of you, the more comfortable you will be during this difficult time.

We hope that this booklet will provide a solid foundation regarding NewYork- Presbyterian Queens, your injury, your treatment and recuperation. It uses common words and terms and is meant to add to the information you receive from the medical care providers who are assigned to you while you are a patient at our hospital. Please do not hesitate to ask questions about any information in this booklet. It is important for you to be an active participant as we work together to help you return to your pre-injury function.

Jeffrey E. Rosen, MD
Chairman
Department of Orthopedics & Rehabilitation
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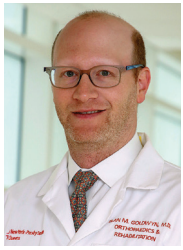


Elan M. Goldwyn, MD
Director, Orthopedic Trauma Service
Department of Orthopedics & Rehabilitation
NewYork-Presbyterian Queens

Working side by side with your Orthopedic Trauma Team, the inpatient occupational and physical therapists are another important part of your recovery process. Early mobility and exercises have been shown to speed up the rehabilitation process and return patients to their prior level of function. Patients routinely receive therapy the day after surgery. Our therapists will work with you to achieve your goals and maximize your functional independence. Therapeutic exercises, transfer training, and ambulation training are examples of some of the interventions performed daily that are important for your recovery process. The occupational and physical therapists will follow specific and detailed orders from your doctor and will coordinate your sessions with the interdisciplinary team.

We know that sometimes beginning therapy after an injury, fall, or surgery can be uncomfortable and even painful. We will help you work through this discomfort and want you to tell us if something doesn't feel right. We will all care for you with the same goal in mind. Your inpatient occupational therapist, physical therapist, and physical therapy assistant are all here to help you return to your prior level of function as quickly and as safely as possible. We all look forward to working with you toward your recovery.

Sincerely,

Nicole Manfield, DPT
Rehabilitation Manager
NewYork-Presbyterian Queens

NewYork-Presbyterian Queens
Knee and Hip Joint Replacement Program
has earned The Joint Commission's
Gold Seal of Approval®

Our Team

Attending Orthopedic Surgeon
An attending orthopedic surgeon is a medical doctor who has received extensive training in the art and science of performing surgery to treat diseases, injuries, and deformities of the musculo-skeletal system. Your surgeon will be your main contact if you have any questions regarding your surgery.

Resident Physician
A physician-in-training certified to practice medicine under the supervision of an attending physician. A resident has a medical degree and is a fully qualified physician. On the trauma service, residents are completing a five-year program to specialize in orthopedic surgery. They are critical members of our team and our attending surgeons rely on them for assistance.

Physician Assistants (PAs)
Licensed to practice medicine under the supervision of a licensed physician, a PA can conduct physical exams, diagnose and treat illnesses, order and interpret tests, counsel on preventive healthcare, assist in surgery and write prescriptions.

Anesthesiologist
An anesthesiologist is a perioperative physician who provides medical care to each patient throughout his or her surgical experience. This includes medically evaluating the patient before surgery (preoperative), providing a pain-free state and supporting life functions during surgery (intraoperative), supervising care including providing pain control after surgery (postoperative) and discharging the patient from the recovery unit.

Nurses
Registered nurses (RNs) or licensed practical nurses are responsible for your bedside nursing care following your surgery. The nurses caring for you will follow the surgeon's instructions to guide your care and will provide education to you and your family about your health and safety needs related to your surgery.

Occupational & Physical Therapists (OTs & PTs)
OTs, PTs and PT assistants are licensed professionals that will work with you to restore your function, improve mobility and decrease pain with the goal of reestablishing your prior level of function. They will focus on activities of daily living and mobility in the home, workplace and, community while maintaining your physical, physiological and emotional health.

Case Manager / Social Worker
A registered nurse case manager/social worker will monitor your hospital stay from admission to discharge and will work closely with your doctor to expedite your hospital care. Your social worker will assist with arranging accommodations to suit your needs at home and/or with placement in a rehabilitation facility if necessary. He or she can also provide counseling services for patients and their families.

PHASES OF CARE

This section of the guide has been developed to help you understand the different phases of care you may receive as a trauma patient at NewYork-Presbyterian Queens.

Emergency Department (ED)

Almost all of the patients admitted to the Orthopedic Trauma Service are first evaluated in the Emergency Department (ED) and then moved directly to the operating room, intensive care unit, or a regular hospital bed depending on the seriousness of the injury.

Your care begins with an ED doctor. This care may include diagnostic studies (i.e. x-rays, CT scans, etc.), receiving pain medications or antibiotics, and contacting appropriate specialists including members of the Orthopedic Trauma Service. When you are first seen by a member of the Orthopedic Trauma Service in the ED, you will provide general information about your medical history and undergo a physical examination.

Once you are admitted to the Orthopedic Trauma Service, additional orthopedic/medical history, x-rays and/or CT scans may be needed. When all information is obtained and tests are completed, your injury and treatment options will be discussed with you. This could include no treatment, a sling, brace, cast or splint, and/or surgery. While you are in the ED, you may be seen by many physicians and support staff to understand the seriousness of your injury. Our physicians treat some patients who are extremely ill, and the sickest patients must be given priority. While you are there it may or may not be possible for your family or friends to visit you. However, your family members may contact the ED staff regarding progress about your condition.

Treatment Using a Sling, Brace, Cast or Splint

The purpose of applying a cast or splint is to hold broken bones in place. This treatment allows bones to heal straight and will help to decrease your pain. If the bone is displaced (not straight) then a reduction (straightening) may need to be performed first. Prior to reducing (straightening) your fracture, we will give you pain medication to minimize your pain.

Surgery

Your condition and the nature of your injury will dictate the urgency and timing of surgery. If the Orthopedic Trauma Service determines that you need emergency surgery, you will be taken directly from the ED to the operating room. Most orthopedic surgeries are completed within 24 to 48 hours of the injury. If you are admitted to the Intensive Care Unit (ICU) or to our inpatient orthopedic unit prior to surgery, a member from the Orthopedic Trauma Team will meet with you and your family to:

- Discuss what will happen during your surgery, how the team will repair your injury and what you can expect during your recovery.
- Explain all of the risks and benefits associated with the surgery and any alternative treatment options that may exist.
- Obtain written consent (permission) for the surgery.

Any questions or concerns you have should be discussed with your Orthopedic Trauma Team so that you understand what will happen during your surgery and have an idea of what to expect afterward.

Weekend and Late-Night Surgery

The Orthopedic Trauma Service is available 24/7/365 to provide all necessary musculoskeletal care, including surgery. However, weekend and late-night surgery are avoided unless necessary. This is done to ensure that the full complement of hospital staff is immediately available should the need arise.

Preparing for Your Surgery

Unless you are having emergency surgery, in preparation for anesthesia you will be instructed to not eat or drink anything for at least eight hours prior to surgery to prevent complications during your time under the medication.

This will usually exclude any medications that you may take. Depending on your age and other medical conditions, you will also be seen by a medical doctor either the day before or day of your surgery to have a complete physical exam to make sure that you are healthy enough to undergo the procedure. Depending on your current condition and overall health, you may be required to take more tests and/or see a specialist, such as a cardiologist or a pulmonologist, to make sure it is medically safe to proceed with your surgery.

When it is time for your surgery, you will be brought to the operating room holding area where a nurse will prepare you for your operation. You will also be seen by your surgeon to review the procedure and "sign" the site of the operation to confirm the part of the body requiring surgery. Your anesthesiologist will also see you in the holding area and will discuss your options for anesthesia. The two most common options are:

General Anesthesia: a treatment that puts you to sleep during surgical procedures so you don't feel or remember anything that happens. General anesthesia is given through intravenous drugs or inhaled gases.

Regional Anesthesia: an anesthetic is injected into your body and numbs the area that is being operated on.

Postponement or Surgery Delay

In the event that your surgery has to be postponed or delayed, you will be informed as soon as possible. Your nurse is the primary point of contact between you and the Orthopedic Trauma Team, and can provide you with information regarding your surgical schedule including any delays. Because this is a trauma service, unexpected emergencies may result in a delay in your surgery which may include postponing to the following day. If that occurs, we will allow you to eat again.

During and following your surgery, your family can wait in the family waiting area just outside of the operating room. After your surgery, the surgeon will return to the waiting area to speak with them. You will be taken to the recovery room where you will stay for several hours while you recover from your surgery and anesthesia. Your family may visit you for a short time in the recovery room with permission from the nurse. Once you are ready, you will be sent back to your hospital room. If there is a need for additional monitoring, you may temporarily be sent to another floor such as the Step Down Unit or Intensive Care Unit (ICU).

What to Expect Each Day

The following information will give you an idea of what to expect on a daily basis, and who your primary point of contact is, while you are an inpatient at NewYork-Presbyterian Queens.

Rounds

The Orthopedic Trauma Team, including your attending orthopedic surgeon and several orthopedic residents, will make rounds every morning to examine your injuries and vital signs. They will also change dressings and review any new laboratory results to update you on your care and what is planned for you that day.

You are strongly encouraged to ask any questions or voice any concerns that you may have during this time. If your orthopedic surgeon is in the operating room (OR) at this time, you may express any questions or concerns you have to your resident, physician assistant (PA) or floor nurse.

Physical/Occupational Therapy

Once your orthopedic surgeon or resident has placed an order for physical therapy in your chart, a physical therapist (PT) will evaluate you in your room within 24 hours. During this initial evaluation, your PT will review your medical history, including your level of function prior to the trauma. This is done to assess how to work with the Orthopedic Trauma Team to get you back to your prior level of activity as safely and quickly as functionally possible.

Your physical therapist will work with you to develop the goals you would like to achieve while you are a patient. Your physical therapist will do an assessment of what you can currently manage, such as walking, strength level, balance, and coordination and make recommendations based on this to help you meet your goals. Your daily physical therapy treatment rate is discussed with your physical therapist and surgeon in coordination with your goals.

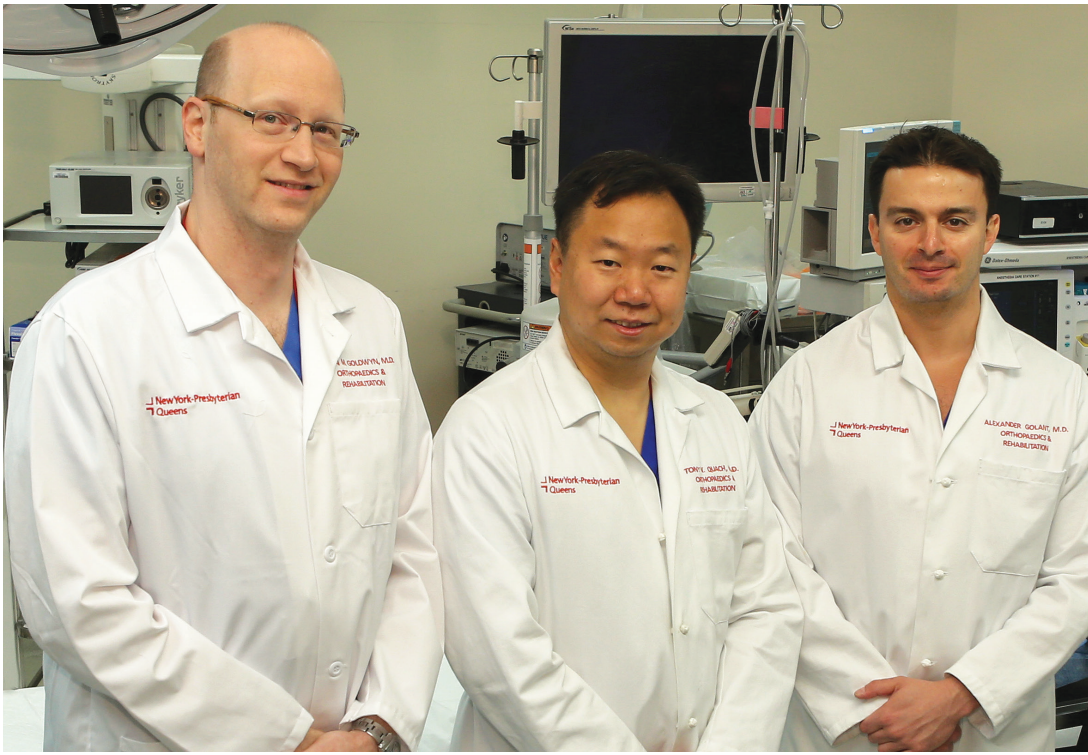
Occupational therapy may also be ordered by your surgeon during your stay. An occupational therapist (OT) will then evaluate your current level of function and your independence with daily activities. The OT will assess your ability to safely perform activities such as dressing, bathing, grooming, and toileting to ensure a safe and appropriate discharge.

In collaboration with the Orthopedic Trauma and the interdisciplinary team, Physical and Occupational Therapy may suggest recommendations about your discharge rehabilitation place of service (home, acute, sub-acute, etc). Your physical/occupational therapists may also make recommendations to your case manager/social worker about discharge durable medical equipment (DME, such as commodes, crutches, canes, etc.) that would benefit your recovery.

Point of Contact

Your floor nurse is in contact with all members of your musculoskeletal care team to ensure your care plan is followed through as instructed. The floor nurse will be your primary point of contact while you are an inpatient at NewYork-Presbyterian Queens. Please do not hesitate to share your questions or concerns.

Common Issues and/or Complications after Trauma



Our Emergency Department has been designated by the American College of Surgeons as a Level I Trauma Center and treats more than 1,000 adult and pediatric trauma cases each year. This designation means that a complete support staff of physicians is always available to treat life-threatening traumatic injuries, and includes specialists in surgery, neurosurgery, anesthesia, orthopedics, vascular, radiology, and other areas.

Eating and Drinking

If you are scheduled for surgery, you may not eat or drink anything for eight hours prior to the surgery (also known as NPO). This is done to prevent complications during anesthesia.

After your surgery, we will allow you to eat and drink but we recommend that you start slowly with bland foods. Unfortunately, nausea and vomiting are common problems following surgery due to the after-effects of anesthesia, as well as pain medications. Your doctors will prescribe medications for you to decrease nausea if this should occur.

Pain Medications

We understand that your injury has likely caused you to experience a significant amount of pain. We do not want you to be in pain and will do everything necessary to try to minimize the pain you are experiencing. This may include prescribing mild pain pills, stronger narcotic pain pills, pain medicines injected into your skin, and/or patient-controlled analgesia (PCA). A PCA is a pump that delivers pain medicine directly into your vein whenever you press a button. You can press the button as many times as you need without worrying that you are taking too much.

Side Effects

Two common side effects of all pain medication are constipation and nausea. Your doctors will prescribe you stool softeners and anti-nausea medications to try to minimize these side effects.

Blood Clots

After a trauma, especially to the legs, patients are at an increased risk of developing blood clots in their veins that may then break off and travel to the lungs. These clots are due to the trauma itself, as well as the prolonged time that you are spending in bed. In order to minimize your risk of developing a clot, your nurse will place inflatable "squeezers" (venodynes) around your legs while you are in bed in order to increase circulation. You may also receive daily injections of a blood thinner to prevent clot formation. If you still develop a clot, despite these measures, you will be treated with long-term blood thinners to dissolve the clot.

Smoking

It has been proven that cigarette smoke delays bone healing and increases risks associated with general anesthesia. Throughout your hospitalization and your period of recovery, we strongly recommend that you try to stop smoking. We understand that this is not an easy thing to do and if you need assistance we can prescribe nicotine patches and offer smoking cessation counseling.

For further information, please visit www.nysmokefree.com for the New York State Smokers' Quitline to obtain more information to stop smoking.

Coughing/Pneumonia

Prolonged bed rest, as well as anesthesia, may cause you to develop a cough and/or not breathe normally. After your surgery, your nurse will give you an "incentive spirometer." This is a small breathing tube that you will blow into throughout the day. By using this device, your lungs will function better and decrease your chance of developing pneumonia. We recommend using this device at least ten times during the hours you are awake.

Rehabilitation

The recovery from your injuries will begin here as an inpatient and will continue once you are discharged from NewYork-Presbyterian Queens. Your recovery, in most cases, may continue over several months. Depending on the type of injury and the support you receive at home, you may continue your recovery at a different type of hospital setting or as an outpatient. Please discuss all of these options with your family and your caseworker/social worker. Your caseworker/social worker will already have your medical recommendations from your Orthopedic Trauma Team and will help coordinate the transition from one setting to the next.

Rehabilitation Hospital

Depending upon the severity of your injury, you may continue your recovery at an inpatient rehabilitation setting. This is typically for patients who need a considerable amount of rehabilitation care over a period of time. In this environment, your care will continue with a new team of therapists, nurses, and physicians to help you work towards your goals.

Skilled Nursing Facility

If you need less medical supervision upon discharge from the hospital but are not independent enough to return home, a skilled nursing facility (SNF) may be an option for you. In this setting, you will also continue to work on your strengthening and rehabilitation goals.

Home Health Care

If the Orthopedic Trauma Team has established that you have progressed to a point where it is medically safe for you to continue your recovery in your home, you may be discharged directly there from the hospital. If this is the case, your caseworker/social worker will arrange for home health care to send a team of therapists and/or nurses to you in your home, as needed. They will help you to continue your therapy and teach your family how to take care of you while you are progressing to a more independent lifestyle.

Outpatient Therapy and Follow-Up Appointments

Outpatient therapy visits are often needed after discharge from the hospital, rehabilitation hospital or home care to continue to work on your specific rehabilitation goals. Patients will need to be able to travel to the outpatient office setting for treatment. Physical and/or occupational therapists can continually progress your program to restore you towards your pre-injury function. Your surgeon(s) will want to see you in the office a number of times after your discharge from the hospital to see how well you are recovering from your injuries. Before you leave the hospital, you will be given instructions for this follow-up care. Please also refer to our department website for more information regarding appointments.

Frequently Asked Questions

Please do not hesitate to ask questions about any information in this booklet. It is important for you to be an active participant as we work together to help you return to your pre-injury function.

How long do I have to use my crutches, walker, cane, brace or splint?

Many fractures require protection from weight bearing until they are fully healed. Your weight-bearing status will be explained to you before you are discharged from the hospital. Use your crutches, walker, cane, brace or splint as instructed as shortening the period of time may cause complications.

Can I shower?

If your wound is closed and there is no drainage from the surgical site, your surgeon may allow you to shower. Please ask permission before doing so. If you do get the incision wet, pat dry. If you have an open wound and/or there is drainage from the surgical site, you may not shower. If you have a cast, it must be covered with plastic to keep it dry. If the cast gets wet, you must return to your doctor to have it changed.

When can I go back to work or school?
This should be discussed at your first outpatient visit with your surgeon and is dependent on how your injury or fracture is healing and progressing. Please discuss with your doctor your duties and/or responsibilities while at work or school so that he/she can assess your return to work or school.

When can I drive?
You must be off of all pain medications before you are allowed to drive. In addition, you must be healed to the extent that you feel safe driving, and that in case of an emergency, you can perform the necessary tasks needed to avoid injuring yourself and others. This is a decision you will need to make on your own, in consultation with your doctor.

What happens to the metal pins, screws, and plates?
Will they stay in my body permanently or will they be removed?
Most metal implants will safely stay in your body forever. This is typically not a problem and most people even forget that they are there. Patients sometimes complain that the implants are causing them pain. If this is the case, your surgeon will discuss the appropriate timing of removing them as well as the risks and/or benefits of doing so.

What if I have a metal allergy?
The metals used in orthopedic implants do not contain any significant amounts of nickel (the type of metal that causes allergies) and will not cause allergic reactions.

Will my implants set off a metal detector?
Depending on the sensitivity of the security machine, some implants may set off metal detectors. Due to heightened security at airports, if you should set off a metal detector, medical cards indicating that you have an implant are not effective. Further security measures and/or questions may be asked for you to be cleared to enter the terminal.

Should I put ice or heat on any of my swollen areas?
If so, for how long?
You may apply ice to the injured area to decrease swelling and relieve pain for 20 minutes per hour as needed or as instructed by your surgeon. Ice should be placed in a plastic bag and wrapped in a towel to protect your skin. You should not apply heat to the affected area. If your swelling and/or pain persists, please contact your doctor.

When can I resume athletic and sexual activity?
Resuming normal activities is based on the specific nature of your injury and should be discussed with your surgeon.

How long will I be in the hospital?
On average, trauma patients are admitted to the hospital and stay between two to five days. However, your length of stay will be based on the seriousness of your injuries as well as other medical factors including the progression of the healing process and any rehabilitation that may be required.

When should I see my doctor again?
Do I need x-rays for my next office visit?
Before you leave the hospital, you will be given discharge instructions with information about following up with your surgeon. Additionally, our department also offers a weekly Trauma/Fracture Clinic. To follow up, please call 718-670-2558.

How often do I need to change my dressing?
You should only change your dressing if instructed to do so by your surgeon.

When do my sutures/staples come out?
Should I take them out myself, see my local doctor, or return to my surgeon?
In general, sutures/staples are removed by your surgeon approximately two weeks after your surgery. You should not attempt to take them out yourself.

How long will I need to take medication?
If you are on blood thinning medication or antibiotics, you will need to take them for as long as indicated in your discharge instructions. Pain medications should be taken only as needed for pain.

Will I need to go to outpatient physical or occupational therapy or rehabilitation?
Outpatient physical or occupational therapy or rehabilitation visits are often needed upon discharge from the hospital to continue to work on your specific rehabilitation goals. These therapists will continually work with your surgeons to maximize your functional recovery.

Trauma Terms 101

This guide uses common words and terms to describe useful information and is meant to add to the information you receive from the medical care providers you are assigned to while a patient at NewYork-Presbyterian Queens.

Acetabulum: the cup-shaped hollow in the pelvis (hipbone) into which the head of the femur (thighbone) fits to form a ball-and-socket joint.

Anticoagulant: medicine that "thins the blood" and prevents blood clots.

Bones: rigid (hard) connective tissue that makes up the skeleton.

Brace: external support that strengthens or steadies a part of the body in the correct position to aid in the healing process.

Cane: a walking stick that offers support and people lean on for balance while walking.

Cast: a shell, frequently made from plaster or fiberglass, encasing a limb to hold a broken bone (or bones) in place to avoid movement until healing is complete.

Cast Boot: a shoe that has been designed to fit over a cast. People wear cast boots to protect their casts and to help them walk as normally and comfortably as possible while wearing the cast.

Clavicle: your collarbone; links your scapula (shoulder blade) and sternum (chest bone).

Comminuted Fracture: a fracture where the bone is splintered or crushed into several pieces.

Compartment Syndrome: a painful condition that occurs when the pressure within the muscles builds to dangerous levels. This pressure can decrease blood flow, which prevents nourishment and oxygen from reaching nerve and muscle cells. This is a rare complication requiring emergency surgery to release the pressure within the compartments of the leg (fasciotomy) if it occurs.

Compound Fracture: a bone fracture associated with an open wound; this is a fracture in which the bone is sticking through the skin. This is also called an "open fracture."

Crutch: a wooden or metal staff that fits under the armpit and reaches to the ground; used by disabled persons while walking.

CT Scan: Computed tomography (CT), also known as Computed Axial Tomography (CAT), is a sophisticated x-ray procedure where multiple images are taken and a computer compiles them into complete, cross-sectional pictures ("slices") of soft tissue, bone, and blood vessels.

Dislocation: a dislocation is a separation of two bones where they meet at a joint (see Joint).

Epidural Anesthesia: a local anesthetic is injected into the epidural space of the spine where it acts primarily on the spinal nerve roots causing loss of sensation and paralysis in the affected areas. Depending on the site of injection and the volume injected, the anesthetized area usually includes parts of the abdomen and pelvis as well as both legs. A catheter is often left in place which allows continuous delivery of the medication.

External Fixation: a method used to set bone fractures to allow proper alignment of the fracture. In this kind of surgery, the bones are held in place by use of metal pins and rods outside of the body. When used, this type of fixation is often temporary while awaiting your definitive surgery.

Extubation: to remove the breathing tube from the airway after completion of general anesthesia.

Femur: the longest and thickest bone of the human skeleton; extends from the pelvis hip to the knee. It is commonly known as your thighbone.

Fibula: the outer and thinner of the two bones of the human leg between the knee and ankle.

General Anesthesia: a treatment that renders you unconscious during medical procedures, so you don't feel or remember anything that happens. General anesthesia is commonly produced by a combination of intravenous drugs and inhaled gases (anesthetics).

Glenoid: this is the shallow socket of the shoulder blade where the head of the upper arm (humeral head) rests.

Hip Hemiarthroplasty: a surgical procedure used to treat hip fractures where one half of the hip joint (the "ball") is replaced with an artificial metal ball and leaves the other part (the "cup") in its natural (pre-operative) state.

Hip Precautions: are ways of moving around after hemiarthroplasty that help prevent hip dislocation or separation of the new joint until the joint heals.

Home Health Care: health care or supportive care provided in the patient's home by healthcare professionals, such as nurses or therapists, rather than in a hospital or skilled nursing facility, to continue to the recovery process.

Humerus: bone extending from the shoulder to the elbow.

Infection: invasion of a body part by pathogenic microorganisms (usually bacteria) which may produce subsequent tissue injury. Infection can cause problems with wound healing and/or bone healing and is a possible complication of surgery. By giving antibiotics and using sterile techniques, the chances of developing an infection are very low. If you do develop an infection, it can be treated with a combination of antibiotics and/or surgery, if necessary.

Intramedullary Nail (IM Nail): also known as an intramedullary rod; is a metal rod placed into the medullary cavity (the marrow) of a bone. IM nails are used to treat fractures of long bones of the body, most commonly the hip, femur, and tibia.

Intubation: the process of placing a breathing tube in your airway during general anesthesia to help you breathe.

Joint: an area where two bones come together to connect.

Ligament: a sheet or band of tough fibrous tissue connecting two bones together.

Medical Clearance: is when your overall health is evaluated by a medical doctor prior to surgery to determine whether or not it is reasonably safe for you to undergo surgery.

MRI: stands for Magnetic Resonance Imaging; a type of diagnostic imaging that uses electromagnetic imaging and allows evaluation of tissues and fluid in addition to bone.

NPO: nothing by mouth (may not eat or drink which includes candy, gum, coffee, etc.)

Oblique Fracture: bone is broken at an angle and is usually the result of a sharp-angled blow to the bone.

Olecranon: the tip of the elbow; it is positioned directly under the skin of the elbow, without much protection from muscles or other soft tissues.

Open Reduction Internal Fixation (ORIF): open reduction means the surgery is done with an incision to open the area and perform the operation. Internal fixation refers to the hardware used to hold everything together. This could be metal wires, screws, rods, or plates. The hardware stabilizes the bones or joint until healing can take place.

Patella: a small flat triangular bone in front of the knee that protects the knee joint; it is also known as the kneecap.

Pelvis: the structure of the skeleton supporting and connecting the spine to the lower limbs.

Radius: the larger of the two bones in the forearm; it extends from the wrist to the elbow.

Reduction: a medical procedure to restore a fracture or dislocation to the correct alignment. When a bone fractures, the fragments lose their alignment in the form of displacement. For the fractured bone to heal without any deformity the bony fragments must be re-aligned to their normal position.

Scaphoid: a bone situated on the thumb-side of the wrist.

Scapula: shoulder blade; is the bone that connects the humerus (arm bone) with the clavicle (collar bone).

Skin Graft: a patch of skin that is removed by surgery from one area of the body and transplanted, or attached, to another area. Sometimes needed when a wound cannot be completely closed with stitches.

Sling: a medical device made from cloth or webbing which is designed to help a patient keep an injured body part immobile. Typically, a sling is used to support a broken or sprained arm and consists of a loop to go around the neck and a wide swath of cloth to hold in the arm.

Soft Tissue: refers to tissues that connect, support, or surround other structures and organs of the body, not being bone.

Spinal Anesthesia: a local anesthetic is injected around the spinal cord where it acts primarily on the spinal nerve roots causing loss of sensation and paralysis in the affected areas. Depending on the site of injection and the volume injected, the anesthetized area usually includes parts of the abdomen and pelvis as well as both legs.

Spine: the series of vertebrae (bones) forming the axis of the skeleton and protecting the spinal cord.

Spiral Fracture: an angular break that occurs when excessive twisting forces are applied to a bone.

Splint: also known as "half-casts." Unlike casts, splints, often made of plaster, can be adjusted to accommodate for swelling from injuries more easily than enclosed casts. Splints also can be custom-made, especially if an exact fit is necessary. Other times, a ready-made splint will be used. These off-the-shelf splints are made in a variety of shapes and sizes and are much easier and faster to use. They have Velcro straps, which make the splints easy to adjust and to put on and take off.

Sprain: is an injury to a ligament. The symptoms of a sprain are typically pain, swelling, and bruising of the affected joint.

Tibia: the inner and larger of the two bones of the human leg between the knee and ankle; also known as the shinbone.

Traction: refers to the set of mechanisms for straightening broken bones.

Transverse Fracture: a fracture in which the break is across the bone, at a right angle to the long axis of the bone.

Ulna: the inner and thinner of the two bones of the human forearm.

Urinary/Foley Catheter: this is a tube inserted into the urinary bladder for drainage of urine. The urine drains through the tube and collects into a plastic bag.

Venodynes: large plastic stockings that inflate and deflate in a cycle. These stockings help to prevent blood clots from forming in the deep veins of the legs.

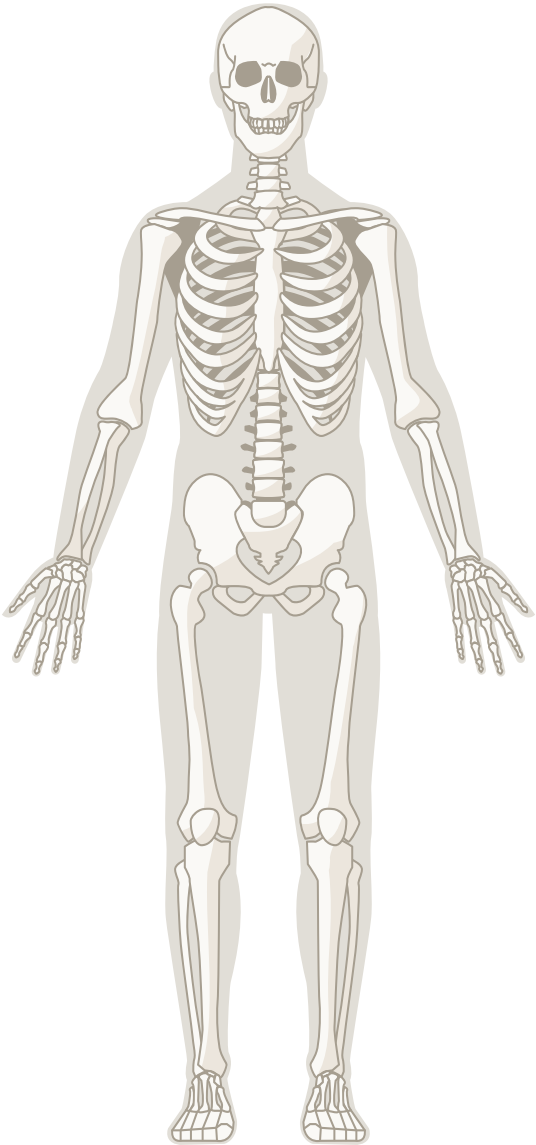
Walker: a tool for those who need additional support to maintain balance or stability while walking.

Weight-Bearing Status: the ability of the body to resist or support the weight. Every patient and every injury is assigned a weight-bearing status as determined by the orthopedic attending. This status tells the patient and physical therapist what activities may or may not be performed, and for how long.

X-ray: a quick, painless test that produces images of the structures inside your body, particularly your bones.

My Information

MY INJURIES
(Circle Below)



MY INJURY LIST

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

My Team

Attending Orthopedic Surgeon

Resident Physician

Primary Care Physician

Case Worker

Physical Therapist

Occupational Therapist

Contact Information and Locations

In the event of an emergency, dial 911

NewYork-Presbyterian Queens

56-45 Main Street, Flushing, NY 11355

Main Hospital Number.....718-670-2000
Patient Information 718-670-1111
Case Management 718-670-1284
Social Work 718-670-1300
4 West Nursing.....718-670-2170
Anesthesiology Billing.....888-983-4885
Inpatient Physical Therapy.....718-670-1290

Department of Orthopedics & Rehabilitation

718-670-2558

56-45 Main Street, 4 South, Flushing, NY 11355

Outpatient Occupational & Physical Therapy

1-855-37REHAB (1-855-377-3422)

Center for Orthopedics & Rehabilitation, Flushing Office

56-45 Main Street, 4 North, Flushing, NY 11355

Center for Orthopedics & Rehabilitation, Fresh Meadows Office

163-03 Horace Harding Expressway, Floor 2, Fresh Meadows, NY 11365

NewYork-Presbyterian Medical Group Queens

Downtown Flushing Multispecialty, Flushing

718-888-0066

136-56 39th Avenue, 2nd Floor, Flushing, NY 11354

Orthopedics and Sports Medicine Center, Fresh Meadows

1-866-670-OUCH (6824)

163-03 Horace Harding Expressway, 4th Floor, Fresh Meadows, NY 11365

Orthopedics and Sports Medicine Center, Jackson Heights

1-866-670-OUCH (6824)

72-06 Northern Blvd, 2nd Floor, Jackson Heights, NY 11372

Orthopedics and Sports Medicine Center, Sunnyside

718-784-4747

47-01 Queens Blvd, Suite 403, Sunnyside, NY 11104

Outpatient Occupational & Physical Therapy, Jackson Heights

1-844-REHAB-01 (1-844-734-2201)

72-06 Northern Blvd, 2nd Floor, Jackson Heights, NY 11372

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Flushing, NY 11355

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NewYork-Presbyterian
Queens

AMAZING THINGS ARE HAPPENING HERE

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