

ORTHOPEDIC SURGERY FOR NURSES

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Orthopedic Surgery for Nurses by John McWilliams Berry

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JOHN MCWILLIAMS BERRY

**ORTHOPEDIC
SURGERY
FOR NURSES**

ORTHOPEDIC SURGERY
FOR NURSES

BY

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PREFACE

THE chief asset of a trained nurse is to possess a thorough knowledge of the principles and practice of nursing; but, in addition, she should understand enough about medical and surgical subjects to make her own work comprehensive and give intelligent advice to inquiring friends and patients. In this latter connection it is important that a nurse should understand something about Orthopedic Surgery.

A knowledge of how to recognize orthopedic deformities at an early stage; the danger that exists in not recognizing them; the possibilities of cure; and the sad results of lack of proper treatment would be of advantage to all parents and individuals interested in children, and such knowledge should be expected of all trained nurses.

The object of "Orthopedic Surgery for Nurses" is not so much to supply nurses with a text-book, in the sense of a medical student's text-book, as to give them a book which will discuss clearly and simply the recognition, diagnosis, prognosis and treatment of the more common and important orthopedic deformities. In order to elucidate and emphasize the text many free-hand outline illustrations have been added.

I wish to express my thanks to Mrs. Ralph B. Post, formerly Supervising Nurse at the Albany Hospital, for her criticism of the work, and to Dr. William P. Howard for the free hand illustrations.

ALBANY, N. Y.,

JOHN McWILLIAMS BERRY.

June, 1916.

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1. The first part of the document discusses the importance of maintaining accurate records of all transactions and activities. It emphasizes that this is crucial for ensuring transparency and accountability in the organization's operations.

2. The second part outlines the various methods and tools used to collect and analyze data. This includes the use of surveys, interviews, and data mining techniques to gather insights into the organization's performance and the needs of its stakeholders.

3. The third part focuses on the analysis of the collected data. It describes how statistical methods and data visualization tools are used to identify trends, patterns, and areas for improvement. This analysis is essential for making informed decisions and developing effective strategies.

4. The fourth part discusses the implementation of the findings from the analysis. It highlights the importance of communication and collaboration in ensuring that the insights are effectively translated into action. This involves working closely with all levels of the organization to implement changes and monitor progress.

5. The fifth part concludes by summarizing the key points and emphasizing the ongoing nature of the process. It stresses that data analysis is not a one-time activity but a continuous cycle that allows the organization to adapt and improve over time.

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ORTHOPEDIC SURGERY FOR
NURSES
CALIFORNIA
INTRODUCTION

Modern Orthopedic Surgery may be fairly described as the surgery of the deformities and disabilities of the apparatus of locomotion; the phrase, apparatus of locomotion, being used in a broad sense to include, not only the lower extremities, but also the trunk and upper extremities. Club feet, bow legs, curvature of the spine, paralytic deformities of the arm, etc., are all examples of orthopedic deformities. Hare-lip, cleft palate, hernias, etc., are deformities, but, since they have nothing to do with the apparatus of locomotion, they would not be considered as within the province of Orthopedic Surgery.

The deformities of the apparatus of locomotion may be divided into two main classes: congenital and acquired. *Congenital Deformities* are present at birth and can be recognized at that time or become apparent soon after. Their causes are to be sought for in the conditions governing intra-uterine life. *Acquired Deformities* develop after birth and are the result of diseases, strain and overloading of the body framework, contractions, etc.

CHAPTER I

CONGENITAL ORTHOPEDIC DEFORMITIES

The congenital orthopedic deformities include: clubbing of the extremities, of which club foot is the most important; congenital dislocation of various joints, especially the hip; wry-neck; asymmetrical development; missing bones, supernumerary bones, malformed or misplaced bones, etc.

CLUB FOOT—TALIPES

Club Foot or *Talipes*, which is the correct medical term, is a deformity in which there is an abnormality in the anatomical relation of the foot to the leg or of one part of the foot to another part. It has been observed that club foot sometimes runs in families, being transmitted through the male side. The deformity can take place in any direction that the foot can move. Thus there may be:

Deformity (the foot turned) downward—*talipes equinus* (Fig. 1).

Deformity (the foot turned) upward—*talipes calcaneus* (Fig. 2).

Deformity (the foot turned) inward—*talipes varus* (Fig. 3).