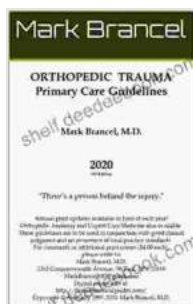


# Orthopedic Trauma Primary Care Guidelines (2024 24th Annual Edition Version 2)

Orthopedic trauma, encompassing injuries to bones, muscles, tendons, ligaments, and joints, poses significant challenges for primary care providers. Misdiagnosis, inappropriate treatment, and delayed referrals to specialized care can lead to long-term complications and disability. The Orthopedic Trauma Primary Care Guidelines 2024, now in its 24th annual edition, provides a comprehensive roadmap for primary care physicians to effectively manage orthopedic trauma patients.

## Assessment and Stabilization

Upon initial assessment, primary care providers should focus on stabilizing the injured extremity, minimizing pain, and preventing further tissue damage. This involves:



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★★★★★ 5 out of 5

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Enhanced typesetting : Enabled  
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- **Immobilization:** Use splints or casts to stabilize fractures, sprains, and dislocations. Image Alt: Applying a splint to an injured arm
- **Pain Management:** Administer analgesics and non-steroidal anti-inflammatory drugs (NSAIDs) to control pain. Image Alt: Doctor prescribing pain medication
- **Neurovascular Assessment:** Check for nerve and blood vessel damage by assessing sensation, movement, and capillary refill. Image Alt: Doctor performing a neurovascular examination

## Differential Diagnosis

Accurately diagnosing orthopedic trauma injuries is crucial. Primary care providers should consider the following:

- **Fractures:** Broken bones can present with pain, swelling, bruising, and deformity. Image Alt: X-ray showing a fractured bone
- **Sprains:** Torn ligaments cause pain, swelling, and instability in joints. Image Alt: Doctor examining a sprained ankle
- **Dislocations:** Bones that are displaced from their normal position result in pain, swelling, and loss of function. Image Alt: X-ray showing a dislocated shoulder

## Treatment Modalities

Treatment strategies for orthopedic trauma vary depending on the injury type and severity. Primary care providers may employ:

- **Closed Reduction:** Realigning fractured bones or dislocated joints without surgery. Image Alt: Doctor performing a closed reduction
- **Open Reduction and Internal Fixation (ORIF):** Surgery to realign and stabilize broken bones using plates, screws, or rods. Image Alt: X-ray showing ORIF of a fractured tibia
- **Traction:** Applying weights or pulleys to gently realign fractured bones or dislocated joints. Image Alt: Patient in traction for a fractured femur

## Referral to Orthopedist

For complex orthopedic trauma injuries, primary care providers should refer patients to orthopedic specialists. This is indicated when:

- The diagnosis is uncertain or requires specialized imaging.
- A closed reduction is unsuccessful or the injury is unstable.
- The injury involves nerve or blood vessel damage.
- The patient has multiple or severe injuries.

## Patient Education and Rehabilitation

Primary care providers play a vital role in educating patients on their injury, treatment plan, and rehabilitation protocol. This includes providing instructions on:

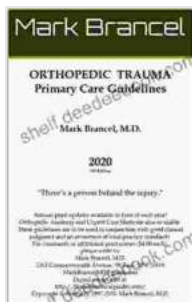
- **Immobilization and Weight-Bearing Status:** Explain the importance of keeping the injured limb immobilized and adhering to weight-bearing

restrictions. Image Alt: Doctor instructing patient on weight-bearing status

- **Pain Management:** Advise patients on appropriate pain medication use and follow-up appointments for pain reassessment. Image Alt: Doctor discussing pain management options
- **Physical Therapy:** Refer patients to physical therapists for guided exercises to regain range of motion and strength. Image Alt: Patient performing physical therapy exercises

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The Orthopedic Trauma Primary Care Guidelines 2024 provide a comprehensive framework for primary care providers to effectively assess, stabilize, and manage orthopedic trauma injuries. By adhering to these guidelines, primary care physicians can ensure timely diagnosis, appropriate treatment, and referral to specialized care when necessary. This collaborative approach promotes optimal outcomes for patients, reducing complications and minimizing the long-term impact of orthopedic trauma.



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