instructions for the patients. However, as with other neurosurgical sites, peripheral nerve disorders are not well covered and this site only explains entrapment neuropathies of individual nerves and completely overlooks the brachial plexus and tumours.*

Brachial plexus and peripheral nerve injury

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The spectrum of peripheral nerve injuries seen by a specialist unit falls under three main categories: (i) obstetric brachial plexus palsy; (ii) severe trauma (motor vehicle accidents/stab/gunshot wounds); and (iii) iatrogenic injury. The brachial plexus forms a major part of the workload but the lower limb plexuses and the individual nerves in the upper and lower limbs are included in this group. The main implications for the patient range from temporary dysfunction to total paralysis of the affected limb and, in some cases, severe neuropathic pain. We review a mix of sites related to description and management of these difficult problems.

www.emedicine.com/orthoped/topic26.htm

www.emedicine.com/orthoped/topic537.htm

This well-known resource for patients and clinicians presents sections on brachial plexus and peripheral nerve injury. The site is not particularly up-to-date but displays a brief overview of the historical background and current understanding of basic and clinical science aspects. As with all clinical subjects on this site, the 'quick find' and regular index displays are the standard format used to facilitate navigation. An interesting selection of images is also shown with an essential reference list. This resource is a good brief introduction into the field.**

www.drathbrachialplexus.com

This website has been created by a US peripheral nerve surgeon affiliated with a brachial plexus institute in Texas. Targeted at the patient and family, it provides a truly interactive experience for understanding this injury in considerable depth. It is a well-designed site, headed by an easy to use index which navigates the user through everything from the anatomy of injury, the surgical decision-making process, to details of specific procedures. It achieves this via a vast array of images, diagrams, video and digital animations. There is even an interactive brachial plexus with animations representing the appearances of specific injuries. The site also incorporates a novel self-referral method via a digitally animated guide which encourages home video evaluation of function following injury. For patient satisfaction and clinical research, a trademarked patient surveillance system has also been installed to track the long-term progress of patients, whilst continually updating and collecting patient data. Patient support links are abundant, with clear downloadable PDF

postoperative instructions, and there is even a novel 'brachial plexus buddies' service set up to link families and individuals together for one-on-one support. Although this is one surgeon's site, and aimed primarily for patients in the US, it is a great example of an interactive portal for education and action for those involved in such injuries. Providing a dynamic system for use by the patient and the surgeon, this site may be the shape of the next generation of healthcare portals on the internet. Furthermore, Dr Nath MD has been peer-nominated as one of 'America's top surgeons', so naturally, its worth a look!*****

www.drathimpotencesurgery.com

The aforementioned surgeon is also involved with this interesting area of peripheral nerve surgery. This site is a little more basic compared to the brachial plexus portal but, nevertheless, presents a particular operation for reconstruction of neural damage sustained following prostatic surgery. Again, the site is well displayed with clear descriptions of the anatomy of injury and approach to surgery. All the associated patient links, support groups and self-referral methods are present as in the partner site. This site may provide interesting viewing for those involved in this specialist area.**

www.wfubmc.edu/ortho/brachial_plexus

Another site targeted at the patient audience, this one is produced by the Wake Forest University Baptist Medical Center. The peripheral nerve section focuses on brachial plexus injury but in contrast to other patient sites, explains the surgery with great clarity and is accompanied by excellent schematic diagrams and intra-operative pictures. Again, there are links to various brachial plexus injury support groups and a whole section on the rehabilitation services offered by the hospital which form a major part in the functional and psychological recovery of these patients.***

www.orthoinfo.aaos.org

This is predominantly a patient resource supplied by the American Academy of Orthopedic Surgeons. Its coverage of peripheral nerve disorders is fairly limited but it does have sections on Erb's palsy, the basics of nerve injury and electrodiagnostic testing which are particularly well explained in a very simple style. A valuable resource for patients wanting to understand the basics of nerve anatomy and gain an insight into what to expect when they are subjected to various electrophysiological investigations.***

www.neuro.wustl.edu/neuromuscular/nanatomy/proxmot.html

Pain after peripheral nerve injury is arguably the most debilitating symptom of this condition. Sites for physicians and surgeons are limited to links to various scientific publications. This is one of the few sites which comprehensively covers all the brachial neuropathies and importantly includes the pain states which arise in brachial plexus lesions associated with traction, gunshot and birth injuries. Although it does not go into much detail on pathophysiology, clinical features and treatment are covered well, thus making it an invaluable aid to those involved in treating this patient population.***