Figure 2 A flexible osteotome can be passed through the window created to release the implant

Figure 3 Radiography of a trochanteric sparing osteotomy in practice

important to maintain soft tissue attachments to the osteotomised fragment to facilitate subsequent fusion. The fragment can be turned like a door on a hinge. Flexible osteotomes are passed antegrade from the neck and retrograde through this window (Fig 2). The stem is removed. The osteotomised fragment may be reimplanted with the aid of cables. This technique provides good access to the tip, avoids violation of the abductor mechanism and the need for trochanteric plates or tension band wiring, saves time and allows early weight bearing. Only simple instruments are required. Figure 3 shows x-rays of a trochanteric sparing osteotomy in practice.

DISCUSSION

Where possible, the stem should be removed without resorting to the osteotomy described. Furthermore, cemented implants can be simply removed using an in-cement technique. However, this technique can also be useful for well integrated cementless implants or to remove a cement mantle and a cement restrictor.

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A helping hand from the foot set

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BACKGROUND

Proximal interphalangeal joint dislocations are the most common dislocation in the hand.^{1,2} The majority are recognised and reduced early. Chronic dislocations, however, can be difficult to reduce owing to soft tissue contractions of the joint capsule, collateral ligaments or volar plate. We describe a technique using a Hintermann™ distractor (Integra LifeSciences, Plainsboro, NJ, US), found on hindfoot surgical trays, to provide continuous traction.

TECHNIQUE

Two K-wires are inserted in the proximal and middle phalanx of the affected finger (Fig 1). A Hintermann™ distractor is then fed over the two wires closed and is progressively opened stepwise along the distractor's ratchet (Fig 2). This mechanism allows continuous distraction of the joint (Fig 3) and visualisation of the distraction on an image intensifier. The authors recommend an initial 5–10 minutes of distraction prior to attempted closed reduction.

Figure 1 K-wires inserted in the proximal and middle phalanx

Figure 2 Hintermann™ distractor fed over the two K-wires

Figure 3 Continuous distraction of the joint

DISCUSSION

This technique uses a surgical instrument widely available in orthopaedic units. The distraction described is a safe, reproducible technique for often difficult joint reductions.

References

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Calcaneal pull-down technique in the management of resistant equinus associated with congenital club foot

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BACKGROUND

Dr Ponseti developed a method for treating congenital clubfoot that uses manipulation and casting followed by percutaneous Achilles tenotomy (PAT).¹ This method is successful in almost 90% of cases^{1,2} and PAT should be included in almost 85% of cases.³ A small number of feet are left with residual equinus despite PAT. We present a technique first described by Dr Miroslav Zhivkov (at the