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

Figure 1 X-ray demonstrating some residual equinus despite PAT and application of a dorsiflexion force at the ankle (left), and improvement of the equinus with the calcaneal pull-down technique (right)

International Clubfoot Conference in Manchester, November 2003) that can be used as an adjunct to PAT in the management of resistant equinus deformity.

TECHNIQUE

PAT and a period of postoperative Ponseti casting is always attempted in the first instance. The procedure described in this technical note is only used when residual equinus exists despite this intervention. Under general anaesthesia, a second PAT is performed. Following this, a cat's paw retractor is inserted through the skin so the tines engage the cartilage on the superior aspect of the calcaneum. Traction is applied through the cat's paw while a dorsiflexion force is applied by pushing on the plantar surface of the forefoot. This creates a turning moment at the ankle joint. Without traction on the calcaneum, dorsiflexion of the forefoot can lead to a rocker bottom deformity. X-ray can be used to assess the correction (Fig 1) or a clinical assessment can be employed.

DISCUSSION

This technique offers an adjunct to PAT and can be used for resistant equinus, recurrent equinus or for cases of repeated plaster slipping. Early management of resistant equinus avoids the need for more invasive surgery in the future.

References

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Base of thumb injections

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Steroid injections to the trapeziometacarpal joint (TMJ) can offer both diagnostic insight and symptomatic relief for patients with basal thumb arthritis, particularly in the early stages of disease.¹ However, correct infiltration of the joint can pose a challenge, especially in the presence of osteophytes. In addition to the unwanted complications of periarticular injection, failure to relieve symptoms could hasten the need for surgery.

We suggest that once the TMJ has been located using fluoroscopy, the screen should continue to be monitored as the solution is injected. The visible widening of the TMJ (Fig 1) confirms accurate deployment of the injection.

Reference

1. Day CS, Gelberman R, Patel AA *et al*. Basal joint osteoarthritis of the thumb: a prospective trial of steroid injection and splinting. *J Hand Surg Am* 2004; **29**: 247–251.

Figure 1 Widening of trapeziometacarpal joint as solution is injected