Figure 2 Image intensifier fluoroscopy demonstrating C-arm adjustment to achieve overlap of the two Kocher forceps

scoliosis where difficulty is encountered in visualising endplates 'end on'. It facilitates more confident accurate pedicle screw placement, with reduced image intensifier screening time.

References

1. Nevzati E, Marbacher S, Soleman J *et al.* Accuracy of pedicle screw placement in the thoracic and lumbosacral spine using a conventional intraoperative fluoroscopy-guided technique: a national neurosurgical education and training center analysis of 1236 consecutive screws. *World Neurosurg* 2014; **14**: 866–871.e2.
2. Weinstein JN, Rydevik BL, Rauschnig W. Anatomic and technical considerations of pedicle screw fixation. *Clin Orthop Relat Res* 1992; **284**: 34–46.

An aide-mémoire for the Salter–Harris classification of paediatric growth plate fractures

CE Hill

University Hospitals Coventry and Warwickshire NHS Trust, UK

CORRESPONDENCE TO

Christopher Hill, E: chill295@doctors.net.uk

BACKGROUND

The Salter–Harris classification system has become established as the most commonly used system for describing paediatric growth plate injuries.¹ Correct identification of the type of injury is crucial as it can have significant ramifications on prognosis and treatment choice. Classification systems can be somewhat cumbersome and difficult to remember. However, there is a quick and straightforward way of recalling the aforementioned classification.

TECHNIQUE

The individual configurations of the different fracture types can be seen to resemble the number of the classification system they represent (Fig 1). As a result, even during a busy on-call shift, this *aide-mémoire* can allow quick and easy recall of the classification, allowing correct identification of the fracture type.

Figure 1 Diagram demonstrating the Salter–Harris fracture configurations resembling the number of the classification system that they represent: 1. Transverse fracture through the physis; 2. Fracture through the physis and metaphysis but sparing the epiphysis; 3. Fracture through the physis and epiphysis but sparing the metaphysis; 4. Fracture through the physis, epiphysis and metaphysis; 5. Compression injury of the physis.

DISCUSSION

This *aide-mémoire* presents a quick and easy way of recalling the universally recognised Salter–Harris classification system of paediatric growth plate injuries, allowing accurate diagnosis of the type of injury, which is salient in determining subsequent prognosis and management of the patient.

Reference

1. Salter RB, Harris WR. Injuries involving the epiphyseal plate. *J Bone Joint Surg Am* 1963; **45**: 587–622.