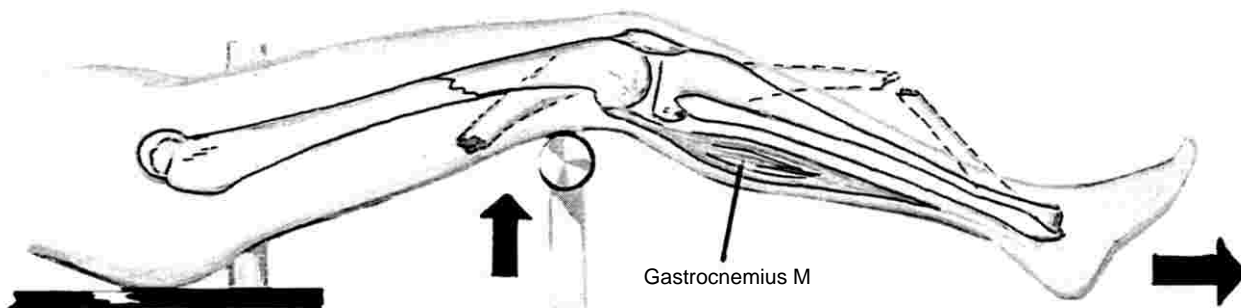


## 13 TRACTION IN THE PHYSIOLOGIC POSITION



Traction in the physiologic position reduces most fractures of the lower extremity. Where possible in pinning the femur and tibia use the pin of largest diameter (1/4 inch) and select one of adequate length.

### Foreword

It has been shown that successful pinning of any fracture is dependent upon the surgeon's understanding of the intrinsic dynamic forces at work within the extremity which produces the deformity. He must first devise a means of overcoming these forces to properly reduce the fracture. He must then insert the pin or pins in such a manner as to oppose the intrinsic dynamic forces at work within the extremity with his own dynamic device.

Although each fracture has its own characteristic deformity there is a common denominator which simplifies the reduction of most all fractures of the shafts and condyles of the femur and tibia. With countersupport beneath the knee to produce moderate flexion of the hip and knee, firm traction will bring most fracture fragments into relatively good position. Reduction is usually complete, especially in the lateral plane. Some manual manipulation may be necessary to overcome medial or lateral displacement of fragments.

### The Lower Extremity

For years at Rush Foundation Hospital practically all fractures of the shafts and condyles of the femur and tibia have been pinned as closed procedures. For this purpose there has been developed a special cantilevered fracture table with an adjustable countersupport which permits the interposition of the C-arm low voltage image intensifier fluoroscope. We have found this technic gratifying especially in the bad risk patient where the operating time and surgical trauma must be minimal.

The same technic can be carried out with the removable knee countersupport which was devised soon after the original Atlas was published. This countersupport can be used on the conventional fracture table. It permits the use of conventional x-ray films.