California School of Podiatric Medicine
at Samuel Merritt

Department of Podiatric Surgery

JUNIOR SURGERY ROTATION

PM 796 – 01

2006 – 2007

St. Mary’s Medical Center
San Francisco, California

Chair: William M. Jenkin, D.P.M.

Faculty: Albert E. Burns, D.P.M.
Joel R. Clark, D.P.M.
Joshua Gerbert, D.P.M.
Amy Splitter, D.P.M.
Surgical Residents
Information Regarding: Orientation Dates, Room and Specific Assignments, Lecture Series, Workshops, Grading Policy and Practical Examination

Parnassus / St Mary’s Orientation: All students attend
Responsible Faculty: William M. Jenkin, D.P.M.

Orientation Dates: May 30, 2006 (Tuesday)
                  October 2, 2006 (Monday)
                  January 29, 2007 (Monday)
Time: 7:30 – 11:30 AM Monday or first day of rotation
      7:30 – 8:30 AM: Office Protocols, HIFCA discussion, etc.
      8:30 – 11:30 AM: Electronic Medical Records Training
Place: Parnassus Conference room

OR Protocol: Responsible Faculty: Ali Chin, R.N.
Time: 12:00 – 5:00 PM first day of rotation
Place: St. Mary’s OR
Please report to the St Mary’s operating room area. Your contact person is Ali Chin, RN who will orient you to this part of your surgical rotation. The attire for this rotation is a white clinic jacket with nametag and surgical scrubs.

Faculty Lecture Series and Workshops: All Students attend
Time: Scheduled Mondays, Tuesdays and / or Wednesdays, 5 – 7 PM
(See Schedule for exact date, time and topic)

Workshops: ASIF; Suturing; Immobilization Casting Technique; All Students
Time: Scheduled Mondays, Tuesdays and / or Wednesdays, 5 – 7 PM
(See Schedule for exact date, time)

Surgical Review: All Students attend (unless involved in an OR activity)
Responsible Faculty: Assigned faculty; residents
Time: Tuesday at 12:15 PM (See schedule for assigned faculty)

Biomechanics Lecture Series: All Students Attend (unless in an OR Activity)
Responsible Faculty: Theresa Kailikole, DPM
Time: Wednesdays at 12:15 PM

Practical Examinations:
Time Day: Wednesdays, 7:30 AM – 5:00 PM (subject to change)
Dates: Rotation I: 9/20/06
        Rotation II: 1/17/07
        Rotation III: 5/16/07

Student Logs:
All patient care and surgical observations/scrubs must be logged on your student logs via the electronic logging system accessible through the CSPM web page. If you are the student observing, log as “observed.” If you scrub, log as “greater than 50%.”
GROUP ASSIGNMENT LIST

Rotation I: June – September (18 weeks)

Group I:
A. Tseng, Jeff
B. Kovacevich, Lynn
C. Arredondo, Diana
D. Meyer, Justin
E. Scott, Tyson
F. Larsen, Clint
G. Mc Court, Dusty

Group II:
H. Nasl, Hamed
I. Schneider, Matt
J. Naoulo, Omar
K. Kibrom, Asrat
L. Joba, Ameha
M. Ahmad, Zein
N. Jensen, Kim

Rotation II: October – January (17 weeks)

Group I:
A. Abouzari, Moe
B. Tjaden, Brian
C. Slade, Brandon
D. Watkins, Courtney
E. McGuire, Heather
F. Faghihnia, Nilofar
G. Hazini, Omid

Group II:
H. Brewer, Mike
I. Fiorito, Joe
J. Hoover, Cody
K. Yadegaran, Shadi
L. Neufeld, Jason
M. Wang, Alice
N. Javed, Najwa

Rotation III: February – May (17 weeks)

Group I:
A. Nguyen, Vu
B. Dini, Monara
C. Ronyak, Danielle
D. Dastgah, Azar
E. Dastgah, Amir
F. Nubani, Sharene
G. Zdarko, Marcie

Group II:
H. Kunda, Elizabeth
I. Tate, Janelle
J. Chu, Ben
K. Maisak, Kenny
L. Wallace, Trent
M. Todd, Nick
N. Open
**2006-2007**  
Department of Podiatric Surgery  
Room/Responsibility Assignments  
(Note: Refer to Assignment List for Your Letter Assignment)  

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4/06
Department of Podiatric Surgery  
Junior Surgery Rotation

This rotation is coordinated by the Podiatric Surgery Department and takes place in the third year lasting four months. It is divided into two main sections: Parnassus Heights Podiatry Group Practice (P) and the Operating Room/St. Mary’s Clinic /Biomechanics Section (OR/SMB). Students assigned to the rotation are divided into groups. Each group will spend approximately four to five weeks on each of the above sections.

Grading:
Practical Examination accounts for 80% (please see attached schedule for date and times)
Departmental Overall Clinical Evaluation accounts for 20%
Attendance at daily clinic assignment.
Attendance at ASIF Workshops, Suturing Workshop and Casting Workshop
Attendance at Faculty Lecture Series (see attached list of lectures)
Note: Refer to Student Policy Manuel for policy on unexcused absence and tardiness.

Grading Policy:
Letter grade based upon attendance, score on the practical examination, and the Departmental Overall Clinical Evaluation

Practical Examination given near the end of the rotation:
- 3 Oral items (15 minutes) 10 points each = 30 points – student must score 19.5 points to pass
- 8 skill stations (10 minutes) variable points each = 50 points
- Note: The above format may be changed without notice.

Departmental Overall Clinical Evaluation completed by the Surgery Dept Faculty:
- Note: score on practical exam will have no bearing on the subjective evaluation form
- Twenty points maximum
- Refer to Evaluation Form
**Rotation Section Descriptions:**

The **Parnassus Heights Podiatry Group Practice Section** of the rotation allows the podiatric medical student an opportunity to work in a state of the art podiatric medicine and surgery private practice. The student will be assigned to a treatment room and will function as part of the team in evaluating and managing patients with new or ongoing podiatric complaints. The student gains practical experience in obtaining information to create a database in order to establish a diagnosis and initiate treatment plans. The student will obtain, read, and interpret radiographs, order appropriate tests, assist or perform minor in office diagnostic and surgical procedures, perform surgical nail debridement, and gain experience in applied biomechanics, impression casting, and ordering of lower extremity orthoses. With surgical candidates, the student will participate in preoperative surgical planing including choosing an appropriate procedure based on the pathology at hand, patient education including obtaining informed consent, as well participating in the performance of the pre operative history and physical examinations. The student will accompany the patient to the OR where he/she will “scrub” in and assist in surgery. The student will follow the patient post operatively performing sterile dressing changes, suture removal, and cast immobilization as necessary.

As a result of the above, the student will become familiar with operating room protocol including sterile prepping, gowning and gloving, instrumentation, hospital charting, and perioperative patient management. The student will present the cases they are involved with at a Surgical Review conference held every Tuesday during the lunch hour in the Parnassus conference room. Workshops on methods of internal fixation (ASIF), suturing, and immobilization casting techniques are also offered.

Finally, the student will learn specifics of managing a podiatric medical practice including procedure terminology, diagnostic codes, and billing practices. Further information is provided below.

The **Operation room, St Mary’s Clinic, Biomechanics (OR/SM/B) section** of the rotation involves two to four assigned students at a time. The **OR part** of the rotation occurs in St Mary’s OR. During this part of the rotation except for Tuesday PM, Wednesdays, Thursdays (except in Summer) and Friday AM, the students will assist on designated non-podiatric cases involving the specialties of hand, vascular, and general surgery as well as any cases scheduled from the residents clinic (see below). The students will coordinate with the chief resident, and the operating room personnel as to when these cases are scheduled. **When there are none of the above types of responsibilities or surgeries scheduled, the student is to function in the Parnassus clinic treating and evaluating patients.**

The **St. Mary’s Podiatry Clinic Section** includes an outpatient podiatry clinic where the student will further refine their treatment and diagnostic skills. This is a resident’s clinic that is a full service Podiatry clinic. The students are required to bring their instruments for any palliative care rendered in the clinic. There are sterile instruments available in the clinic for any procedures. The clinic is located on the 5th
floor in the medical specialties clinic in Room 9. The address and telephone number of the clinic are:

2235 Hayes St.
San Francisco, CA 94117
(415) 750-5500

The clinic meets on Tuesday afternoon from 1:00-5:00 p.m. and on Friday morning from 8:30 a.m.-12:00 p.m. Students are expected to report fifteen minutes prior to the start of clinic. The students assigned to this clinic will scrub in on the surgical cases generated from the clinic. While on this part of the rotation the assigned students are required to attend the Resident lecture series which is given by the Attending Clinicians and 3rd year surgical residents. Lectures cover material in the rotation syllabus that is tested in the practical exam.

Responsible Faculty: Albert Burns, DPM
R3 Resident assigned to Highland

The Biomechanics Clinic Section part of the rotation occurs on Wednesdays within the Parnassus Practice where patients with biomechanical faults are evaluated. The student will gain practice in performing a detailed biomechanical examination including in depth gait evaluation, impression casting techniques, and the ordering of appropriate orthoses. Each Wednesday at Noon a didactic instruction on evaluation of biomechanical abnormalities for pathology specific orthoses occurs. Along with didactics practical discussion of the various lower extremity orthoses, materials, and footgear and their modifications will be offered. All students are required to attend.

Responsible Faculty: Theresa Kailikole, DPM
ST MARY’S SURGERY ROTATION
FACULTY LECTURE SERIES

All students assigned to the rotation will meet every week for a series of lectures / workshops presented by the faculty on the topics as listed below. This will augment the student’s clinical exposure, and insure that all students will be given a certain base clinical foundation. These lectures will also serve to better prepare the student for the end of the rotation practical examination. Information relating to each topic will be found in the Clinical Syllabus and or upon Blackboard. The exact date and time of each discussion will be provided. The lectures will run from 5 – 7 PM. The first several weeks the lectures/workshops will occur on Tuesday and Wednesday. The other weeks the lecture/workshops will occur on Tuesday unless notified otherwise.

WEEK 1: Lecture I (Clark, Gerbert)
   A. Emergency Protocols (Clark) (Tuesday evening)
   B. Outpatient charting; Hospital Charting; Consent Forms (Gerbert) (Wednesday evening)
WEEK 2: ASIF Workshop (Faculty, Residents)
WEEK 2: Suturing Workshop (Residents)
WEEK 3: Immobilization Casting Workshop (Residents)
WEEK 4: Lecture II (Burns)
   A. Postoperative management of foot/ankle surgical procedures
   B. Crutch Training
WEEK 5: Lecture III (Gerbert)
   Bunion and First Ray Evaluation: Clinical and Radiographic
WEEK 6: Lecture IV (Jenkin)
   Metatarsalgia and Digital Evaluation: Clinical and Radiographic
WEEK 7: Lecture V (Jenkin)
   A. Verrucae Management
   B. Nail Surgery
WEEK 8: Lecture VI (Clark)
   A. Topographical anatomy of the lower extremity
   B. Muscle testing of the lower extremity
   C. Incision placements: advantages and disadvantages
WEEK 9: Lecture VII (Burns)
   Ankle Sprains: Clinical and Radiographic Evaluation and Management
WEEK 10: Lecture VIII (Gerbert)
   Pedal Infections: Diagnosis and Management
WEEK 11: Lecture IX (Splitter)
   Blood Transfusions: Indications, Evaluation and Management
Master Schedule 2006 - 2007:
Junior Surgery Rotation
Orientation Dates
7:30 AM – 5:30 PM
Faculty Lecture Series
5 – 7 PM
ASIF, Suturing, and Casting Workshops
5 – 7 PM
Practical Examination Dates
7:30 AM - Finished

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Master Schedule (Page 2):

**Orientation Dates**
7:30 AM – 5:30 PM

**Faculty Lecture Series**
5 – 7 PM

**ASIF, Suturing, and Casting Workshops**
5 – 7 PM

**Practical Examination Dates**
7:30 AM - Finished

Rotation III:

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4/06/06
Junior Surgery Rotation  
Parnassus Heights Podiatry Group Practice Section

Responsible Clinician:  
William M. Jenkin, DPM, FACFAS

Faculty:  
Joel R. Clark, DPM  
Joshua Gerbert, DPM  
Surgical Resident

Location:  
Parnassus Heights Podiatry Group, Inc.  
2250 Hayes Street, Suite 4A  
San Francisco, California 94117  
Phone #: (415) 759-2014  
Fax: (415) 759-2015

Hours/days of Attendance:  
8:00 AM to 5:30 PM, Monday, Tuesday, Wednesday, and Friday  
Closed for lunch 12:30 PM to 1:30 PM  
Closed Thursdays (business office open but closed to patients)

Note: Above times may vary dependent upon scheduled surgery or in patient management. Weekend responsibilities may be necessary dependent upon patient management needs.

Dress Code:  
White clinic jackets with name tag; surgical scrubs or appropriate clinic attire.

Instrumentation:  
Each student must provide his or her own instruments for evaluation and palliative care. See attached list for complete description. Failure to provide proper instrumentation may be handled as an unexcused absence.

Duties and Responsibilities:

1. The student will function in this private practice environment in multiple roles. At times the student will function as an office assistance sharing responsibilities with the office staff. At other times the student will function as the provider of care under the direct supervision of the treating physician or resident. At other times the student will function solely as an observer.

2. At all times the student will be responsible for making chart entries in the medical record. These notes must be completed before the end of each business day. The clinician will review the chart notes and discuss the notes with the student. Note: charts contain confidential information and must never be removed from the practice except when accompanying the patient to surgery.
Junior Surgery Rotation

The Parnassus Heights Podiatry Group Practice Section

Duties and Responsibilities (Cont.)

3. Each student will be assigned to a specific treatment room and to a member of the practice. The student with the assistance of the office staff will maintain and stock supplies within the room as per the doctor’s preference. The student will be responsible for room cleanliness and orderliness. The student will clean each treatment chair with germicide between patients. The student will provide his or her instruments as noted.

4. The student will practice universal precautions on all patients while on the rotation. The student will utilize sterile instruments provided by the practice when performing minor surgical procedures including the debridement of ulcerations. The student will utilize the bead sterilizer on nail nippers, curettes and surgical burrs between each patient. The student should make an effort to follow the patients in order to offer better continuity of care.

5. The student must always have a clinician with them when they are taking the chief complaint form a new patient. At no time shall the student discuss diagnosis or treatment with the patient without having the permission of the treating physician.

6. The student must never discharge the patient without the final approval of the treating physician including completion of the billing / reappointment process.

Specific Learning Objectives:

1. Perform a focused history and physical examination on a new patient.
2. Properly order and assess foot and ankle radiographs.
4. Load a syringe with various medications.
5. Perform common local anesthetic blocks of the foot and ankle.
6. Evaluate and manage a reaction to a local anesthetic.
7. Increase skills in performing palliative foot care
8. Increase skills in surgical nail debridement.
9. Evaluate and manage onychomycosis utilizing oral and topical antifungals
10. Avulse a toenail.
11. Perform chemical matricectomies.
12. Evaluate and manage verrucae.
13. Evaluate and manage digital deformities
14. Evaluate and manage a bunion deformity.
15. Construct preoperative bunion templates.
Junior Surgery Rotation

The Parnassus Heights Podiatry Group Practice Section
Specific Learning Objectives (cont.):

16. Evaluate and manage “metatarsalgia”.
17. Evaluate and manage heel pain.
18. Perform manual muscle testing.
19. Write a regular as well as a triplicate prescription for an analgesic.
20. Change postoperative dressings.
21. Remove sutures.
22. Evaluate and manage patients with biomechanical faults.
23. Obtain impression casts for custom foot orthoses.
24. Write a prescription for fabrication of foot orthoses and ankle foot orthoses.
26. Manage a patient with an ankle sprain.
27. Evaluate stress views of the ankle.
28. Practice Universal precautions.
29. Diagnose and manage an infection.
30. Cope with psychological and social problems of patients.
31. Practice ethical and proper billing/coding practices for podiatric practices.
32. Practice methods to obtain pre-authorization from managed care programs.
33. Apply and remove below the knee cast
34. Apply a synthetic walker.
35. Properly complete a surgical consent form.
36. Utilize an autoclave to sterilize instruments and dressing packs.
37. Reinforce concepts of sterile technique
38. Learn how to scrub for a case
39. Learn how to gown & glove (open and closed)
40. Learn how to function as a surgical assistant
41. Learn how to write proper chart notes in a hospital record
42. Observe perioperative anesthesia methods
43. Monitor the vital signs of a patient under local anesthesia
44. Observe the recovery of patients following MAC and general anesthesia
45. Learn how to properly prep a foot/ankle for surgery
46. Be able to perform the more common suturing techniques
47. Learn various types of fixation devices and practice their use in sawbones
48. Learn how to fabricate a posterior splint and how to apply and remove a BK cast
49. Learn how to Crutch Train a patient.
50. Learn the indications for blood transfusion as well as the evaluation and management.
Junior Surgery Rotation

Surgical Review Conference:

Every Tuesday from 12:15 PM to 1:15 PM each student will participate in Surgical Review Rounds. These will be conducted in the conference room in the Parnassus Heights Podiatry Group Offices. Proper attire is required when coming to the office conference room. This conference will allow the students to learn about all surgical cases performed since the last review. The student who scrubbed the specific case will present pertinent data regarding the patient and the surgery performed. Please refer to the attached copy of the Surgical Review Protocol for the correct content and format of presentation. The faculty member and or chief resident will facilitate a discussion with the students. Furthermore, each student is required to prepare two journal articles for presentation. The articles must deal with some aspect of foot/ankle surgery and have been published within the last 3 years. Students on the rotation must coordinate among themselves to avoid duplication. In the event that no surgical cases were done on the day of review, one or more of the journal articles will be presented and the faculty member will facilitate a discussion. (See Schedule). The students assigned to OR/SMB must attend this review unless participating in a surgical procedure.

Faculty: William M Jenkin, DPM
       Joel R. Clark, D.P.M.
       Joshua Gerbert, D.P.M.
       Surgical Residents

ASIF Workshops I and II:

A member of the surgery faculty and two surgical residents will give this workshop. This workshop will allow students to review fixation modalities and to perform various fixation techniques using sawbones. This workshop meets in the learning lab. See master schedule for the dates of these workshop.

Casting Workshop:

The surgical residents will give this workshop. This two - hour workshop will allow students to observe the fabrication of a posterior splint and to apply and remove a BK cast.

Suturing Workshop:

The surgical residents will give this workshop. Suturing techniques will be reviewed and practiced.
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Department of Podiatric Surgery
CCPM

Surgical Review Protocol

In order to gain the most out of each surgical case presentation and discussion, it is recommended that the following format be followed as closely as possible.

Introduction:
Diagnosis (Start with ICD 9 Code(s)):
Complaint: Pain, Deformity, Significant Shoeing Difficulty, Pressure Point, Ulceration, Trauma, Tumor, Infection, Other

Significant Past Medical History:
- Cardiovascular/PVD: (Hypertension, MI, Angina; Phlebitis)
- Pulmonary: (Asthma, Bronchitis, Pneumonia, Obstructive Sleep Apnea, COPD)
- GI/GU: (GER Reflux, GI Ulcer, Liver Disease, Renal Insufficiency, Failure)
- Neurological: (Seizure, CVA)
- Heme/One: (Sickle Cell, Bleeding Dis, Anemia, Cancer, Chemotherapy, Radiation, Immunocompromised)
- Endocrine/Metabolic: (Diabetes, Obesity, Thyroid, Adrenal, Oral Steroids)

Previous Surgeries:

Allergies: Agent And Reaction (egg white; soy products, iodine, shellfish, tape)

Current Medications: (Aspirin, NSAID’S, Vitamins, Herbs)

Social History: Occupation, Activity, Care Provider, Living Environment (stairs)

Significant Physical Findings:

ASA Classification: ASA I; ASA II; ASA III; ASA IV; ASA V (See ASA Class.)

Lab Test Orders:
- Data: Pertinent Lab, EKG, X-Ray (See Pre-Operative Testing Requirements)

Anesthesia Plan: Local, Conscious Sedation, MAC, General, Spinal

Fasting (NPO) Guidelines: NPO midnight or refer to NPO guidelines

Hemostasis:
Position:
Antibiotics:

Procedure Description (include CPT codes): Discuss local anesthetic used, findings (or refer to the physical exam) then operation including suture material, fixation method, drain, dressing material, release of tourniquet, tourniquet time, discuss any “events”, and a statement as to how the patient tolerated the procedure.

Specimens:

Post Operative Management: (In-Patient, Out-Patient)
- Ambulatory Status: (Weight Bearing, Non-Weight Bearing, Cast, Crutches)
- Physical Therapy: (Crutch train, rehab)
- Pain Management:
- Return Visit (s) and activity: (dressing change, X-Ray, suture removal, activity change, etc.)

Estimated Return to Work:

Time Allowing: Discuss surgical consenting for the specific procedure(s) performed. (Risk, Benefits, Alternatives, Disability, etc.)
PATIENT NAME: __________________________ D.O.B. __________________

(Print Clearly)

DATE AGE HT. WT. D.O.S. / / 
BP / PULSE RESP. TEMP. Time Est

DIAGNOSIS (ICD Codes):

PROCEDURE (CPT Codes):

INDICATION: □ pain □ deformity □ shoeing prob □ pressure pt □ ulcer □ instability □ trauma □ tumor □ infection

PAST HISTORY: (circle all applicable) Yes No

Cardiovascular / PVD: Hypertension / MI / Angina / Phlebitis
Pulmonary: Asthma / Bronchitis / Pneumonia / Obstructive Sleep Apnea / COPD
GI/GU: GE Reflux / GI Ulcer / Liver Disease / Renal Insufficiency / Failure / Prostate D / Pregnancy/Lactating
Neurological: Seizure / CVA
Heme / Onc: Sickle Cell / Bleeding Disorder / Anemia / Cancer / Chemotherapy / Radiation / Immunocompromised
Endocrine / Metabolic: Diabetes / Obesity / Thyroid / Adrenal / Oral Steroids (Amt/Date last taken)
Previous Surgery (dates): _________________________________________________________________

Allergies: Agent and Reaction: ____________________________________________________________ None

Aspirin / NSAID’S / vitamins / herbs

Current Medication: None

PHYSICAL EXAM: Loose teeth? Yes □ No □ If yes, identify ____________________________
Airway WNL □ Neck WNL □ Pulmonary WNL □ Cardiac WNL □
Abdomen WNL □ Neuro WNL □
Extremities: Vascular Pulses WNL □ SPVPFT WNL □ Sec.
Derm WNL □ Neurological WNL □ Muscle Strength WNL □
MusculoSkeletal WNL □

Lab Tests Ordered: □ Blood □ EKG □ Per Guidelines □ Other □ Other None

ASA CLASSIFICATION: □ ASA I □ ASA II □ ASA III □ ASA IV

ANESTHESIA PLAN: □ LOCAL □ CONSCIOUS SEDATION □ MAC □ GENERAL □ SPINAL
HEMOSTASIS: TOURNIQUET: □ YES □ NO □ ANKLE □ MIDTHIGH
POSITION: □ SUPINE □ PRONE □ LATERAL □ ANTIBIOTICS □ YES □ NO

Risks, Benefits, Alternatives Explained and all Questions Answered regarding the proposed procedure(s): □ Pending labs: □

The patient is an acceptable candidate for the proposed procedure(s) and anesthesia: □ Pending labs: □

Resident Name: __________________________ Signature: __________________________ Date/Time: ______

Doctor’s Signature: __________________________ Date: __________ Time: __________
St. Mary’s Surgery Rotation  

PURPOSE: The purpose of this Workshop is to allow 3rd year podiatric medical students an opportunity to insert various common fixation devices utilizing sawbones.

PROTOCOL: The students on the Surgery Rotation will be divided into 2 main groups (I & II) of approximately 6 – 7 students each. Each group will spend two sessions in this ASIF Workshop. When Group I or II is assigned to the ASIF Workshop, they will be further divided into two smaller groups of approximately 3 -4 students each. Each session will take place from 5:00 pm to 7:00 pm. At the beginning of each session, the student will be given 1 or 2 sawbones depending upon the specific session. Following each session all hardware is to be removed and returned to their respective sets. The students may keep the sawbones.

SESSION - 1
STATION 1: (I-A)

Procedure 1: Austin bunionectomy (uni-correctional long dorsal arm) – student will draw proposed osteotomy lines on sawbone, insert an axis guide and then using the osteotomy guide system will make the actual bone cuts using a sagittal saw. Fixation will be accomplished using one or two (2.0 or 2.4) OsteoMed cannulated screws.

Procedure 2: Weil osteotomy on the 2nd metatarsal – the student will make the osteotomy cut and may need to remove the hallux to gain sufficient room. Fixation will be accomplished using one or two (2.0) OsteoMed cannulated screws.

Procedure 3: Lapidus procedure – the student will fixate the 1st MCJ using two (4.0) cannulated OsteoMed screws. The student can use the sagittal saw to cut through the 1st MCJ.

Materials: sagittal saw and appropriate blade, k-wire driver, double trocar 0.45 kirschner wire, Reese Osteotomy Guide System, 2.0/2.4 cannulated OsteoMed Screw System, 3.0/4.0 cannulated OsteoMed screw system and 1 sawbone.

Instructors: One faculty member and one 3rd year surgical resident

STATION 2: (I-B)

Procedure 1: Arthrodesis of the hallux IPJ – the student will utilize crossed 0.45 kirschner wires. (the IPJ will have been already disarticulated by the resident before the start of the session)

Procedure 2: Juvara A osteotomy of the 1st metatarsal – the student will fixate the osteotomy using one or two (2.7) non-cannulated screws. (the oblique osteotomy will have already been cut by the resident prior to this session)

Procedure 3: Arthrodesis of the PIPJ 2nd digit – the student will perform an end-to-end fusion using a double trocar 0.45 kirschner wire in which the wire is retrograded proximally across the MTPJ. (PIPJ & MTPJ will have already been distarticulated by the resident prior to this session)

Materials: k-wire driver, 0.45 double torcar kirschner wires, 2.7 cortical non-cannulated Zimmer screw set with mushroom guide, and 1 sawbone.
Instructors: One faculty member and one 3rd year surgical resident

SESSION 2:

STATION 1: (I-B)  
STATION 2: (I-A)

SESSION 3:

STATION 1: (II-A)  
STATION 2: (II-B)  
This will follow the exact format for Session 1 but with the B-group of students.

SESSION 4:

STATION 1: (II-B)  
STATION 2: (II-A)

04/06
REQUIRED INSTRUMENTS:

Beaver Handle 3K
Bard Parker Handle #3
Podee Handle
Kelly Forceps-Straight
Mosquito Forceps- Straight
Double Ended Curette
Packer and Probe
Nail Rasp, contra-angled
Carmalt Splinter Forceps
Suture Removal Scissors
Double Action Nail Forceps, Curved OR K-Medic Nail Nipper  (model #69 340 6 “)
Tissue Nipper, Convex jaw, 41/2 in
Bandage Scissors 5 ½ inch
Utility Scissors
Moleskin Scissors
Happy Burr
Mandrel
Sanding Discs (medium)
Taper Diamond Burr
Pear Diamond Burr

DIAGNOSTIC
Tuning Fork
Neuro Reflex Hammer
   (triangle head)
Monofilament (5.07)
Litman Stethoscope
BP Cuff
Parks Doppler (#841 or 842)*
Measuring Tape
Pen Light

MISCELLANEOUS:
Plastic instrument tray,
Tractograph,
X-Ray Marking Pencil