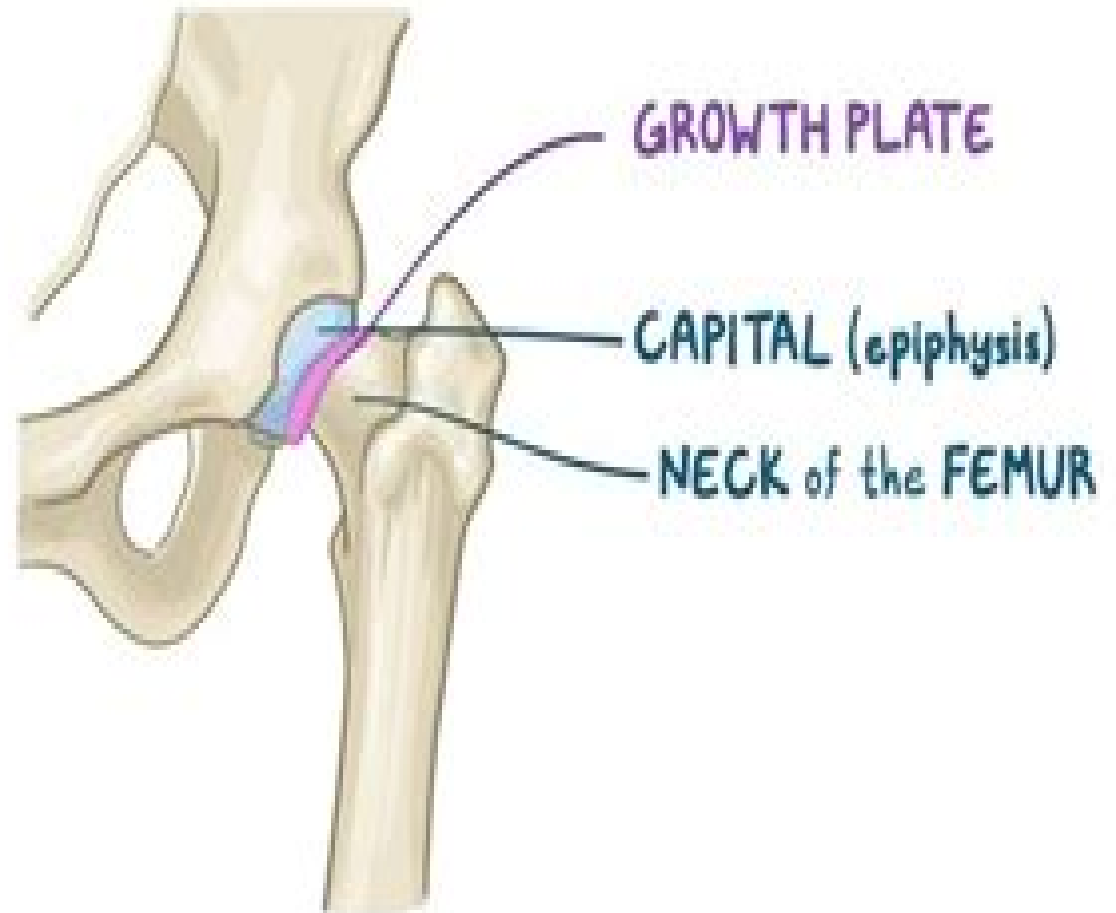


SLIPPED CAPITAL FEMORAL EPIPHYSIS



Slipped Capital Femoral Epiphysis

Armin Klein

A red circular graphic with a gradient, appearing as a semi-circle or a partial circle, located to the right of the author's name.

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Slipped Capital Femoral Epiphysis ,1995 **Slipped Capital Femoral Epiphysis** Armin Klein,1953 Slipped Capital Femoral Epiphysis ,1953 **Slipped Capital Femoral Epiphysis** William W. Robertson, Lee S. Segal,1996

Biomechanical Analysis of Slipped Capital Femoral Epiphysis with Single and Double Screw Fixation Robert Martin Doane,1990 **A Finite Element Study of Slipped Capital Femoral Epiphysis (SCFE)** ,2005 Dysplastic changes of an adolescent hip may increase mechanical stresses at the proximal femoral physis and result in a slipped capital femoral epiphysis SCFE The purpose of this study is to determine the effect of body weight femoral retroversion and acetabular deepening on stresses and strains at the proximal femoral physis A computer tomography scan of a 13 year old child with SUE was used to generate a solid model of the proximal femur and physis to be analyzed using the finite element method Body weights of 46 kg and 86 kg were considered with single legged stance The physis is modeled using both elastic and viscoelastic tissue models using two different finite element procedures Physis stresses and strains were found to increase with change in biomechanical factors such as greater body weight retroversion of the femoral neck and hyper coverage of the femoral head Larger maximum displacement values were found with the increase in biomechanical factors under consideration Similar trends were found with the elastic and viscoelastic models however the strain values found in the viscoelastic model were much higher than those in elastic model When combined with increase body weight and retroversion of the femoral head with acetabular deepening the loads experienced by the physis may exceed the ultimate strength of the growth plate tissue resulting in a slip Therefore these biomechanical factors could be considered as risk factors for development of SCFE **Slipped Capital Femoral Epiphysis** Beckett Howorth,1966 *Studies in Slipped Capital Femoral Epiphysis* Theodore Ronald Simon,1975 **Slipped Capital Femoral Epiphysis Caused by an Implant - a Case Report** Manukaran M. N.,1989 Pediatric Orthopedic Deformities Frederic Shapiro,2002-01-16 Specific operative and nonoperative techniques and their results are stressed The book is extensively illustrated with drawings most of which were made for this book microscopy photos and serial radiographs The reader learns of pediatric orthopedic deformity in relation to normal and abnormal developmental biology the worsening of untreated disease with growth and the diagnostic and treatment interventions required based on the stage of progression Treatments are correlated with the pathologic state of the disorder Discusses disorders from earliest onset to the final state showing how the altered biology leads to progressively greater clinical deformity Initial chapter focuses on development bone biology stressing a broad based approach involving histologic gene and molecular and biomechanical features Subsequent chapters discuss the pathogenesis of the various deformities natural history radiographic and imaging findings and orthopaedic and surgical management *Pediatric Orthopedics in Practice* Fritz Hefti,2015-08-04 This book communicates the latest findings in pediatric orthopedics and answers key everyday questions in the field in an informative readily understandable manner The scope is comprehensive

encompassing all aspects of diagnosis and therapy After an opening section on basic principles the two main sections discuss diseases and injuries by site and cover systemic conditions including trauma infections juvenile rheumatoid arthritis tumors and hereditary diseases The book is the translation of the latest edition of the well known classic *Kinderorthopädie in der Praxis* which presents the collected knowledge of experts from Basel University Children's Hospital Fritz Hefti and his co-workers Reinald Brunner Carol Claudius Hasler and Gernot Jundt This edition has been revised and updated in a variety of ways New findings are incorporated into all chapters important advances in treatment are presented and the latest concepts in tumor diagnosis and neuro orthopedics are discussed The book contains more than 150 additional illustrations including new clinical images and radiographs and many further amusing cartoons by Franz Freuler The aim is to make children's orthopedics fun in both practice and theory The book has received several awards

Slipped Capital Femoral Epiphysis, 2015

European Instructional Lectures George Bentley, 2009-06-10 The 10th Congress of the European Federation of National Associations of Orthopaedics and Traumatology EFORT is the most important combined congress of the national societies in Europe At present a total of 36 societies are members of this organisation The major goal of EFORT is to bring current knowledge of diseases and trauma of the musculoskeletal system to all European surgeons and additionally to welcome colleagues from all over the world to join us in sharing our daily work experience In the scientific programme the instructional lectures form a very basic and important part of the Congress In Vienna a total of 25 sessions are included in the programme The authors come from all over Europe and they discuss topics from many different fields of trauma and orthopaedics These lectures not only give the opportunity for us to be informed about various diseases but they are also influenced by the authors' experience based on the treatment philosophy in their own country again an opportunity to widen the European horizon They are aimed at both the general orthopaedic surgeons and the young residents and trainees who want to widen their knowledge in different topics of orthopaedic and trauma surgery As the chairman of the Local Organising Committee I thank all the authors for providing their presentation for publication in this volume I also address my special thanks to Professor George Bentley for organising this edition

Symposium Slipped Capital Femoral Epiphysis William W. Robertson, Lee S. Segal, 1996

Slipped Capital Femoral Epiphysis Molly A. Moor, 2010 Background Slipped Capital Femoral Epiphysis SCFE is the most common hip disorder among adolescents A controversial subset of SCFE patients are those who experience a unilateral slip followed by a slip on the opposite hip known as a contralateral slip To prevent the development of a contralateral slip some physicians prophylactically pin the unaffected hip of patients they suspect may eventually develop a contralateral SCFE However there is no definitive protocol with which to predict if a child will develop a contralateral slip The goal of this retrospective study was to develop a clinical tool to assist physicians and patients in deciding whether or not to perform prophylactic contralateral hip pinning after first diagnosis of SCFE Methods A retrospective medical record review was conducted to gather information about patients who were treated for SCFE at the

Rady Children's Hospital San Diego between 1997 and 2009 Demographic information was collected from all participants who were treated for SCFE and only patients with two or more years of post operative care were included in the study Results A total of 299 participants were included in the study of whom 162 54% had a unilateral SCFE 39 13% presented with an initial unilateral slip and further developed a contralateral SCFE 47 16% had a unilateral SCFE and underwent prophylactic pinning for the unaffected hip and 51 17% had simultaneous bilateral slips A sub analysis was performed with the 201 patients who had unilateral involvement After simultaneous adjustment for age endocrine condition and slip type the following associations were observed increasing age was found to be protective of contralateral SCFE OR 0.72 95% CI 0.56 0.93 presence of underlying endocrine condition was associated with an increase in contralateral SCFE OR 3.94 95% CI 1.02 15.21 and acute on chronic slips had higher odds of contralateral SCFE development than acute or chronic slips OR 2.98 95% CI 1.14 7.77 Conclusions Results from this study can be incorporated into the clinical arena to use as a tool for assisting physicians in determining whether or not to prophylactically pin a patient with a unilateral SCFE For clinical decision making this model should not be used as an independent assessment tool rather it should be considered as a reference to consult in conjunction with the other published studies and decision models

Lovell and Winter's Pediatric Orthopaedics Wood W. Lovell, Robert B. Winter, Raymond T. Morrissy, Stuart L. Weinstein, 2006 Now in its updated Sixth Edition this classic text remains a must have for physicians and residents treating infants children or adolescents with orthopaedic problems The foremost orthopaedists examine normal musculoskeletal development and the causes diagnosis and treatment of the entire range of abnormalities with emphasis on evidence based decision making in treatment selection Many of this edition's clinical chapters include pearls and pitfalls and a description of the author's approach This edition also has more clinical photographs Discussions of surgical procedures are cross referenced to the Atlas of Pediatric Orthopaedic Surgery Fourth Edition where readers can find step by step illustrated technical instructions

Defining the Three-dimensional Deformity in Slipped Capital Femoral Epiphysis Alan G. Valdovino, 2019 The purpose of this study was to define a novel angle measure theta characterizing true slipped capital femoral epiphysis SCFE deformity use theta to differentiate between SCFE hips contralateral unaffected hips and normal hips and to compare theta to the Southwick slip angle SSA 3DCT reconstructions of the pelvis and femurs were obtained and pelvic position was standardized The center point and direction vector of the femoral epiphysis was determined The femoral neck axis was defined The angle between the femoral neck axis and epiphysis vector defined the 3D angle of deformity theta The 3D translation of the femoral epiphysis measured as a percentage of femoral neck diameter was measured in three planes The average theta angle was significantly greater in SCFE hips 44.9 22.5 compared to control 14.5 8.8 or normal 14.0 6.5 hips p

Abnormal Skeletal Phenotypes Alessandro Castriota-Scanderbeg, Bruno Dallapiccola, 2006-03-20 Taking a symptom oriented approach this book focuses on the radiographic changes of malformation syndromes and skeletal dysplasias Its clear structure makes it an essential practical

guide for radiologists geneticists and pediatricians

Slipped Capital Femoral Epiphysis, 2004

Children's

Orthopaedics and Fractures Michael Benson, John Fixsen, Malcolm Macnicol, Klausdieter Parsch, 2010-03-10
Con rming the British genetic trait for writing and publishing as well as acting two English Oxford and London and a Scottish orthopaedic surgeon Edinburgh have produced a third edition of their comprehensive text joined as in the second edition by an editor from Germany recognizing its part in the European community The 62 physician contributors are drawn from pink colored countries in our childhood geography books the old British Empire from Australia to Zambia and two from the former colony the USA The original purpose of the book was to give residents or registrars an easily accessible and concise description of diseases and conditions encountered in the practice of paediatric orthopaedic surgery and to prepare for their examinations But the practicing orthopaedic s geon will nd an update of current practice that can be read for clarity and constraint enough but not too much A foreword might be a preview of things to come but a back word of what was thought to be the nal say on the subject is needed for a perspective in progress A back word look reveals the tremendous progress in medical diagnosis and treatment of which paediatric orthopaedics and fracture care is a component Clubfoot treatment based on the dictums of Hiram Kite has had a revolutionary change by Ponseti The chapter by Eastwood has the details on cast application and orthotics follow up to obtain the 95% correction without the extensive surgery many of us thought was needed

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