



# Orthopaedic Trauma Division Update

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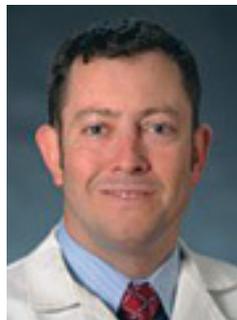
### Orthopaedic Trauma Faculty



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Anchored by a tremendous general surgery trauma service, expanded infrastructure at Penn Presbyterian Medical Center, and dedicated and determined housestaff and advanced practice providers, the Division of Orthopaedic Trauma strives to compete at a high level across all missions of the Health System and School of Medicine. The clinical program has continued to flourish at peripheral sites including Radnor and Cherry Hill. Thanks to the help of our administration and our clinical partners, the Division's Geriatric Hip Fracture program an idea nearly a decade in the making - has allowed for improved care of our patients with decreased time to OR, length of stay, and readmission rates.

In addition, the Division continues to explore and build relationships with Penn's newest partners Chester County Hospital, Lancaster General Hospital, and Princeton Hospital. Services that are provided to our sister hospitals as well as our regional orthopaedic community include complex fracture care, limb salvage, deformity correction, periprosthetic fracture reconstruction, and infection management. Our clinical program continues to utilize advanced technologies such as 3D printed implants, lengthening nails, and ring fixators. Our ability to provide care necessary to our patients in a 24/7/365 fashion would not be possible without the house staff, our nurse practitioner, our physician assistants, and the faculty who continue to take call on nights, weekends, and holidays.

Through the tireless efforts of our clinical research coordinators, the research program continues to expand.

Several prospective funded studies are currently underway, including ones funded by industry examining the changes with suprapatellar nailing, the Department of Defense assessing infection control in open fractures, the REGAIN hip fracture trial and Pre-Operative Alcohol Skin Solutions in Fractured Extremities (PREPARE) study through PCORI, and better understanding the flora of open fractures through the AO Foundation. In addition, a generous grant from the Wyss foundation continues to support our work examining the biomarkers predicting fracture healing. Engaging in pragmatic trials allowing us to refine our approach to trauma and fracture care is a critical component of our work at Penn.

Ultimately, the orthopaedic trauma and fracture service is most proud of its continued dedication to resident education. The current complement on service includes a PGY1, two PGY2s, PGY3, PGY4, and PGY5. While there are occasional visiting fellows, these learners do not interfere with the education of the residents, who are the primary focus for the service. The residents continue to work hard on this service rewarded with opportunities in leadership, technical skill development, decision-making, and communication. Several teaching tools are utilized in the resident growth and development including critical and timely feedback, online education, written pre-operative plans, case-based teaching, and trauma conference.