

TREATMENT OF FRACTURE OF THE PATELLA WITH CONTINUOUS EXTENSION AND WITHOUT CONFINEMENT TO BED.

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It is not my intention to call to notice anything essentially new, nor to make any portentous claims of the great benefit to be derived from giving heed to what may now be said regarding the subject of this paper. However, it is the intention of the writer to renew suggestions already made by him some time since bearing on the questions of personal comfort and the proper physical status of patients who are suffering from fracture of the patella, and who for any reason are regarded as improper subjects for operative procedures or for continuous confinement in bed.

About three years ago this method of treatment of fracture of the patella was presented to the attention of the profession by the writer, along

tion will be employed very largely, indeed—amended, of course, here and there by suggestions and modifications that are the legitimate product of a greater experience. The application of the mechanism can be properly divided into four steps:

First Step (Fig. 1).—This step consists in the application to the leg of a plaster-of-Paris splint extending from the bases of the toes up to and partly surrounding the lower fragment of the patella (3, Fig. 1). The plaster casing is applied closely to the leg at a time sufficiently in advance of the succeeding steps to permit of its becoming thoroughly hardened. The upper and anterior border is carefully shaped so as to hold the lower fragment of the patella in proper position.

The functions of this splint are threefold: (1) It affords ample protection to the foot of the patient from the effects of the pressure of the rubber extension which passes across the sole from side to side. Practically the extension acts on the tissues of the thigh from the sole of the foot. (2) It confines the lower fragment in position at the outset and it is maintained there by the upward pressure of the splint, due to the force of the elastic extension as it passes across the sole of the foot (Figs. 1 and 4). In any event, the pressure of the splint at this point can be easily regulated, either by cutting away or padding it at the border contiguous to the lower fragment. (3) It gives proper support to the lower extremity of the extending-brace of the apparatus (Fig. 4).



FIG. 1.—1, Plaster-Paris applied to leg; 2, upper part of splint resting against lower fragment 3; 3, lower fragment and line of fracture.

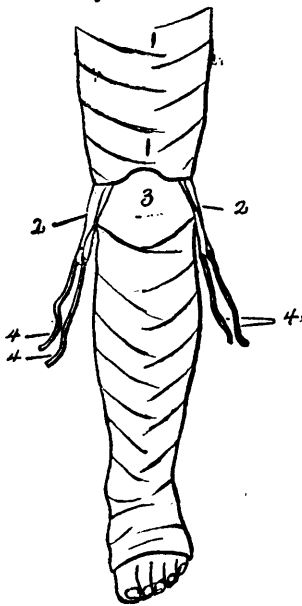


FIG. 2.—1, Extension applied to thigh; 2, front view of extension straps; 3, fractured patella; 4, rubber extension.

with a statement of the results in nine cases thus treated. Since that time several additional cases have been added to the record. It appears to me that I can do no better now than to describe again the method of application of the apparatus. In doing so, the verbiage of the previous descrip-

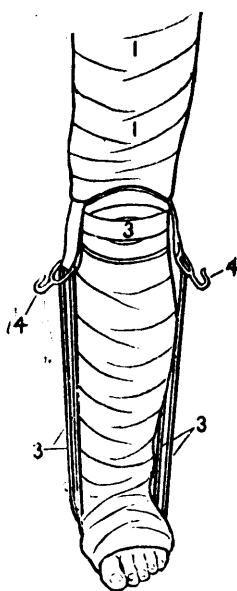


FIG. 3.—Front View of Extension.

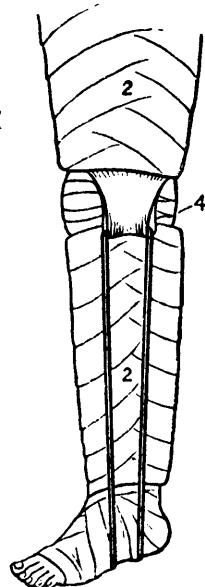


FIG. 4.—Side View of Complete Apparatus.