A 3/8 inch heel lift was prescribed. She recovered uneventfully from the recent ankle strain, and the shoe lift has been effective in preventing further symptoms. **Conclusions.** This patient had a successful 60-year result from talectomy. Review of the literature suggests that severely deformed rigid feet in patients with various underlying conditions can be improved by this operation, especially in older children in whom soft tissue release may not work well. Although treatment has improved greatly during the past 60 years, talectomy may still have a place in the treatment of severe, rigid congenital club-foot.

No benefits in any form have been received or will be received from a commercial party related directly or indirectly to the subject of this article.

**REFERENCES**


**A NEW METHOD OF FIXING RADIAL NECK FRACTURES: BRIEF REPORT**

K. S. LEUNG, P. Y. T. TSE

Displaced fractures of the radial neck are difficult to treat (Jones and Esah 1971; Ogden 1982), especially those classified as type II and III by O’Brien (O’Brien 1965). We present a new method of providing stable internal fixation which allows early movement of the elbow and the proximal radio-ulnar joint.

**Technique.** A standard posterolateral oblique approach is employed (Ruedi, von Hochstetter and Schlumpf 1984). The radiohumeral joint is exposed through the fascial plane between the extensor carpi ulnaris and the anconeus muscles and the annular ligament is incised, exposing the radial head and neck. The dissection is carried subperiosteally along the radial shaft, as far as 10 mm distal to the radial tubercle, avoiding injury to the posterior interosseous nerve.

The fracture is reduced by levering up the depressed side of the radial head, taking care not to overcorrect and break the opposite intact cortical hinge. A 4-hole straight mini-plate is cut at one end creating a fork-like end (Fig. 1) which is pushed firmly into the radial head. The plate is then fixed to the radial shaft with 2 mm diameter screws in the distal two holes (Fig. 3). The annular ligament is repaired and the wound is closed. Depending on the size of the bone, plates for 2.7 mm diameter screws may be used in a similar way. However, mini-plates for 2 mm diameter screws should be used whenever possible because the larger head of the 2.7 mm screws may render...
repair of the annular ligament difficult and hinder rotation of the forearm.

Postoperatively, the elbow is rested in a long-arm plaster slab until the drain is removed. A long-arm hinged brace is then applied; this allows free pronation and supination as well as elbow flexion from 30 to 90°. At the end of the fourth week, full elbow movement is allowed and the brace is taken off at the end of the sixth week.

**Illustrative cases.** A 13 year-old boy sustained the injury shown in Figure 2. Closed reduction failed, so open reduction and internal fixation was performed by the method described (Fig. 3). At three months he had full range of movement in the elbow and forearm, and radiographs at six months showed a well preserved epiphysis in the radial head.

**Case 2.** A 23-year-old member of the Hong Kong national fencing squad sustained a type II fracture of the radial neck and a transverse fracture of the radial head. The radial neck fracture was fixed as described, but 2.7 mm screws were needed.

The radial head fracture was fixed with screws at the same time. After routine postoperative treatment he regained full movement and at the end of three months was able to compete in the Olympic selection match.

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**THE MANAGEMENT OF KNEE FLEXION CONTRACTURES IN HAEMOPHILIA: BRIEF REPORT**

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Repeated intra-articular haemorrhages, as seen in the severe haemophiliac, may result in joint contractures. Reversed dynamic slings (Stein and Dickson 1975) are effective in correcting flexion contractures of the knee, but require admission to hospital and close supervision.

We describe the use of Flowtron (Medicross Ltd, Eastleigh), an intermittent compression system, in their treatment.

**Patients and methods.** Between January 1985 and July 1987, 13 haemophiliac patients were admitted to the Nuffield Orthopaedic Centre and underwent treatment of knee flexion contractures with the Flowtron apparatus (Fig. 1). The Flowtron garment is placed on the leg,