

Pediatric orthopedic services in Palestine

Dr. Alaa Azmi Ahmad(Alshaikh), M.D

Pediatric orthopedic surgeon

Ramallah – Palestine

with a lot from practice of pediatric orthopedic – 2nd
edition – Lynn Stahyli

Improving the quality of pediatric orthopedic services will play an important role in improving the health situation in Palestine especially if we recognize that 50.2 of the Palestinian population are below 15 years of age (according to the annual report of MOH in 2001) and have 70 years to live and be productive.

- While the orthopedic problem in the children of Palestine are vast. We are concerned to set up basis for national protocol for dealing with pediatric orthopedic problem, and introducing new methods in management within this field e.g.. management of scoliosis, myelodysplasia, LLD protocols in children, trauma..etc,

What is done till now

- 1- Recognition of pediatric orthopedic as a subspecialty needed to improve service here .
- 2- Services which are more acknowledged e.g Ponseti management for club feet , drug treatment for OI , closed reduction for suprachondylar fractures
- 3- Establishing new services which were not done before like pediatric spinal management

Long term goals:

- Enlarge the scope of pediatric orthopedic into elite performance.
- Set up basis for National Protocol for dealing with pediatric orthopedic problems.
- Improve the awareness of people about the appropriate management in pediatric orthopedic problems especially with good performance which will reflect on the overall management in Palestine as a whole.
- Having pediatric orthopedic as a part of orthopedic training program for young surgeons.

Short term goals:

- Adding pediatric orthopedic service as a part of the pediatric surgical services in the central hospital
- Establish scientific cooperation with well experienced American and European doctors who are willing to come to Palestine.

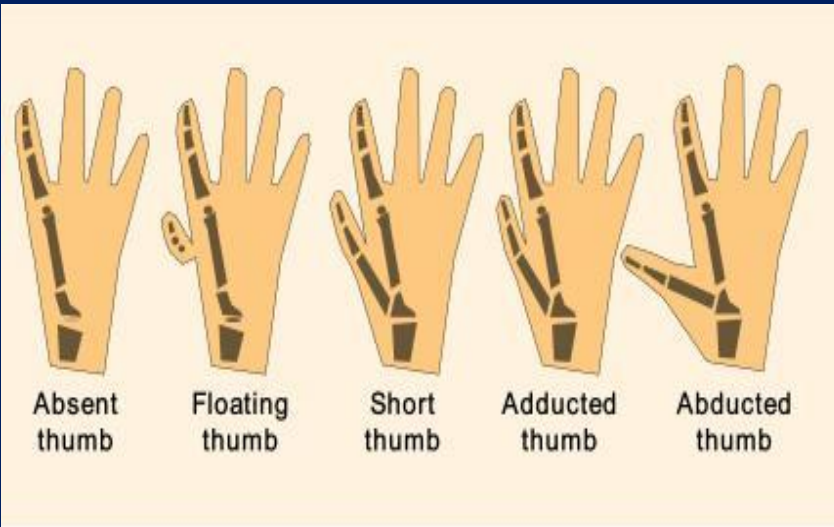
- improving not only surgical services, but also screening, tracking, and follow up protocols.
- Overhaul payment system so that there will be clear results from the appropriate management which will encourage the MOH and NGOS to play financial role in improving this field.

- What are the pediatric orthopedic problems in Palestine that need to be focused on ??

Upper extremity

- Erbs palsy
- Congenital hand deformities e.g flial thumb management





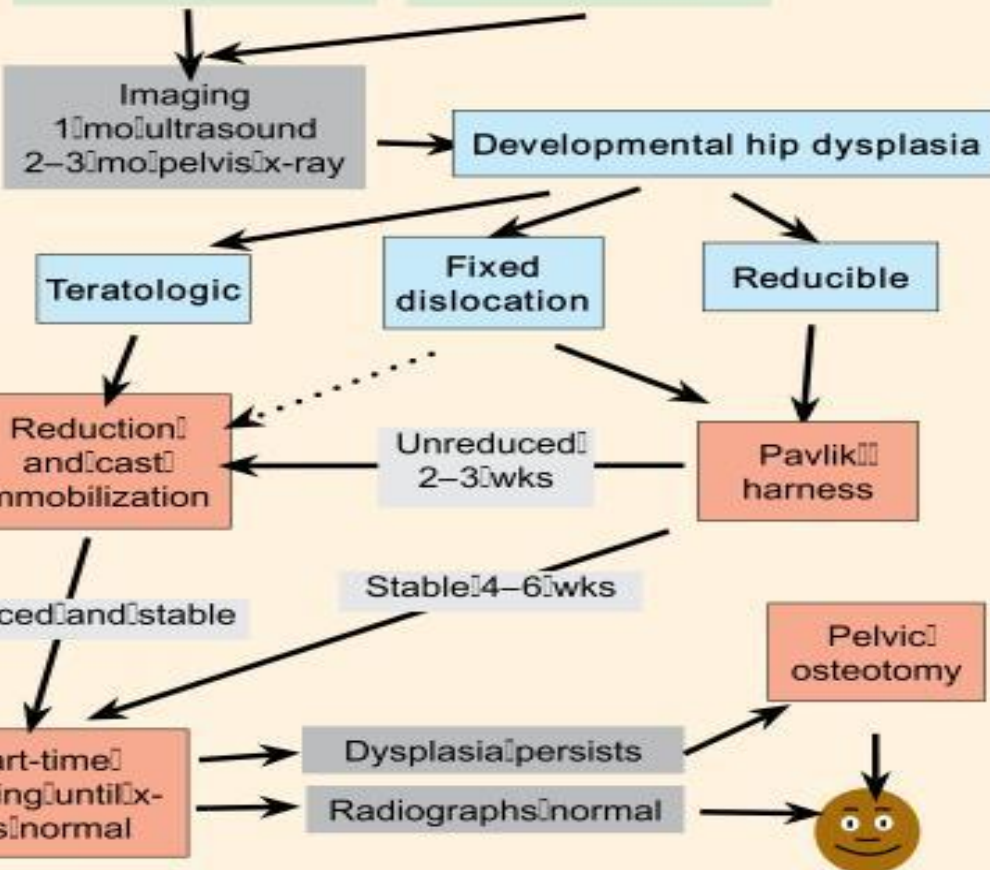
Hip

- Controversies in early detection and screening of DDH
- Adolescent hip dysplasia , detection and management and the role of periacetabular osteotomy .
- Perthes disease, more precise staging, the role of arthrogram in planning for management .

Suspicious findings, birth to 6 months

Abnormal physical examination on routine screening

- Hip at-risk
- Family history
- Breech birth
- Other anomalies





**Salter
osteotomy**



**Sutherland
osteotomy**



**Steel
osteotomy**



**Lance
osteotomy**



**Pemberton
osteotomy**



**Dega
osteotomy**



**Ganz
osteotomy**



**Chiari
osteotomy**



**Shelf
procedure**



**Varus
femoral
osteotomy**





LIH 1 PRINTED
6

15.06.04
22.24
/4



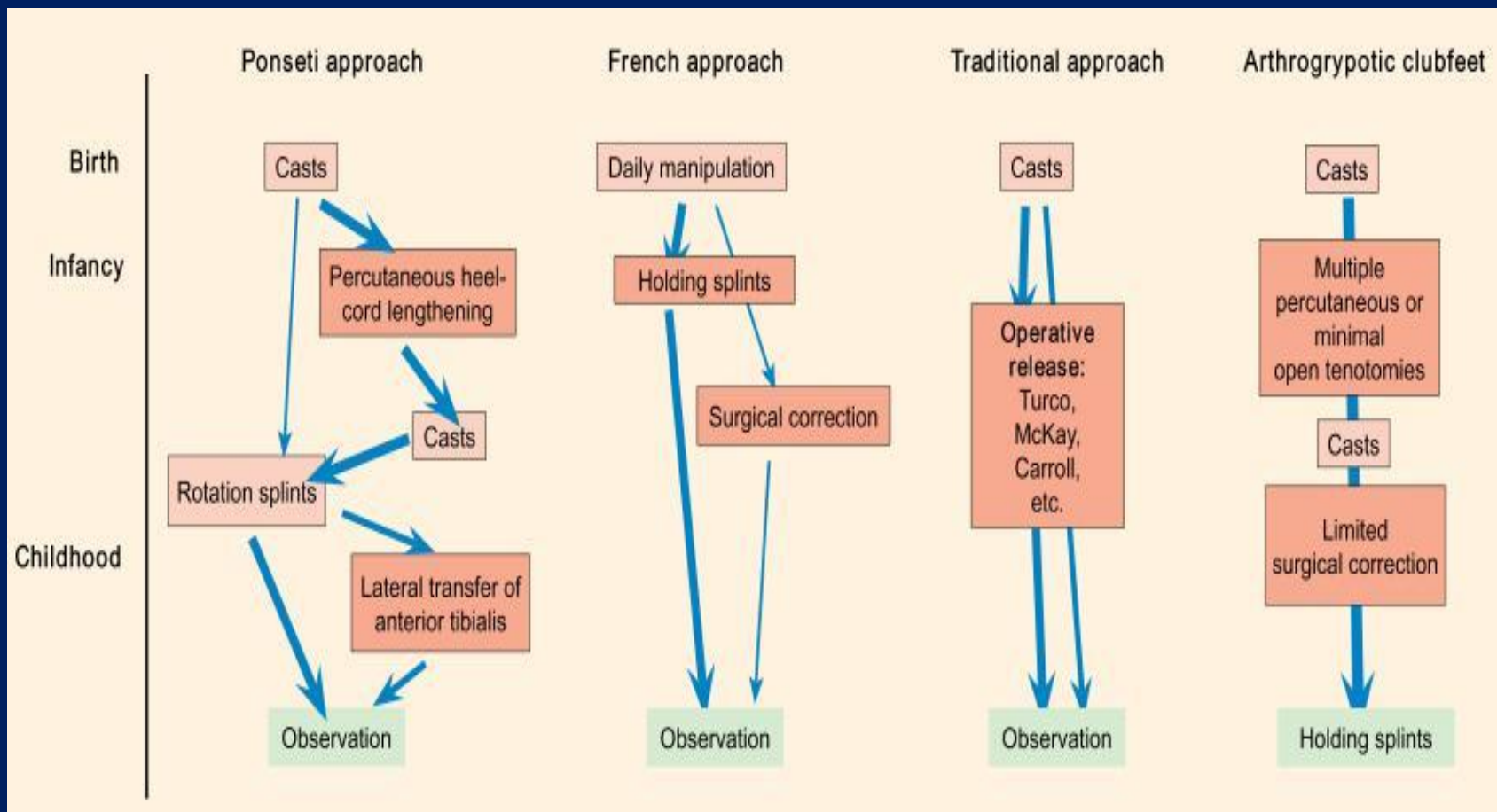
15/06/2004

Foot and Ankle

- Non operative management of club foot
- Non operative management of vertical talus
- New surgical management of bunion .
- Concepts for intoing and outtoing management .
- Concepts in flatfoot management.







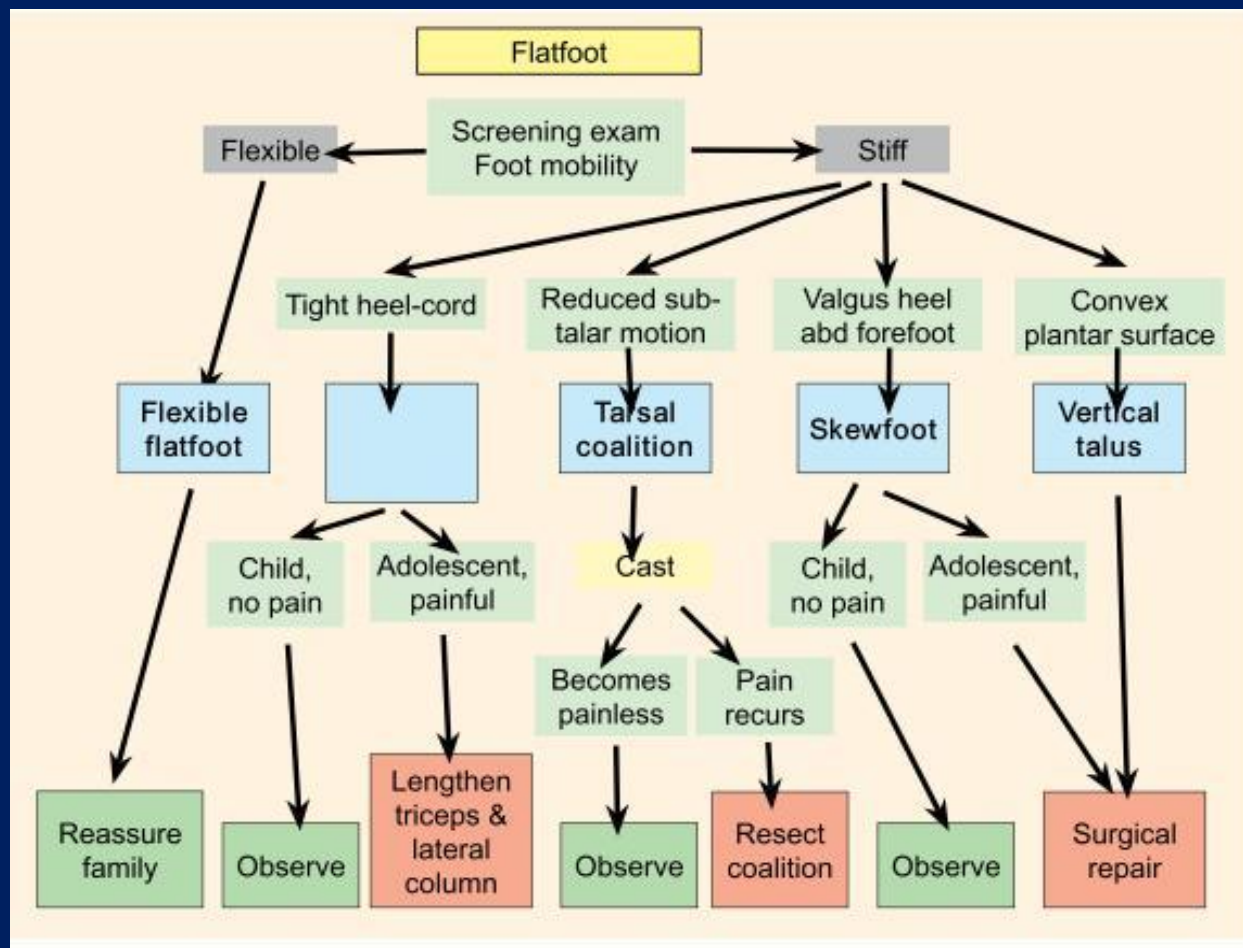






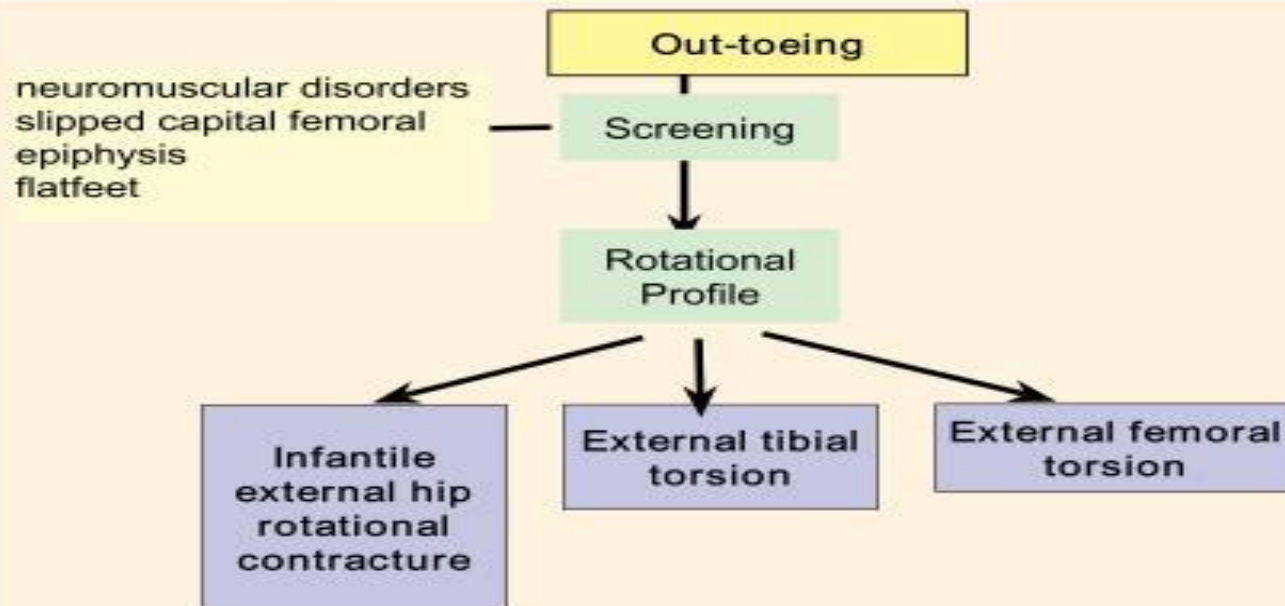
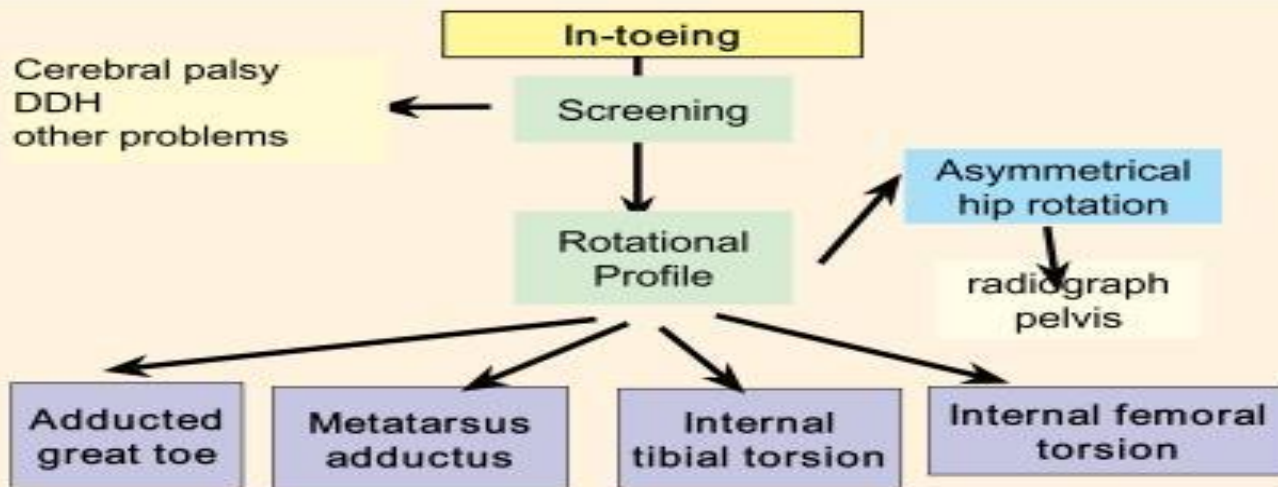














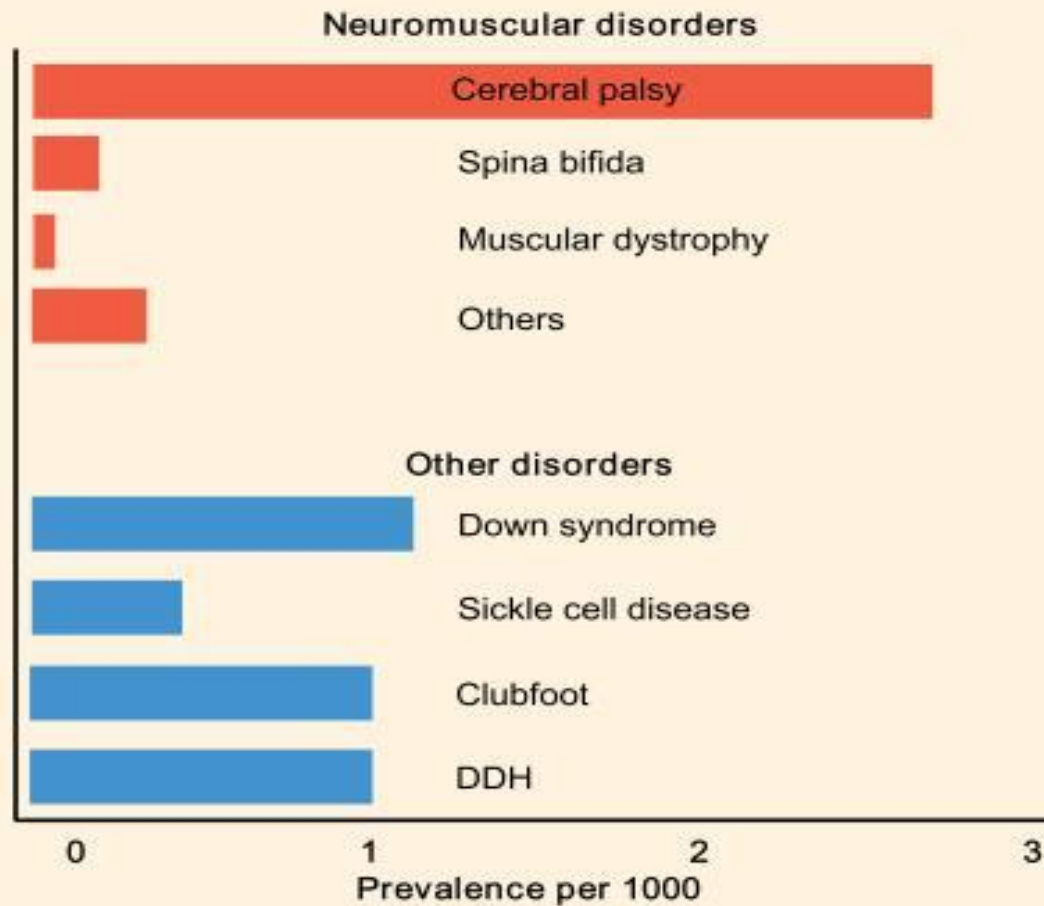
Trauma

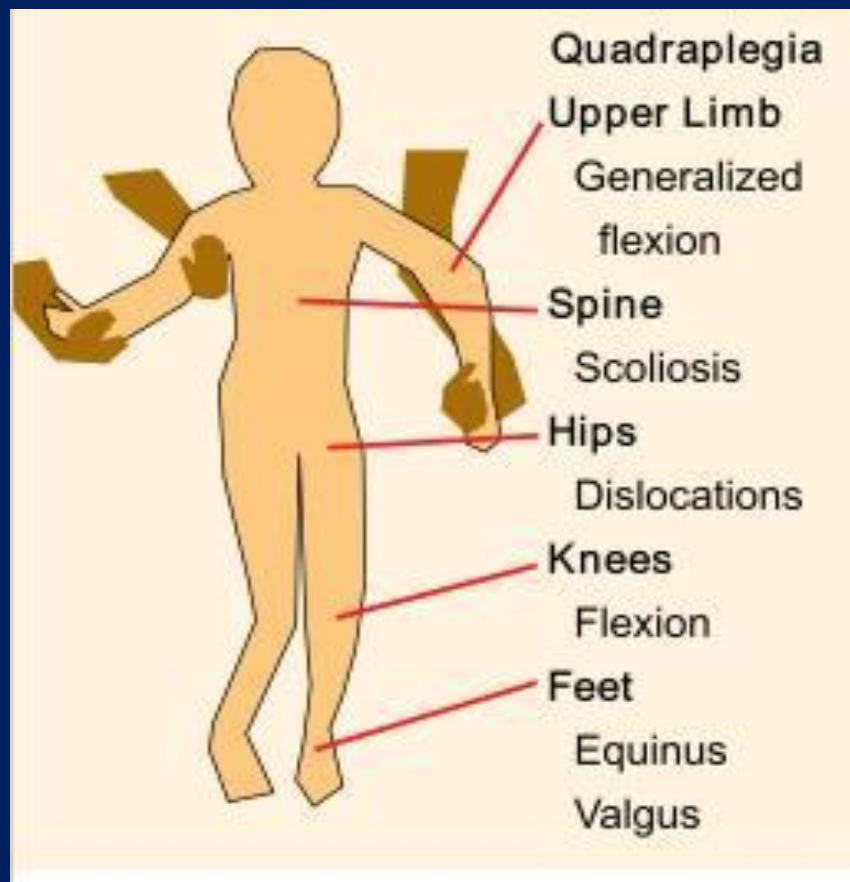
- Treatment of femoral and tibial fractures



Neuromuscular disorders

- The role of multidisciplinary approach in management of neuromuscular disorders
 - . Management of spinal deformity and hip deformity in CP
- Management of myelodysplasia







L.L.D

- Limb length discrepancy management and the importance of the updated protocol being accessible to all people related to this health service.

Apparent leg length difference

History
screening examination
clinical measures

Pelvic obliquity
adductor–abductor contracture

Structural discrepancy

Functional discrepancy

Determine cause
Determine level(s)
Measure severity
Calculate severity
at maturity
Calculate height
at maturity

Treat underlying
problem

Mature

Projected stature at maturity



tall



average



short

Severity

0– 2.5 cm

No treatment

2.5 –5 cm

Femoral
shortening

Epiphysio-
desis

Epiphysio-
desis

Lengthen?

5–10 cm

Lengthen

Shorten

Lengthen

Lengthen
x 2

10–15 cm

Lengthen +
shorten

Lengthen

Lengthen

Lengthen
x 2 or 3

+15 cm

Syme?

Lengthen
+ shorten

Lengthen
+ shorten

Syme?





Thank you

