

# Orthopedic Conditions Typically Managed

Indicate the orthopedic conditions that would typically be managed definitively at your hospital and then upload to the trauma hospital designation application.

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| <input type="checkbox"/> Cervical spine fracture/dislocation                 | <input type="checkbox"/> Distal humerus fracture                             |
| <input type="checkbox"/> T/L spinal fracture/dislocation w/ neuro impairment | <input type="checkbox"/> Elbow fracture/dislocation                          |
| <input type="checkbox"/> Vertebral body fracture                             | <input type="checkbox"/> Forearm fracture                                    |
| <input type="checkbox"/> Vertebral burst                                     | <input type="checkbox"/> Distal radius fracture                              |
| <input type="checkbox"/> Spinal process fracture                             | <input type="checkbox"/> Hand/wrist comminuted fracture w/ nerve involvement |
| <input type="checkbox"/> Open pelvic fracture                                | <input type="checkbox"/> Carpal dislocation                                  |
| <input type="checkbox"/> Stable pelvic ring disruption                       | <input type="checkbox"/> Hand amputation                                     |
| <input type="checkbox"/> Unstable pelvic ring disruption                     | <input type="checkbox"/> Finger amputation (not fingertip only)              |
| <input type="checkbox"/> Acetabular fracture                                 | <input type="checkbox"/> Phalanx fracture                                    |
| <input type="checkbox"/> Pelvic fracture w/ shock                            | <input type="checkbox"/> Hip fracture (requiring surgery)                    |
| <input type="checkbox"/> Open long bone fracture                             | <input type="checkbox"/> Femur fracture                                      |
| <input type="checkbox"/> Two or more long bone fractures                     | <input type="checkbox"/> Knee dislocation                                    |
| <input type="checkbox"/> Fracture or dislocation w/ loss of distal pulses    | <input type="checkbox"/> Proximal tibia fracture                             |
| <input type="checkbox"/> Extremity ischemia                                  | <input type="checkbox"/> Distal tibia fracture                               |
| <input type="checkbox"/> Fracture w/ abnormal neuro exam                     | <input type="checkbox"/> Pilon fracture                                      |
| <input type="checkbox"/> Compartmental syndromes                             | <input type="checkbox"/> Ankle fracture                                      |
| <input type="checkbox"/> Clavicular fracture                                 | <input type="checkbox"/> Talus fracture                                      |
| <input type="checkbox"/> Acromioclavicular fracture/dislocation              | <input type="checkbox"/> Calcaneus fracture                                  |
| <input type="checkbox"/> Sternoclavicular fracture                           | <input type="checkbox"/> Midfoot dislocation                                 |
| <input type="checkbox"/> Scapular fracture                                   | <input type="checkbox"/> Subtalar dislocation                                |
| <input type="checkbox"/> Proximal humerus fracture                           | <input type="checkbox"/> Phalanx fracture                                    |