

Curriculum Vitae

Dr Damodaran Krishna
Hervey Bay Hospital

1. Graduation 1982
Fiji School of Medicine:
Diploma in Surgery and Medicine
-

2. Internship 1983
Lautoka Hospital, Fiji Islands

- Medicine – 15/52 weeks
Consultant – Dr Michael Oldmeadow (FRACS)
Currently AMC Examiner- Melbourne
- Surgery – 15/52 weeks
Consultant – Dr W. Mar (FRACS)
- Obs and Gynae – 15/52 weeks
Consultant – Dr Krishna Nair (MRCG)
- Anaesthesia – 4/52 weeks
Consultant – Dr P. Rika
- Ophthalmology – 2/52 weeks

3. Country Service:

Vatukola Health Centre – Medical Officer In charge
(Gold Mining Town)
Australian Population - 100
1984- Sept 1987.

4. Sept 1987 – Dec 1988

Nailasa District Hospital

- Medical Officer In charge
- Subdivisional Medical Officer – supervisor for 5 medical officers, 25 nurses, and unestablished staff.

5. Jan 1989 – Feb 1990

General Surgical Registrar,
Lautoka Hospital

6. 1990 – 1995

Orthopaedic Registrar in training under AOA Fiji Orthopaedic Training Programme.

Consultant – Dr Eddie McCaig (FRACS).

7. 1st July 1995 – 31st Dec

Royal Newcastle Hospital – Temporary fulltime Orthopaedic Registrar.

Supervisor: Professor Gabriele

: Associate Professor Dr. Leon Kleinman.

8. Jan 1996 – March 1997

Senior Orthopaedic Registrar – Lautoka Hospital

9. March 1997 – December 2000

Chief Orthopaedic Surgeon – Labasa Hospital.

10. 5th December 2000 – 8th Jan 2001

PHO - 4

A/E Department

Toowoomba Base Hospital.

11. 9th Jan 2001 – 20th July 2002

PHO – 4

Orthopaedic PHO – Toowoomba Base Hospital

Supervisor/ Consultant – Dr Robert Ivers

Duties Performed:

1. General care of Orthopaedic patients involving medical, surgical or any other complications.
2. Day time and After hours 1-3 calls. Admissions and general management of patients.
3. Clinic follow-ups.

12. 22nd July 2002 – To date

Senior Medical Officer : Orthopaedics

Director of Orthopaedics : Dr Morgan Naidoo

Duties Performed:

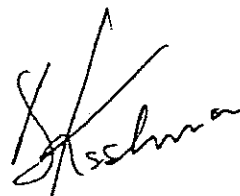
1. Orthopaedic management of inpatients and outpatients.
2. Routine ward rounds, management of medical and surgical complications with consultations by physicians and general surgeons.
3. Attending to calls from A/E, GPs, other departments, and other hospitals. Routine admissions and day to day care , and follow ups.

Plan for the Future:

Now I have completed AMC examinations in full and with full general registration will under take AOA Advance Orthopaedic Training and continue my career in Orthopaedics.

Referees:

1. Dr Morgan Naidoo
Director of Orthopaedics
2. Dr T. Hanlet
Director of Medical Services (FCHSD)



Dr Damodaran Krishna
Hervey Bay Hospital

The Australian Medical Council

certifies that

Damodaran KRISHNA

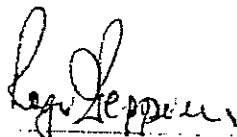
*has satisfied the requirements of the
Council, has successfully passed its
examinations and has been awarded
Certificate number*

4475

Issued by the authority of the Council

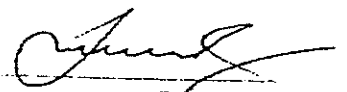
this 16th day of October 2004





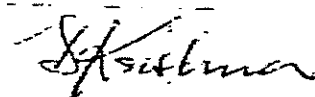
Chairman

Board of Examiners

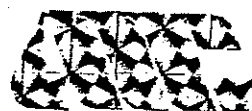


President

Australian Medical Council



Signature of holder



AUSTRALIAN MEDICAL COUNCIL


FRA.0002.0004.00017

Office of Health Practitioner Registration Boards

Medical Board of Queensland

OFFICIAL RECEIPT

Receipt Number: 1309823

20/06/2005

Dr D Krishna

HERVEY BAY QLD 4655

PAYMENT DETAILS FOR THIS RECEIPT (GST IS NOT APPLICABLE):

**Register of Medical Practitioners
and Specialists**

Registration fee

\$304.00

Medical Board Of Queensland

Certificate of General Registration - Supervised Practice

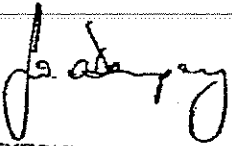
This is to certify that

Damodaran Krishna

is registered as a
in the State of Queensland,
pursuant to the provisions of the *Medical Practitioners Registration Act 2001*

for the period 1 July 2005 – 30 June 2006

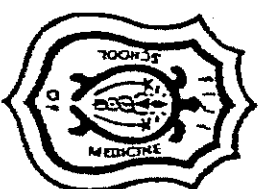
Registration Number: 1001673


EXECUTIVE OFFICER


FRA.0002.0004.00018



FIJI SCHOOL OF MEDICINE



Diploma

THIS IS TO CERTIFY that DAMODRAN KRISHNA
of FIJI
has completed the prescribed course of training and having passed the requisite
examinations is now granted the

DIPLOMA IN SURGERY AND MEDICINE

of the Fiji School of Medicine

Dated this 3rd day of DECEMBER 1982

M. S. S. S.

Secretary for Health

M. S. S. S.

Principal, Fiji School of Medicine



THE AUSTRALIAN ORTHOPAEDIC
ASSOCIATION

Awarded to

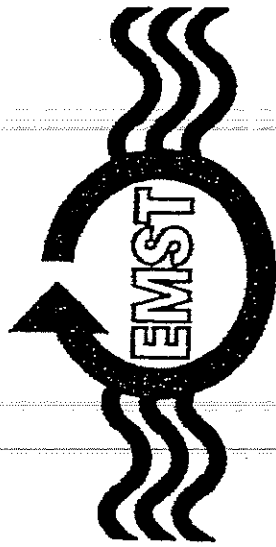
Doctor Damodaran Krishna

**Diploma of Orthopaedics
(Fiji)**

20 October 1995

President

Secretary



EARLY MANAGEMENT OF SEVERE TRAUMA

Royal Australasian College of Surgeons

Damodaran Krishn

has satisfactorily completed the Early Management of Severe Trauma Course according to the standards established by the Early Management of Severe Trauma Committee of the Royal Australasian College of Surgeons.

at

Westmead, Sydney

on

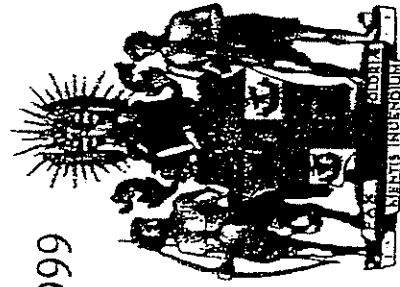
8 - 10 October, 1999

Course Director

James Myer

Chairman,
EMST Committee

DM Enid



FRA.0002.0004.00021

This is to certify that

Dr Damodaran Krishna

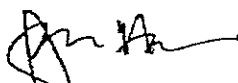
attended the

**AO/ASIF Course
Principles of Operative Fracture Treatment**


from

**16 - 19 March 2004
Sydney, Australia**


The Organizer:



Dr Ian Harris M.B., B.S., F.R.A.C.S. (Orth)
AO Trustee Australia
Course Chairman



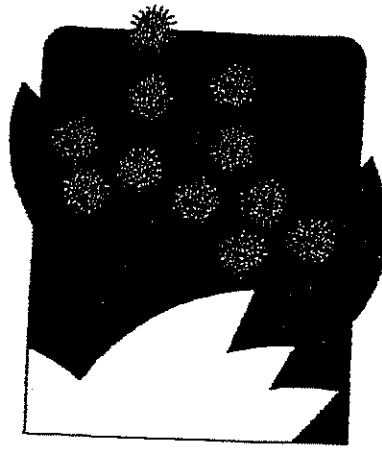
Prof. Dr. med. René Marti
President of the AO Foundation



Prof. Dr. med. Thomas Rüedi, FACS
President of AO International



FRA.0002.0004.00022



Certificate of Attendance

This is to certify that

Damodaran Krishna

has attended

***The 11th Meeting of the Combined
Orthopaedic Associations***

Sydney, Australia

24 – 29 October 2004

Full Registration

Jerzy M. Sikorski
Scientific Secretary
Australian Orthopaedic Association


FRA.0002.0004.00023



INTERNATIONAL SOCIETY FOR
PROSTHETICS AND ORTHOTICS

We hereby certify that

Damodaran Krishna

*has participated
in the*

8TH WORLD CONGRESS
OF ISPO


FRA.0002.0004.00024

Michael Stoll

PRESIDENT, INTERNATIONAL
SOCIETY FOR PROSTHETICS
AND ORTHOTICS

Valma E. Anglin

SECRETARY GENERAL,
8TH WORLD CONGRESS

Certificate of attendance

SICOT 99 SYDNEY

The 21ST Triennial World Congress

Société Internationale de Chirurgie Orthopédique et de Traumatologie

This is to certify that

April 23rd, 1999

DAMODARAN KRISHNAN.

has attended the 21st Triennial World Congress of the Société Internationale de Chirurgie Orthopédique et de Traumatologie in Sydney, Australia, April 18th to 23rd, 1999.

Neal Thomson

Neal Thomson
Congress President

Charles Sorbie

Charles Sorbie
President



FRA.0002.0004.00026

ASSESSMENT FORM

SPECIAL PURPOSE REGISTRANTS – SECTION 135 AREA OF NEED - QLD

The information on this form contributes to decisions on registration for overseas-trained doctors with special purpose registration to practise in an area of need.

Instructions

- Clinical Supervisor/s to tick appropriate boxes in columns provided
- Ticks under 'Requires substantial assistance' and/or 'Requires further development', require comments by the clinical supervisor at the end of this form
- If 'Requires substantial assistance' and/or 'Requires further development' are ticked, the doctor in consultation with the supervisor must complete the Improving Performance Action Plan at the end of this form.

Name Dr. DAMODARAN KRISHNA
 Position SENIOR MEDICAL OFFICER
 Period of Assessment 01.07.04 to 25.11.04

	Requires substantial assistance	Requires further development	Consistent with level of experience	Performance better than expected	Performance exceptional	N/A Not observed
CLINICAL						
<i>Knowledge base</i> Demonstrates adequate knowledge of basic and clinical sciences.			✓			
<i>Clinical skills</i> Elicits and records accurate, complete history and clinical examination findings.			✓			
<i>Clinical judgement/decision making skills</i> Organises, synthesises and acts on information and applies knowledge base.			✓			
<i>Emergency skills</i> Acts effectively and when appropriate acknowledges own limitations and seeks help			✓			
<i>Procedural skills</i> Performs procedures competently			✓			
COMMUNICATION						
<i>Patient and Family</i> Interacts effectively and sensitively with patients and families/care givers.			✓			
<i>Medical Records/Clinical Documentation</i> Provides clear, comprehensive and accurate records.			✓			
PERSONAL AND PROFESSIONAL						
<i>Professional Responsibility.</i> Demonstrates punctuality, reliability, honesty, self-care.			✓			
<i>Teaching</i> Participates in teaching other healthcare professionals, patients and/or care providers.			✓			
<i>Time management skills</i> Organises and prioritises tasks to be undertaken.			✓			
<i>Teamwork and colleagues</i> Works and communicates effectively within a team.			✓			

Supervisors must comment on the following:

List strengths: DR KRISHNA HAS A GOOD KNOWLEDGE
AND SKILLS IN ORTHOPAEDICS. HE IS ABLE TO PERFORM
MOST ORTHOPAEDIC PROCEDURES IN TRAUMA WITHOUT
SUPERVISION. HE HAS RECENTLY PASSED THE AMC

List areas for improvement: PLAN TO DO AOA TRAINING PROGRAM
IN ORTHOPAEDICS

Comments on 'Requiring substantial assistance' and/or 'Further development' - give specific examples:

N/A.

Improving Performance Action Plan (to be completed by Registrant with Supervisor)

Issue	Actions/Tasks (including timeframes)	Review Date

Has the registrant had a formal feedback session about this assessment? ☒ Yes ☐ No

Signatures:

Registrant	<u>Dr. DAMODARAN KRISHNA</u>	<u>[Signature]</u>	<u>25.11.07</u>
	Name (please print)	Signature	Date
Clinical Supervisor	<u>[Signature]</u>	<u>[Signature]</u>	<u>25.11.07</u>
	Name (please print)	Signature	Date
Designation	<u>DIRECTOR OF ORTHOPAEDIC</u> <u>SURGERY</u>		



	Date
Original filed	
Copies to:	
PHO	
HOD	
ADMS file	

PHO/REGISTRAR END-OF-TERM ASSESSMENT

Name: Dr. J. JAYADARAN KRISHNA Date: 12.12.01
 Department: ORTHOAEDIC Unit: 3
 Period: 4th Quarter

Grades are based on the level of performance expected at this stage of the PHO's/Registrars training.

1. Requires significantly more supervision than would be expected
2. Requires more supervision than would be expected
3. Performs to expected level
- ④. Performs above expected level
5. Performs well above expected level
- N/A Not applicable
- U/C Unable to comment on this area

Please rate the doctor on the following by placing a tick in the appropriate column.

	1	2	3	4	5	N/A U/C
Demonstrates appropriate levels of skill in						
History taking (nature and implications of symptoms)						
Physical examination (nature and implications of signs)				✓		
Differential diagnosis				✓		
Formulating a management plan				✓		
Acute care				✓		
Relevant procedural skills					✓	
Record keeping				✓		
Ordering investigations/interpreting results				✓		
Prescribing effectively				✓		
Managing time effectively				✓		

	1	2	3	4	5	N/A U/C
Demonstrates the following professional attributes						
Communicates effectively						
Is aware of own strengths/limitations and consults appropriately				✓		
Is caring and supportive to patients and their relatives				✓		
Shows initiative				✓		
Is reliable				✓		
Works effectively in a team					✓	
Presents a professional manner and appearance					✓	
Attends departmental education sessions					✓	
Overall Performance	Grading as above					
Please tick the appropriate grading						✓

Report discussed with the Registrar/PHO YES NO

Comments:

Dr Krishna Raj fitted into our department well. He seems to realize his limitations and can be trusted to portray events accurately. We will be happy to have him for a further 12 months with surgical maturity he will be a valuable asset to the Department.

Signed: *[Signature]* **Name:** R. IVERL **Date:** 13/11/01

Consultant: Please return this form to the Registrar/PHO

COMMENTS BY PHO/Registrar DOCTOR

Please make any comments about the term, especially if you do not agree with your supervisor's evaluation.

Signed: _____ **Name:** _____ **Date:** _____

LABASA HOSPITAL

DK-2

Ministry of Health

P.O. Box 577
Labasa, Fiji.

Tel : 811444
Fax : 813444

Ref :
Date : 16 August 2000

TO WHOM IT MAY CONCERN

RE : DR DAMODRAN KRISHNA,
ORTHOPAEDIC SURGEON,
LABASA HOSPITAL

I, Dr Nainoca, Medical Superintendent of Labasa Hospital do certify that Dr Damodran Krishna is indeed a clinical staff of Labasa Hospital. He currently holds the Chief Medical Officer post and is the most senior registrar in the Surgical Department. Being a Registered Specialist in Orthopaedics, Dr Krishna has full responsibility of all orthopaedic problems in this hospital.

Dr Krishna is a very competent orthopaedic surgeon whose skills and knowledge and know how have been a blessing to this hospital in the past few years. As the sole orthopaedic surgeon in the Northern Division in Fiji, the benefit and advantage of Dr Krishna's service goes beyond the boundaries of Labasa Hospital.

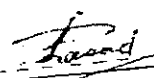
Dr Krishna has carried out his work with confidence, maturity and skill developed from his many years of experience. His work in this hospital has been limited only by lack of appropriate equipment and facilities for his speciality. Although quite frustrating to his practice, Dr Krishna has tolerated our deficiencies with quiet acceptance. We do, however, believe that he is capable of a lot more given the right facilities for his work.

We wish him well in all his future practise.


Dr E. Nainoca

MEDICAL SUPERINTENDENT, LABASA HOSPITAL, LABASA, FIJI ISLANDS

CERTIFIED TRUE COPY


PRASHU PRASAD
JUSTICE
P.O. Box 577
LABASA

FRA.0002.0004.00031

RONALD SEKEL
MBBS, FRCS, FRCS (ORTH)
ORTHOPAEDIC SURGEON
SENIOR LECTURER
University of New South Wales

GEORGE KIRCH
MBBS, FRCS, FRCS (ORTH)
ORTHOPAEDIC SURGEON

RONALD SEKEL PTY. LTD. DK-3

TELEPHONE: :
FAX:

RS/KR

2nd May, 1991

A.C.N. 001713051

Dr. E. McCaig,
Consultant Orthopaedic Surgeon,
Lautoka Hospital,
LAUTOKA FIJI.

Dear Eddie,

Several years ago I made up a list of topics which really cover the
Orthopaedic Fellowship curriculum.

The idea was to prevent several consultants giving the same lecture while
in Fiji e.g. everybody wanted to talk on osteomyelitis.

Please find enclosed the list of topics which, in a way follows Campbell's
Orthopaedics.

Yours sincerely,

per. FF *ff*
RONALD SEKEL.

THE FIJIAN ORTHOPAEDIC TRAINING PROGRAMME
SURGICAL CURRICULUM

Page 1.

Surgical Techniques:

- a) Operating rooms and cleaning of theatres - aseptic techniques, draping.
- b) Bone graft materials - autograft, homograft, xenograft, bone graft substitutes (e.g hydroxy apatites, Kiel bone).
- c) Suction drainage & continuous irrigation technique.
- d) Management of nerve injuries.
- e) Management of arterial injury.

Surgical Approaches to:

- the os calcis, tarsus and ankle.
- the tibia and fibula.
- the knee joint.
- the femur.
- the hip joint.
- the pelvis, sacrum and sacro-iliac joints.
- the acromion, sternum and clavicle.
- the shoulder.
- the humerus and elbow.
- the radius, ulnar and wrist.
- the cervical spine.
- the thoracic spine.
- the lumbar spine.

Page 2.

The Hand:

- Basic skins incisions.
- Extensor tendon repair.
- Flexor tendon repair.
- Post-operative management of the compound crush hand.
- Splinting in the hand.
- Consideration of repair of deep structures - fractures, tendons, nerves, arteries and veins.
- Carpometacarpal dislocations - fingers and thumb.
- Dislocation metacarpophalangeal joint of fingers and thumb.
- Flexor and extensor tendon ruptures - Mallet deformity, buttonhole deformity, boutonniere & swan neck deformity.

Fractures in the Hand:

- Metacarpus & phalanges.
- Carpal bones.
- Arthrodesis in the hand and wrist.
- Primary and secondary nerve repair.
- Surgery on the median nerve.
- Surgery on the ulnar and radial nerves.
- Secondary repair of tendons or reconstruction.
- Principles of amputations in the hand and forearm, skin grafting and vy plasty, cross finger flaps - neurovascular island grafts etc.
- Microsurgery in the arm and hand.
- Handling nerve palsies in the hand - tendon transfers.
- The cerebral palsy in the hand.
- The surgery of the rheumatoid hand and wrist.
- Tenosynovitis.
- Volkmann's ischaemic contracture.
- Congenital anomalies in the hand - trigger thumb, polydactyly, syndactyly, macrodactyly, camptodactyly.
- Dupuytren's contracture.
- Carpal and ulnar tunnel syndromes and stenosing tenosynovitis.
- Tumours in the hand.
- Infections of the hand.
- Trigger finger & thumb.

Page 3.

Dislocations:

- Dislocations in the foot, hand and ankle.
- The dislocating/subluxing patella - patella malalignments.
- Proximal tibiofibular joint dislocation.
- Hip dislocation and fracture dislocation - types.
 - + ectopic ossification
 - + secondary avascular necrosis
- Dislocations of pubic symphysis and sacro-iliac joints.
- The acromioclavicular and sternoclavicular joint dislocations.
- Elbow dislocations including radial head - acute and chronic.
- Management of post-traumatic stiff elbow.
- Shoulder - anterior/posterior/inferior dislocations (acute and chronic)

Page 4.

Fractures:

- Principles of treatment of fracture by open technique versus closed.
- Timing of fracture surgery.
- Technique of fracture fixation.
- Fractures in children.
- Basic management overall principle.
- Surgical management of fractures of the foot.
- Surgical management of the Pott's fracture/Cotton fracture
- Surgical management of tibial fracture - two lectures to include fracture types, fixation technique, leg length discrepancy after.
- Osgood-Schlatter's disease.
- Sever's disease.
- The osteochondrities.
- Fracture of the tibial condyles.
- Fracture of the patella.
- Fractures of the proximal third of femur.
- Fractures of the middle third of the shaft of femur.
- Fractures of the distal third of femur.
- Fractures of femoral shaft with dislocation of the hip or knee injury.
- Management of fractures after radiotherapy.
- Stress fractures around the body - and their management.
- Fractures of the pelvis.
- Fractures of sternum, clavicle and scapula.
- Fractures around the shoulder and upper humerus - when to operate.
- The Neer prosthesis.
- Fractures of shaft of humerus.
- Fractures of distal end of humerus in the adult.
- Fractures of distal end of humerus in the child.
- Fractures of the radius and ulna.
- Fractures of radial head.
- Management of the Monteggia and Galeazzi fractures.
- When to open or fix a Colles' or Smith's fracture.
- Mal-united fractures including phalanges, metatarsus and tarsus.
- Correction of diastasis of tibia and fibula, and osteotomies for mal-union of ankle fractures.
- Corrective surgery for mal-union of the upper tibia.
- Corrective surgery for mal-union of the shaft and distal femur.
- Osteotomy for coxa vara, rotation deformities, slipped epiphysis, etc.
- Surgery of the mal-united clavicle.
- Surgery of the mal-united humerus shaft and supra-condylar region.
- Surgery for mal-union of forearm fractures.
- Delayed union and non union of fractures.

Page 4A.

- General principles of treatment of non union (vitamin deficiencies, status of bones - soft tissue status - non union with infection).
- Techniques of bone grafting - onlay, dual onlay, cancellous, massive sliding graft, medullary graft, microvascular techniques, etc.
- Non union of the tibia shaft fracture.
- Non union of the fractured neck of femur.
- Non union of the clavicle and humerus.
- Non union of the forearm bones.
- Electrical stimulation of bone and cartilage.
- Types of non union - atrophic/hypertrophic, etc.

Amputations:

- Surgical principles of amputation, after treatment and complications.
- Amputations in children.
- Specific amputations below the knee.
- Specific amputations through and above the knee including hindquarter.
- Surgical principles to include immediate and delayed prosthetic fittings.
- Specific amputations through elbow and distally.
- Specific amputations above the elbow including forequarter amputation.

Traumatic Afflictions of Joints:

- The ankle - acute ligamentous injuries - chronic recurrent dislocations.
- Internal derangements of the ankle including osteo-chondritis of the talus, etc.
- The knee - anatomy of the ligaments, menisci and capsular structures.
- Meniscal dysfunction and surgery.
- Acute traumatic ligament injury of the knee - diagnosis and management.
- Anterior cruciate ligament / posterior cruciate ligament.
- Patella - maltracking, malposition and chondromalacia patellae - retropatellar chondritis.
- Osteochondritis dissecans, plicae and synovial folds, the fat pad and Hoffa's disease.
- The hip - internal derangements and osteochondritis dissecans.
- The shoulder - rotator cuff lesions of the shoulder in athletes.
- Shoulder prosthetic surgery.
- Tennis elbow.
- Rheumatic afflictions of the wrist - scapholunate dislocations, etc.

Page 6.

Infection:

- Acute osteomyelitis + chronic osteomyelitis (+ histopathology).
- Pathogenesis, diagnosis, treatment, the organism and the host.
- T.B., fungus and odd infections (+ histopathology).
- Management of T.B. of the spine.
- Management of T.B. of the hip, knee and sacro-iliac joints.
- Chronic osteomyelitis, aetiology, diagnosis, sequestra, cloaca, etc. (+ histopathology) - Diagnosis of sequestra, management with specific reference to sequestra under the plates.
- Vegetable synovitis.
- Aseptic arthritis - acute and chronic, and the use of the C.P.M. machine.
- Arthroscopic washout and synovectomy.
- Osteomyelitis of special regions - the os calcis, distal third of femur and ilium.
- Differential diagnosis of osteomyelitis - Ewing's sarcoma, vegetable synovitis, gout, etc.

Page 7.

Arthrodesis:

- Metatarsophalangeal joint, interphalangeal joint, tarsal bones.
- Triple arthrodesis, ankle arthrodesis, pantalar arthrodesis.
- Knee arthrodesis including the Huckstep nail usage.
- Hip arthrodesis.
- Arthrodesis of the shoulder and elbow.



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Page 8.

Miscellaneous Afflictions of Bone & Joints:

- Synovitis - gout, pseudogout, rheumatoid, etc.
(Diagnosis, aetiology, synovectomy techniques).
- The reason for bunions and clawing of toes, and management.
- Osteotomies around the knee for varus and valgus deformity
- Knee joint replacement.
- The hip - debridement procedures.
- Osteotomies - forage procedures - all alternatives to joint replacement or arthrodesis.
- The ideal joint replacement - cemented or uncemented.
- Recurrent dislocation of the shoulder.
- Chronic instability of the elbow.
- Crystal synovitis of the joints - gout, pseudogout, hydroxy appetite, ochronosis, etc.

Page 9.

The Spine:

- Investigation and conservative measures for back pain.
- Laminectomy - spinal fusion.
- Spinal canal stenosis - decompression +/- fusion.
- Internal fixation techniques of the thoracic and lumbar spine.
- Management of the paraplegic and quadraplegic.
- The chance, slice and crush fractures in the lumbar and thoracic spines - stable and unstable fractures of the spine.
- Blood supply to the spinal cord and anatomy of segmental nerve - referred pain - nerve pressure pain - functional pain.
- Blood supply to the spinal cord and segmental neural anatomy.
- Surgical approaches to the spine - anterior and posterior (cervical and thoracic).
- Surgical approaches to the spine - anterior and posterior (lumbar and sacral).
- Fractures, dislocations and fracture/dislocations - conservative management (cervical and thoracic spines).
- Fractures, dislocations and fracture/dislocations - conservative management (lumbar spine).
- Atlanto-axial fractures and dislocations including the occipital region to include radiology, diagnosis and measurements.
- Management of neurological deficit in trauma to the spine.
- Anterior and posterior cervical fusion.
- Unstable fractures and fracture/dislocations of the dorsal and lumbar spines.
- Anterior and posterior lumbar spinal fusion - investigations and techniques.
- Scoliosis - causes for scoliosis, diagnosis, radiological and clinical classification.

Page 9A.

- Management of scoliosis - conservative and surgical.
 - Management of pseudoarthrosis of the spine after fusion (for instability and for scoliosis).
 - Scheuermann's disease and kyphosis.
 - Spondylolisthesis - types, cause of pain, conservative and operative management, precise anatomy.
 - Infections of the spine.
-
- Low back pain - causes, diagnosis and investigations.
 - Management of lumbar intervertebral disc prolapse.
 - Spinal canal stenosis including cervical, thoracic and lumbar.
 - Cervical and thoracic ruptured intervertebral discs.
 - Tumours of the spine and effects of radiotherapy and wide posterior resections on the spine in children.



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The Osteochondritides:

- Perthes' disease.
- Slipped femoral epiphysis.
- The surgery of haemophilia of joints.
- Metabolic bone disease - rickets, osteomalacia, renal osteodystrophy, etc.
- Osteogenesis imperfecta.
- Epiphyseal arrest surgery.
- Hallux rigidus, hallux varus, hallux adductus.
- The Charcot's joint.

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Tumours of Bone & Soft Tissue (Histopathology to be included with each lecture):

- Overall evaluation, biopsy techniques, local resection techniques, excision/amputation techniques.
- The cystic lesions of bone.
- Benign tumours of bone.
- The osteoid osteoma / osteoblastoma story.
- Multiple osteochondromatosis and enchondromatosis.
- The giant cell tumour - chondroblastoma - chondromixoid fibroma - osteoblastoma.
- Histiocytosis X.
- Malignant tumours of bone - Ewing's sarcoma.
- Myeloma.
- Osteogenic sarcoma.
- Chondrosarcoma.
- Fibrosarcoma, etc.
- Metastatic tumours of bone - management, particularly secondaries to the spine, entrapping nerves.
- Amputation versus massive bone replacement for prosthetic replacement.

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Miscellaneous:

- Myositis ossificans + histopathology.
- Quadriceps contracture of infancy and childhood (injections etc.)
- Quadriceps contracture after trauma in the adult - quadriceps plasty.
- Ruptures of muscles and tendons - tendo achilles - patellar tendon - rupture of muscles - peroneal tendons - biceps brachial muscle - quadriceps mechanism.
- Tendo achilles.
- Tumour of nerves and vessels.
- Plasmacytoma.
- Villonodular synovitis + histopathology, giant cell tumour of tendon sheath, synovial chondromatosis.

Afflictions of Muscle, Tendons & Other Structures:

- Gas gangrene and tetanus.
- Anterior tibial compartment syndrome - stress fracture
- periostitis of sport.
- Tendo achilles - acute and chronic ruptures.
- Ruptures of patellar and quadriceps tendons - acute
and chronic.
- Rupture of biceps muscles and tendons - proximal and
distal.
- Ruptures of adductor longus - pectoralis major - triceps
tendons.
- Muscle herniae, peroneal tendon + biceps tendon
dislocation to include snapping syndrome or hip, shoulder,
scapular and triceps tendons.
- Bursae of the greater trochanter, gluteus maximus,
prepatella, tibia & fibula, collateral ligaments, patella.
- Shoulder rotator cuff problems including sub-deltoid and
sub-acromial bursitis, supscapularis and rotator cuff
tears, tendinitis, etc.
- Elbow olecranon bursitis.
- Bursae and cysts around the knee.

Poliomyelitis and Spasticity:

- Principles of muscle balancing - prevention and correction of deformities - closed and open techniques.
- Tendon and muscle transfers and stabilization of flail joints in:-
 - a) Lower Limb - Below knee / above knee.
 - b) Upper Limb - Below elbow / above elbow.
- Pes cavus.
- Pes planovalgus.
- Talipes equinovarus and valgus, fusions around the ankle and foot - pan talar, subtaloid and lambranudies.
- The tibialis anterior and posterior muscles.
- Talipes calcaneovalgus.
- Os calcis osteotomies.
- Flexion contractures about the knee and quadriceps paralysis in genu recurvatum and the flail knee.
- Torsional deformities of the lower limb - children and adults.
- Management of paralysed gluteal musculature.
- Deltoid wasting and polio around the shoulder.
- Paralysis around the elbow - Stindler flexorplasty.
- Triceps transfer pectoralis muscle, pectoralis major transfer, etc.
- Gross adduction contracture of the shoulder - pectoralis minor division, etc.
- Leg length discrepancy to include limb equalization - epiphysodesis, epiphysolysis, leg lengthening procedures, etc.
- Cerebral palsy - aetiology, typing and general principles of surgery - muscle.

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- Balancing, neurotomy, neurectomies, etc.
 - a) Corrections below the knee / above the knee.
 - b) Corrections below the elbow / above the elbow.
- The Splat operation.
- Balancing procedures around the knee and the hip, e.g. The Egger's operation, obturator neurectomy and adductor tenotomy.
- Surgery of the stroke patient.
- Obstetric paralysis - Erb's and Webb's palsy, brachial plexus palsy, Klumpke palsy.
- Nerve entrapment syndromes to include: tarsal tunnel, carpal tunnel, canal stenosis, strange nerve obstruction such as median nerve below a humeral spur etc.

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Peripheral Nerve Injuries:

- Basic anatomy of the mixed spinal nerve - segmental anatomy and neuronal degeneration and regeneration - classification of nerve injuries.
- Causalgia/autonomic dysfunction, sympathetic dystrophy.
- R.S.I. - E.M.G. & nerve conduction study, Tinel's sign, sweat test, electrical stimulation, faradism.
- Principles of nerve repair including correction of gaps - primary and delayed surgery.
- Timing of surgery, techniques in nerve repair, neurolysis, nerve grafting.
- Brachial plexus injury - traction and laceration.
- Brachial plexus palsy - compression syndrome from abnormal anatomy.
- Median nerve exposure.
- Ulnar nerve exposure.
- Protecting the radial nerve.
- Femoral and sacral plexus injuries.



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Afflictions of the Foot:

- Pes planus - flexible type and peroneal muscle spasm type.
- Hallux valgus and hallux rigidus.
- Hallux varus and metatarsus adductus.
- Hard and soft corn, interdigital neuroma, Mallet toe/ Hammer toe, pain in the sole of the foot to include interdigital neuroma, metatarsalgia, Freiberg's and Kohler's disease.
- Calcaneal spur, Dupuytren's contracture and plantar fibromatosis, ingrown toenail management.

Congenital Anomalies:

- Constriction bands + duplication and partial amputations of limbs + toe anomalies.
- Club foot.
- The cavus foot.
- The Rockerbottom flat foot.
- Congenital absence of parts of long bones of the lower limb and upper limb.
- Congenital pseudarthrosis - tibia, fibula, clavicle, all arm bones.
- Congenital dislocations of the patella.
- Congenital dysplasia of the hip (less than 5 years old).
- Congenital dysplasia of the hip (over 5 years old).
- Coxa vara and coxa valga.
- Thoracic outlet syndromes.
- Torticollis and Sprengel's deformity.
- Congenital abnormalities of the upper end of the radius - radio-ulnar synostosis - congenital dislocation of the radial head.
- Arthrogryposis.

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Arthroplasty:

- Ankle - techniques of arthrodesis.
- Knee - techniques of arthrodesis and total knee replacement.
- Hip arthroplasty - hemi and total replacement, various biomaterials, the advantages and disadvantages of cement - complications of the total hip replacement.
- Hip suitability for developing countries - a double-edged sword.
- The temporomandibular joint.
- Operation for recurrent dislocation of the shoulder - anterior and posterior + osteotomies around the shoulder.
- Arthroplasty of the elbow.
- Osteotomies of the femur for osteoarthritis of the hip.



THE FIJIAN ORTHOPAEDIC PROGRAMME



MEMORANDUM/SECRETARY - Dr. J.J. Vote

MEMORANDUM - Dr. W.J. Cumming

MEMORANDUM -
International - (Kogarah)
Large Hospital
Fijian Orthopaedic Association
Orthopaedic Concern

ADDRESS ALL CORRESPONDENCE TO
Dr. James J. Vote,
6-8 South Street,
KOGARAH 2217 AUSTRALIA

RS:JG

17th December, 1991.

Dr. William Parker,
Morris Towers"
19 Wickham Terrace,
BRISBANE Q'land 4000

Dear Dr. Parker,

Thank you for your offer to work in Fiji in February 1992.

The Orthopaedic Registrars have passed their Primary Fellowship and are now commencing their first real term of formal lectures towards the second part exam.

Each week the programme should include:

- a. At least one but preferably two Grand Rounds
- b. A one hour case presentation session, preferably showing two or three cases of clinical interest. The registrars should present these formally. May I suggest Tuesday morning, 7.00 am til 8.00 am.
- c. An afternoon per week set aside for formal lectures and journal club.

In February your formal lectures have been scheduled with two hours put aside to include the following topics:

1. Blood supply of the upper end of the femur and upper femoral fractures in the infant, child, adolescent and adult.
2. Osteoarthritis of the knee to include primary meniscal pathology causing secondary damage, mal-alignment problems, trauma, debridement, osteotomy - varus and valgus, total knee replacement etc..
3. Fractures around the knee to include supra-condylar, inter-condylar, distal shaft fractures.
4. Fractures around the ankle.

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Cont'd.../2

5. A Journal Club should follow the formal lecture and as discussed the August and September 1990, Journals should be discussed, taking half the journal at each session for four sessions, starting with the August journal.

Your other duties include supervising surgery in theatre, and supervising Outpatient Clinics, but I trust Jim Vote has forwarded you information in this regard.

I have forwarded your lecture programme to Fiji, and wish you an excellent month away.

Thank you again for your assistance.

Yours sincerely,

RONALD SEKEL

PS: When making up slides, could two copies be developed, one to be left in Fiji.

19/12/91 fax copy to WJC to show Roy Whetton.

19/12/91 Dr E McCraig - Lautoka Hospital.

THE FIJIAN ORTHOPAEDIC PROGRAMME



ENOR/SECRETARY — Dr. J. J. Voie
TOR — Dr. W. J. Cumming
DNS —
International - (Kogarah)
Large Hospital
Fijian Orthopaedic Association
Orthopaedic Concern

ADDRESS ALL CORRESPONDENCE TO
Dr. James J. Voie,
6-8 South Street,
KOGARAH 2217 AUSTRALIA

RS:JG

17th December, 1991.

Dr. Roland Hicks,
Suite 1,
Specialist Medical Centre,
Cnr. Carey St. & Excelsior Pde.,
TORONTO NSW 2283

Dear Dr. Hicks,

Thank you for your offer to work in Fiji in January 1992.

The Orthopaedic Registrars have passed their Primary Fellowship and are now commencing their first real term of formal lectures towards the second part exam.

Each week the programme should include:

- a. At least one but preferably two Grand Rounds
- b. A one hour case presentation session, preferably showing two or three cases of clinical interest. The registrars should present these formally. May I suggest Tuesday morning, 7.00 am til 8.00 am.
- An afternoon per week set aside for formal lectures and Journal club.

In January your formal lectures have been scheduled with two hours put aside to include the following topics:

1. Shoulder, degenerative conditions, rotator cuff, acromioclavicular joint, sub acromial tendonitis etc..
2. Shoulder dislocations
3. Reflex sympathetic dystrophy of the upper limbs.
4. Dupuytren's contracture.

Cont'd.../2

5. A Journal Club should follow the formal lecture and as discussed the October and November 1990 Journals should be discussed, taking half the journal at each session for four sessions, starting with the October journal.

Your other duties include supervising surgery in theatre, and supervising Outpatient Clinics, but I trust Jim Vote has forwarded you information in this regard.

I have forwarded your lecture programme to Fiji, and wish you an excellent month away.

Thank you again for your assistance,

Yours sincerely,

RONALD SEKEL

PS: When making up slides, could two copies be developed, one to be left in Fiji.

19/12/91 fax copy to WJC to give to Ray Whitton,

19/12/91 cc. Dr E McCaig - Laubika Hospital.