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CASE FILES®

Orthopaedic Surgery

骨科学案例45例

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# 出版说明

Case Files 是美国麦格劳 - 希尔教育出版公司医学图书中的著名品牌系列图书, 被世界多所著名医学院校选定为教学用书。北京大学医学出版社与麦格劳 - 希尔教育出版公司合作, 全套影印出版了该丛书。包括:

- |               |               |
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该丛书具有以下特点:

一、形式上, 原版图书影印, 忠实展现原版图书的原汁原味, 使国内读者直接体会医学原版英文图书的叙述方式和叙述风格。

二、内容上, 每个分册包含几十个经典案例。基础学科强调与临床的结合, 临床学科强调临床思维的培养。

三、以案例和问题导入, 互动式学习, 尤其适合 PBL (问题为中心的学习) 和 CBL (案例为中心的学习)。

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## DEDICATION

To runners everywhere, from the casual jogger to the serious and competitive marathoner—may the wind be at our backs, horizon before us, and may we never need the medical care in this book.

—ECT

To Kristin, my sister Caroline, and my parents: thank you for your support, encouragement, and love. To Dr. Eric Hume, my mentor and role model.

And to my uncle David Dines, an inspiration and someone I can only hope to emulate as an orthopaedic surgeon.

—AJR

To Guy and Meisie, whose guidance, generosity, and genes inspired my orthopaedic dreams. And to the talented faculty of Albany Med, who are patiently making them real.

—TTR

To the residents, fellows, and colleagues with whom I work: Thank you for inspiring me to always continue learning and teaching. And, to Kathryn, Humphrey, and my parents for your unwavering support.

—JSD

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The clerkship curriculum that evolved into the ideas for this series was inspired by two talented and forthright students, Philbert Yao and Chuck Rosipal, who have since graduated from medical school. It has been a tremendous joy to work with the excellent orthopaedic surgery residents and faculty members at Albany Medical Center and Hospital for Special Surgery. They have been some of the most diligent, astute, and wonderfully responsive group with whom I have collaborated. I am greatly indebted to my editor, Catherine Johnson, whose exuberance, experience, and vision helped to shape this series. I appreciate McGraw-Hill's believing in the concept of teaching through clinical cases, and I would like to especially acknowledge John Williams, the director of editing. I am also thankful to Tania Andrabi for her excellent production expertise.

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*Eugene C. Toy, MD*

## HOW TO GET THE MOST OUT OF THIS BOOK

Each case is designed to simulate a patient encounter with open-ended questions. At times, the patient's complaint is different from the most concerning issue, and sometimes extraneous information is given. The answers are organized into four different parts:

### PART I

1. **Summary:** The salient aspects of the case are identified, filtering out the extraneous information. Students should formulate their summary from the case before looking at the answers. A comparison to the summation in the answer will help to improve their ability to focus on the important data while appropriately discarding the irrelevant information—a fundamental skill in clinical problem solving.



Mastering the cognitive knowledge within a field such as orthopaedic surgery is a formidable task. It is even more difficult to draw on that knowledge, procure and filter through the clinical and laboratory data, develop a differential diagnosis, and finally form a rational treatment plan. To gain these skills, the student often learns best at the bedside, guided and instructed by experienced teachers, and inspired toward self-directed, diligent reading. Clearly, there is no replacement for education at the bedside or operating room. Unfortunately, clinical situations usually do not encompass the breadth of the specialty. Perhaps the best alternative is a carefully crafted patient case designed to stimulate the clinical approach and decision making. In an attempt to achieve that goal, we have constructed a collection of clinical vignettes to teach diagnostic or therapeutic approaches relevant to pediatrics. Most importantly, the explanations for the cases emphasize the mechanisms and underlying principles, rather than merely rote questions and answers.

This book is organized for versatility: It allows the student “in a rush” to go quickly through the scenarios and check the corresponding answers, while allowing the student who wants more thought-provoking explanations to go at a more measured pace. The answers are arranged from simple to complex: a summary of the pertinent points, the bare answers, an analysis of the case, an approach to the topic, a comprehension test at the end for reinforcement and emphasis, and a list of resources for further reading. The clinical vignettes are purposely placed in random order to simulate the way that real patients present to the practitioner. A listing of cases is included in Section III to aid the student who desires to test his or her knowledge of a specific area or who wants to review a topic, including basic definitions. Finally, we intentionally did not primarily use a multiple-choice question format in our clinical case scenarios because clues (or distractions) are not available in the real world. Nevertheless, several multiple-choice comprehension questions are included at the end of each case discussion to reinforce concepts or introduce related topics.

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