



HOW TO APPROACH THE RADIOGRAPHIC DIAGNOSIS OF FRACTURES AND DISLOCATIONS

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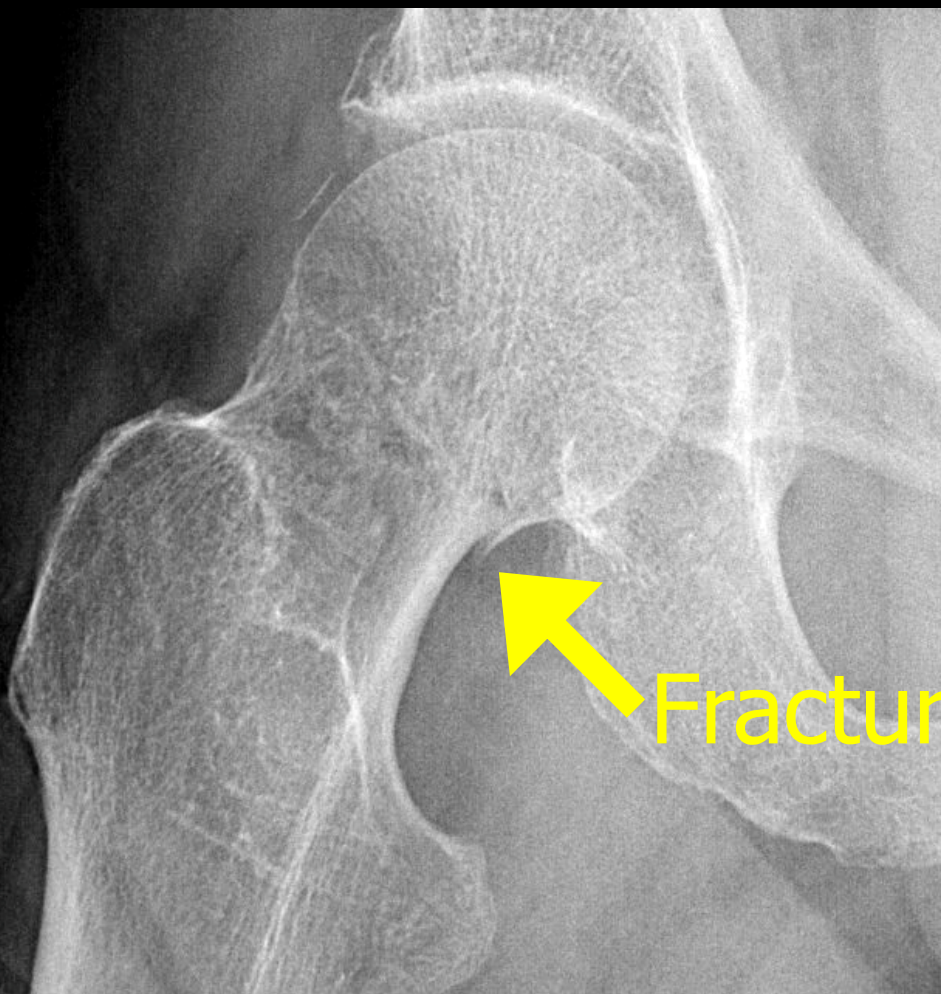
HOW NOT TO MISS FRACTURES OR DISLOCATIONS

- Follow every cortex
 - Lines and curves are good, angles are bad
- Follow every articular surface
 - Make sure each is congruent with its partner
- Radiolucent or sclerotic fracture lines
- Think in three dimensions
- Look in every corner
- Remember satisfaction of search

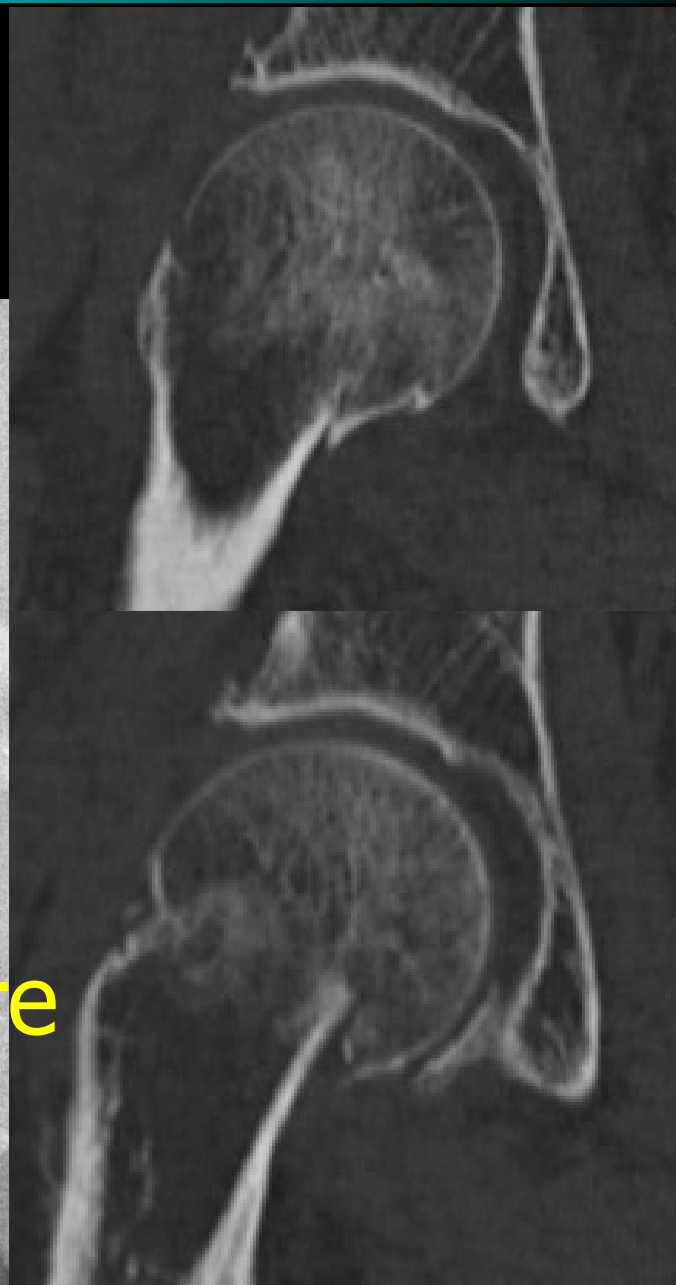
Follow every cortex



Follow every cortex



Fracture



Follow every cortex

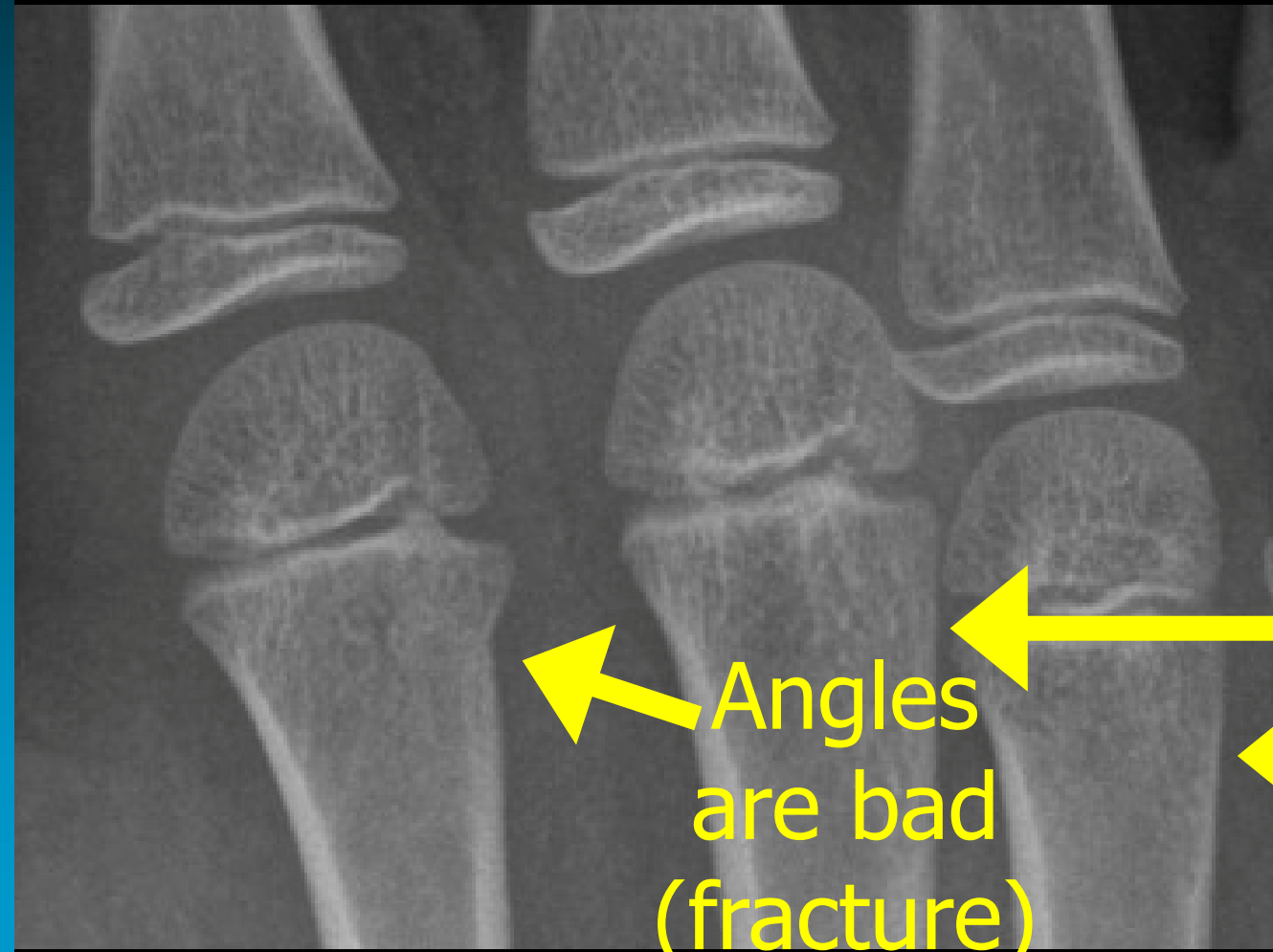


Follow every cortex



Lines
and
curves
are good
(normal)

Follow every cortex



Angles
are bad
(fracture)

Lines
and
curves
are good
(normal)

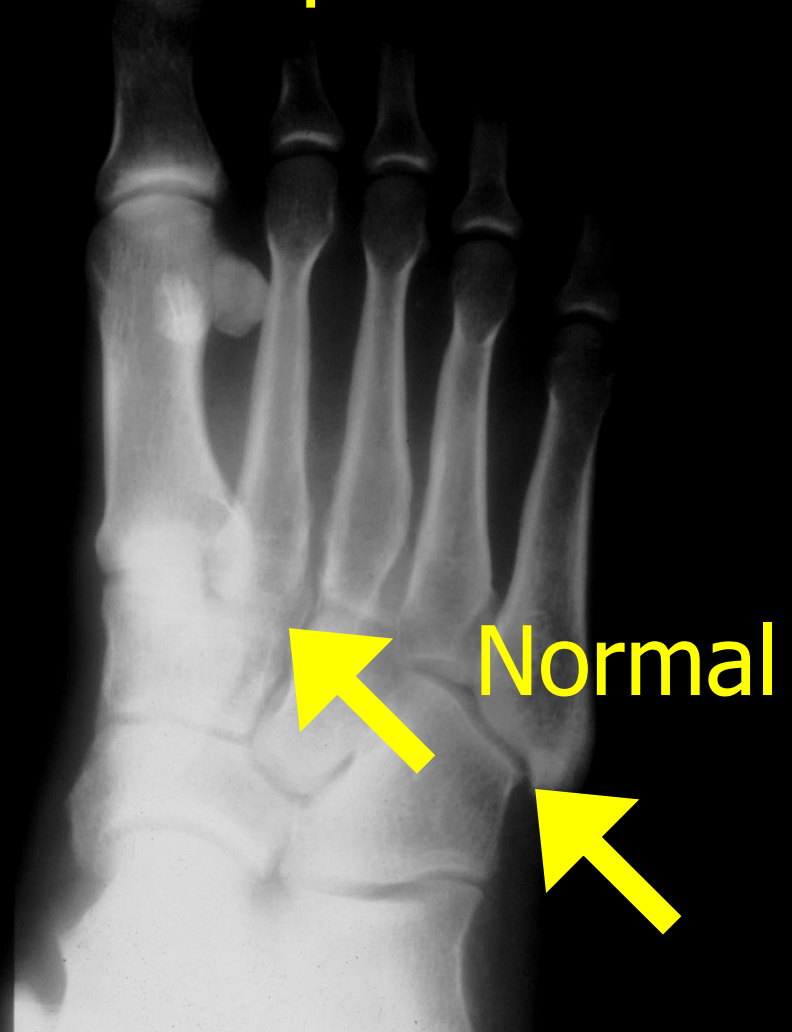
Follow every
articular surface



Follow every
articular surface



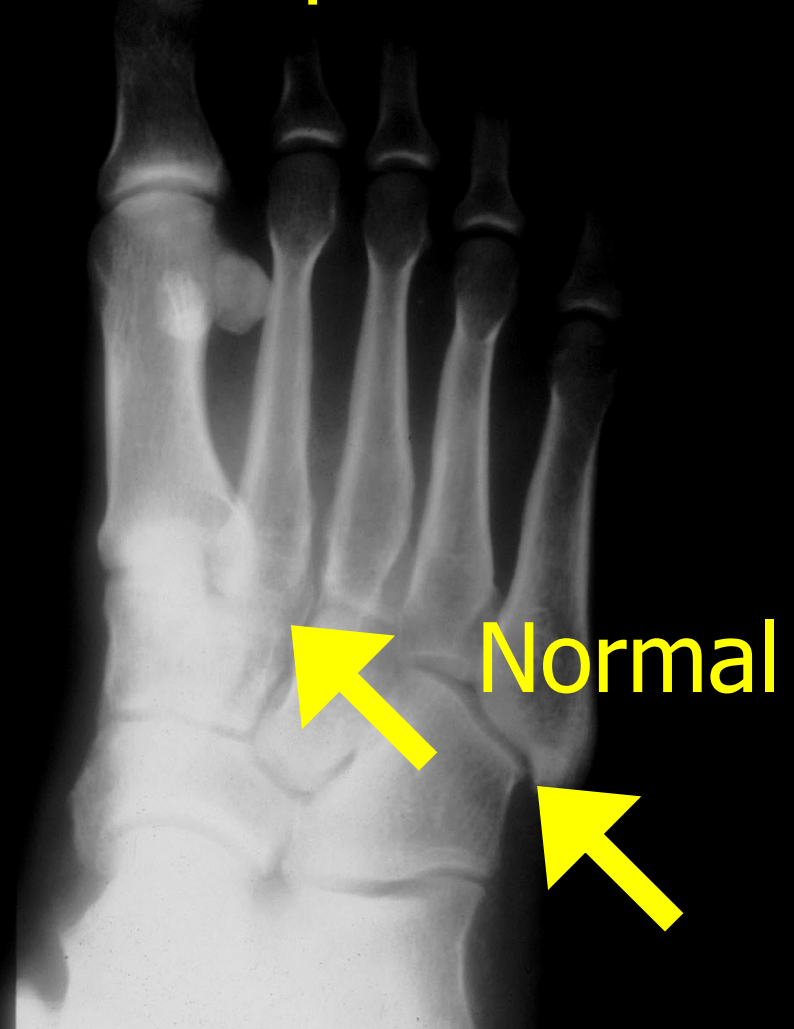
Pre-injury
comparison



Follow every
articular surface



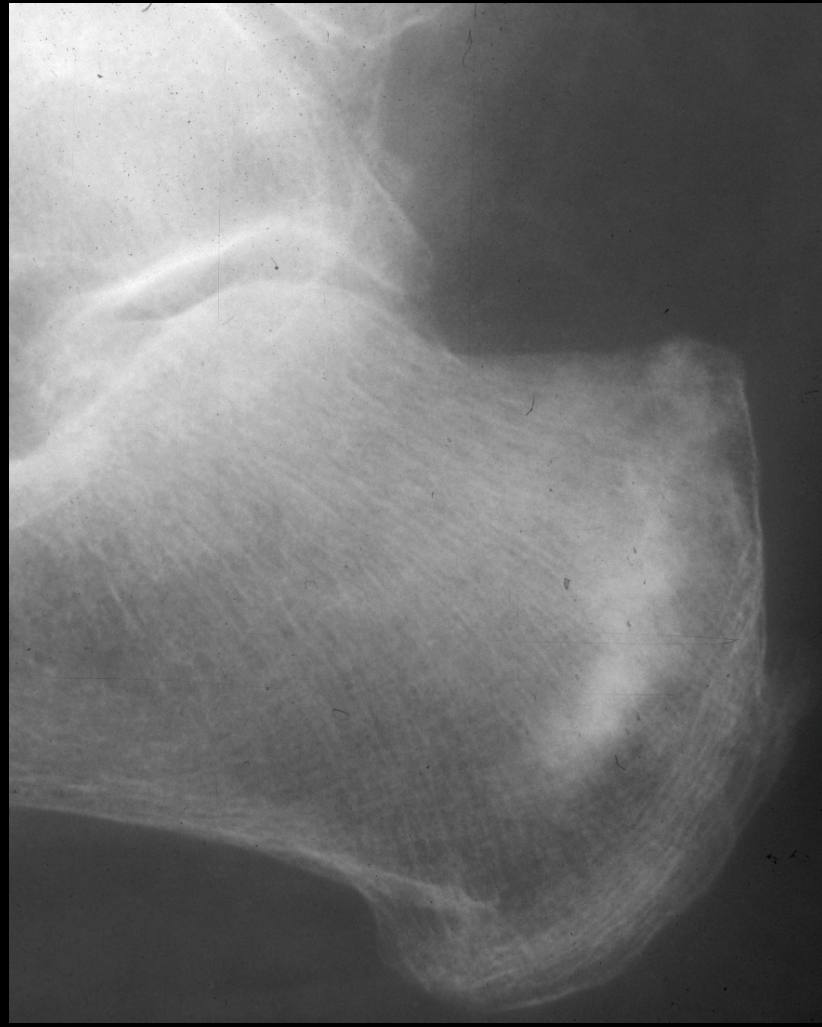
Pre-injury
comparison



**Radiolucent
fracture line**



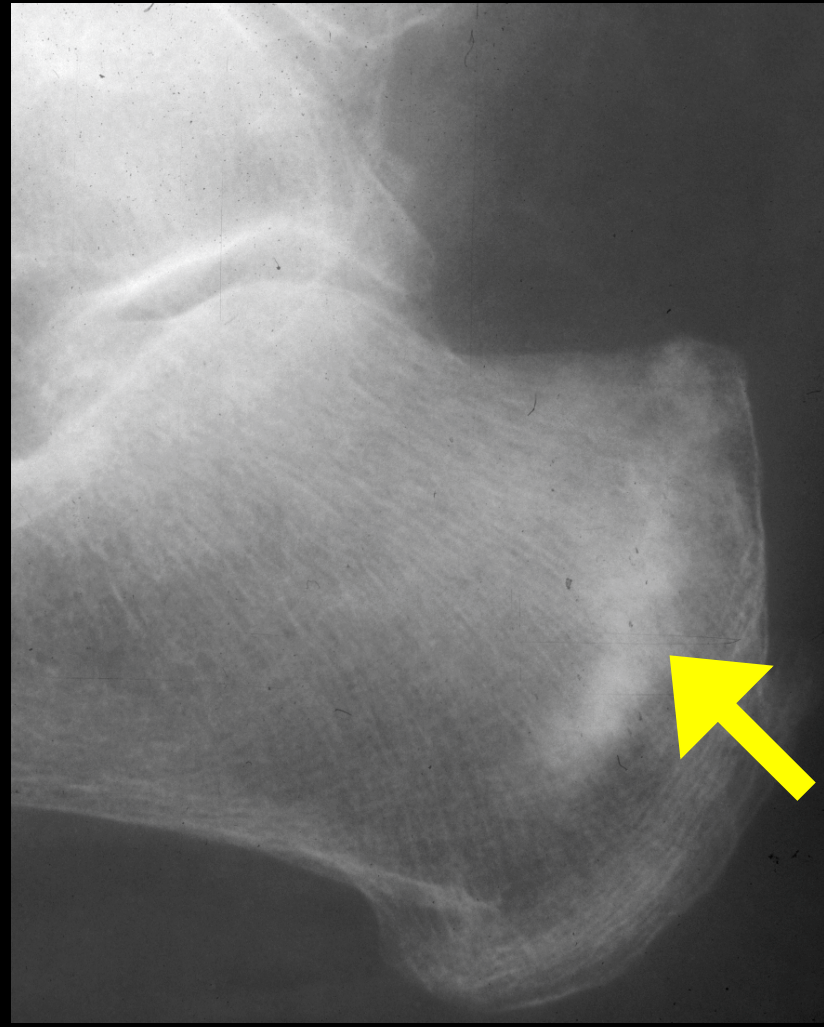
**Sclerotic
fracture line**



Radiolucent stress fracture



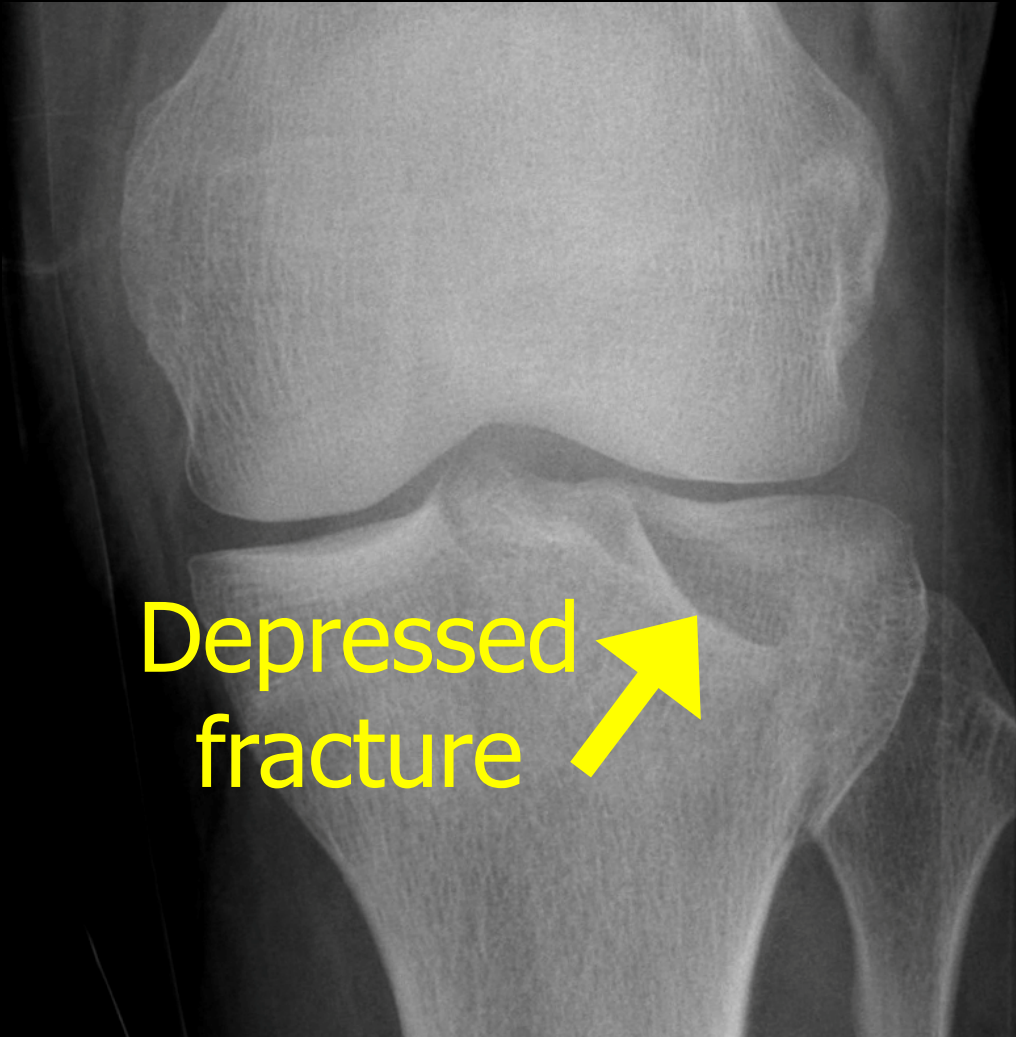
Sclerotic stress fracture



Think in three
dimensions



Think in three
dimensions



Look in
every corner



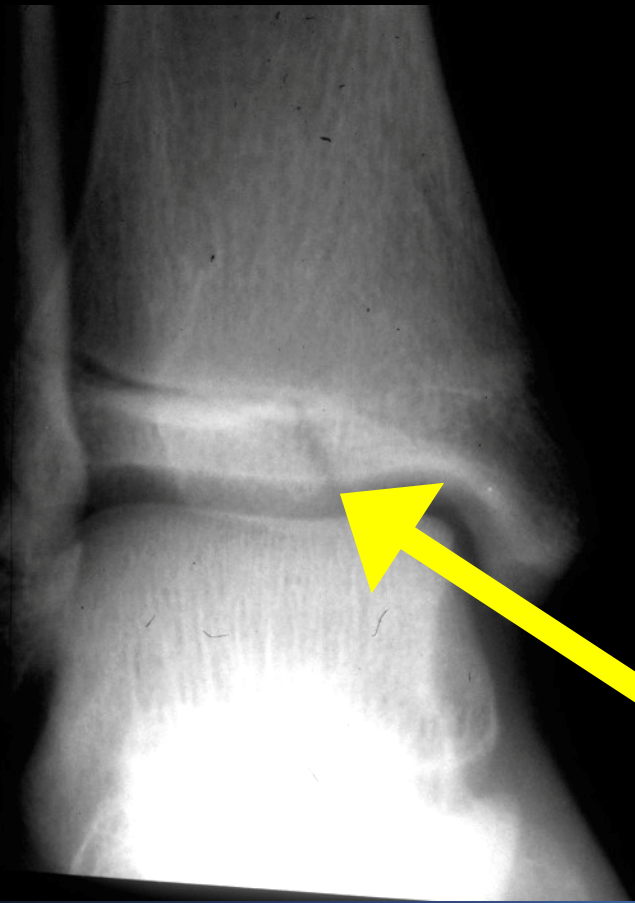
Look in
every corner



Remember
satisfaction of
search

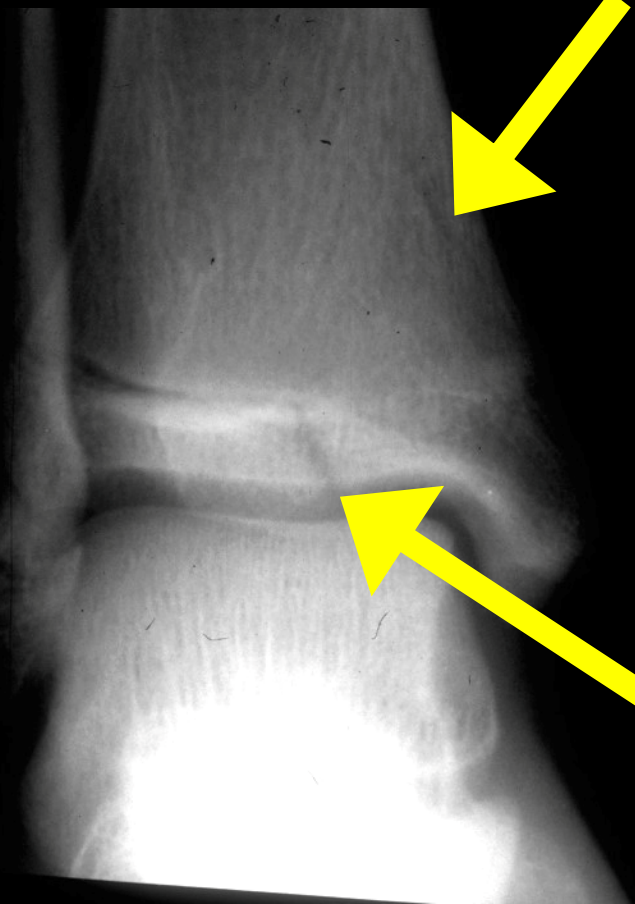


Remember
satisfaction of
search



Fracture

Remember
satisfaction of
search



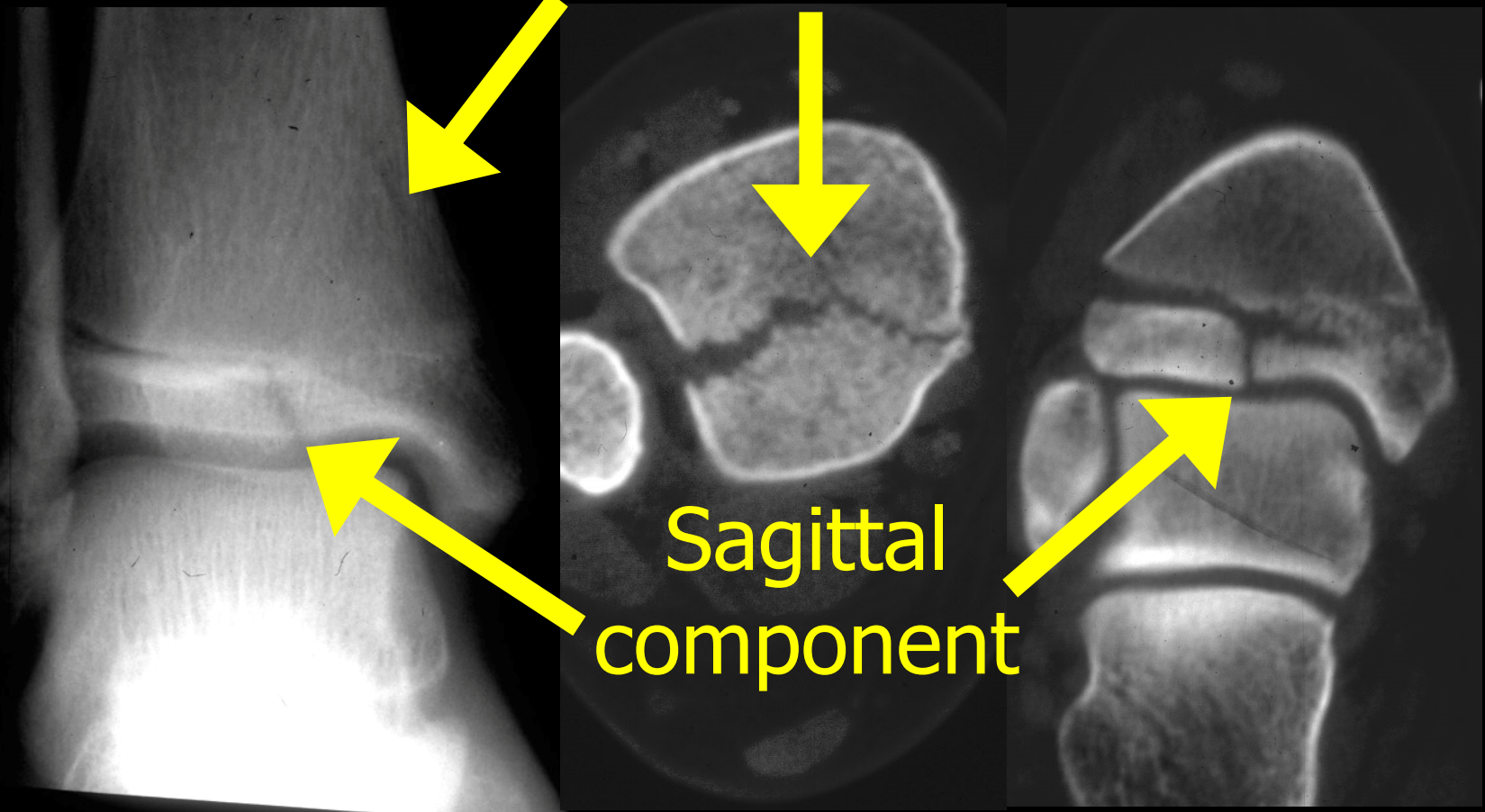
Second
fracture

Fracture

Remember
satisfaction of
search

Coronal
component

Triplane
fracture



Sagittal
component

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