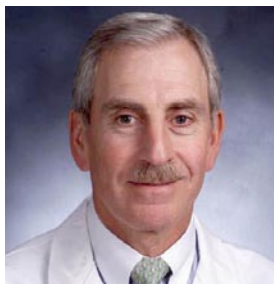


# Challenging Conventional Wisdom

David L. Helfet, MD

**M**uch of what is known and taught in medicine—and this is especially the case in surgery—is not truly scientifically proven but rather is based on experience and passed on from attending physician to resident, and from resident to resident, and represents “conventional wisdom.” In this issue of *AJO*, we are privileged as so-called conventional wisdom is definitely challenged—and so it should be.

Ankle fractures have been thought of as simple, most “do well,” and so their surgery has been traditionally relegated to the training of junior orthopedic residents. The diagnosis and determination of need for surgery, the understanding of the associated ligamentous injury, and the requirements for reduction and fixation of the fibula, posterior malleolus, and syndesmosis have all recently been challenged. These are all addressed in the paper by Clément M. L. Werner, MD, and colleagues, with the appropriate title “It is Not Just a ‘Simple’ Ankle Fracture.”



**“In this issue  
... so-called  
conventional  
wisdom is  
definitely  
challenged ....”**

Dr. Helfet is Director, Orthopaedic Trauma Service, Hospital for Special Surgery and New York Presbyterian Hospital, New York, New York, and Professor, Orthopaedic Surgery, Weill Cornell University Medical College, New York, New York.

Requests for reprints: David L. Helfet, MD, Orthopaedic Trauma Service, Hospital for Special Surgery, 535 E 70th St, New York, NY 10021 (tel, 212-606-1888; fax, 212-628-4473; e-mail, helfetd@hss.edu).

*Am J Orthop.* 2007;36(9):459. Copyright, Quadrant HealthCom Inc., 2007. All rights reserved.

“Conventional wisdom” states that simple displaced fractures of the proximal humerus require open reduction and internal fixation (ORIF), but when comminuted, with 3 or 4 parts, and especially in those of middle age or older, they require a hemiarthroplasty. The results of the latter are not as good as previously reported, and there has been a move to be more aggressive with ORIF even in the elderly! Locked plating techniques are especially useful in areas of weaker bone holding, that is, the metaphysis and epiphyseal regions, even more so when the bone is osteoporotic. Michael J. Gardner, MD, and colleagues address our present understanding of how to maximize the advantages of such modern ORIF and plating techniques in “Second-Generation Concepts for Locked Plating of Proximal Humerus Fractures.”

In the early days of the AO revolution of an anatomical reduction and stable internal fixation of fractures, none was more regimented with exacting rules, and none more documented, than the ORIF of forearm fractures. The advent of the Bernese School and their emphasis on a more biological approach to internal fixation challenged the so-called dogmatic rules of the early AO. Bradley D. Crow, MD, and colleagues have reviewed their experience in “Clinical Results of Minimal Plate Fixation of Forearm Fractures” and have concluded that implant (plate) length, not number of screws, is a better predictor of successful union.

Conventional wisdom may not be current and often is not even wisdom, and thus it should and must be constantly challenged!