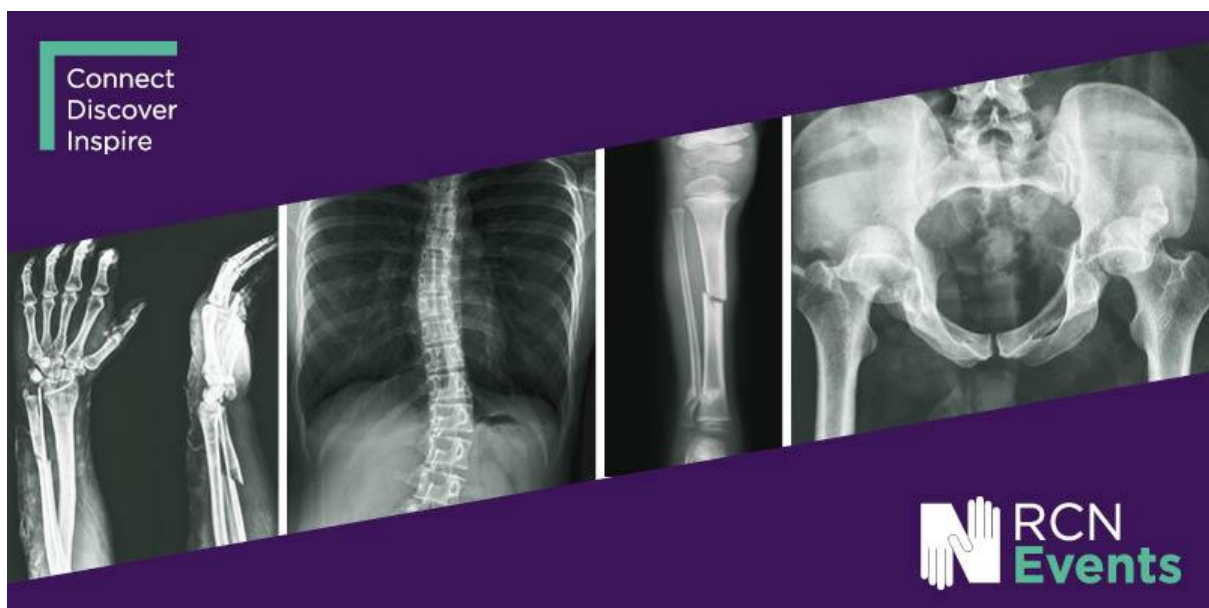


RCN Trauma and Orthopaedic Nursing Conference 2025

Innovation and change in orthopaedic and fracture
trauma



Friday 14 November 2025

Royal College of Nursing
20 Cavendish Square, London W1G 0RN

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Welcome

Dear Colleague,

On behalf of the Royal College of Nursing (RCN), welcome to the RCN Trauma and Orthopaedic Nursing Conference: Innovation and change in orthopaedic and fracture trauma.

We trust that you will find the event stimulating and informative and that you'll have an opportunity to network with colleagues during the event. We hope you will go away feeling inspired, invigorated and armed with information to share with colleagues in your workplace.

The RCN believes in life-long learning and actively promotes the continuing professional development of nurses. For this reason, certificates of attendance are provided. You are encouraged to contribute attendance at RCN events towards your framework for reflection which can be included in your portfolio.

At the end of the event, you will receive an email with a link to the online conference evaluation. We'd be grateful if you would complete this as soon as possible and within seven days of the conference. Your comments and feedback are invaluable in helping us plan future RCN conferences.

RCN staff and committee members are on hand to answer any queries you may have regarding your membership. Or if you're a non-member, they can inform you of the many benefits of joining the RCN. As a member, you can join any number of the RCN Forums. Forums have active Facebook groups that provide you with the opportunity to connect with colleagues and keep up to date on current practice related issues.

The RCN has professional forums across the diverse nursing arena and RCN members can join as many of these forums as they wish. Forums are a huge area of influence and direction for the RCN and are a valuable opportunity to network with colleagues around the UK and be involved in consultation responses, conferences, events and workshops, and forum-led publications. Find out more at: <https://www.rcn.org.uk/Get-Involved/Forums-and-networks>

We'd like to thank you for supporting this conference and look forward to welcoming you back to future RCN events. A full list of future events can be found on page 29 of this conference brochure.

With best wishes,

Dr Sonya Clarke
Chair, RCN Trauma and Orthopaedic Nursing Forum

Programme at a glance

Programme at a glance	
9.00	Registration, exhibition, networking, poster viewing
10.00	Chair's opening remarks Dr Sonya Clarke, Senior Lecturer, Queen's University Belfast Chair, RCN Trauma and Orthopaedic Nursing Forum
10.05	A comparison of UK and Portugal's practice in their application of 'traction' for orthopaedics and fracture trauma patients: Skin traction in orthopaedic and fracture trauma care: current practice in Portugal Carmen Queirós, Assistant Professor, Nursing School of Porto Claire Brown, Clinical Nurse Specialist, Children's Orthopaedics, Trauma and Fracture, Belfast Health and Social Care Trust (BHSCT)
10.35	Limb reconstruction in trauma and orthopaedics – the role of the CNS Denise Wilson, Lead Clinical Nurse Specialist, Limb Reconstruction, Belfast Health and Social Care Trust
11.05	Refreshments, exhibition, networking
11.35	International expert panel discussion: Meeting the challenges of sustaining orthopaedic and fracture nursing as a specialty across the life span Chair: Dr Sonya Clarke Professor Rebecca Jester, Editor in Chief, International Journal of Trauma and Orthopaedic Nursing Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG Dr Paul McLiesh, Senior Lecturer, University of Adelaide, Australia (via MS Teams) Shareena Bibi Mohd Arif, Chief Assistant Director, Orthopaedic Nursing and Nursing Leadership / Management, Ministry of Health, Malaysia (via MS Teams) Carmen Queirós, Assistant Professor, Nursing School of Porto, Portugal
12.20	Lunch, exhibition, networking, poster presentations
12.40 – 13.10	Chair: Donna Little, RCN Trauma and Orthopaedic Nursing Forum Young Hip: An exploration into young patients' (<50 years) expectations following primary total hip arthroplasty Dr Louise Mew, Orthopaedic and Arthroplasty Advanced Practitioner, Milton Keynes University Hospital Enhancing Orthopaedic Outcomes through Qualitative Research Integration Dr Louise Mew, Orthopaedic and Arthroplasty Advanced Practitioner, Milton Keynes University Hospital Acute Compartment Syndrome After a Marathon, A Rare and Urgent Clinical Case Study Dr Sajadhossein Bazrafshani, ST2 Doctor Trauma and Orthopaedics, Worcester Royal Acute NHS Trust Dr Faisal Faryad, Doctor, Worcester Royal Acute NHS Trust Developing and sustaining the workforce: A collaborative educational approach to Advancing Trauma and Orthopaedic Care

	Charlotte Bell, Practice and Development and Education lead, Programme Lead Post Graduate Certificate in Advanced Trauma and Orthopaedic Care, Oxford University Hospitals NHS Foundation Trust Jillian Heath, Practice Development and Education Lead, Module Lead Advanced Patient Centred Trauma Care, Oxford University Hospitals NHS Foundation Trust 5. Five Years of Paediatric Virtual Fracture Clinic Claire Brown, Children's Clinical Nurse Specialist, BHSCT - Royal Belfast Hospital Sick Children		
13.20	Workshops: Delegates split into three groups and rotate through all three workshops.		
Room	307	101/102	Cowdray Hall
13.20-13.50	Universal DDH hip screening Kirsteen Smith, Clinical Nurse Specialist, Musgrave Park Hospital, Belfast Stephanie Herdman, DDH Clinical Nurse Specialist, Belfast Health and Social Care Trust	RCN guidance for orthopaedic and fracture trauma practitioner project Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG Helen Scott, Advanced Clinical Practitioner, South Tyneside and Sunderland NHS Foundation Trust	RCN acute compartment syndrome project Dr Sonya Clarke, Chair, RCN Trauma and Orthopaedic Nursing Forum, Senior Lecturer, Queen's University Belfast
	5-minute transition time		
Room	307	101/102	Cowdray Hall
13.55-14.25	Universal DDH hip screening Kirsteen Smith, Clinical Nurse Specialist, Musgrave Park Hospital, Belfast Stephanie Herdman, DDH Clinical Nurse Specialist, Belfast Health and Social Care Trust	RCN guidance for orthopaedic and fracture trauma practitioner project Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG Helen Scott, Advanced Clinical Practitioner, South Tyneside and Sunderland NHS Foundation Trust	RCN acute compartment syndrome project Dr Sonya Clarke, Chair, RCN Trauma and Orthopaedic Nursing Forum, Senior Lecturer, Queen's University Belfast
14.25	Refreshments, exhibition, networking		
Room	307	101/102	Cowdray Hall
14.55-15.25	Universal DDH hip screening Kirsteen Smith, Clinical Nurse Specialist, Musgrave Park Hospital, Belfast Stephanie Herdman, DDH Clinical Nurse Specialist, Belfast Health and Social Care Trust	RCN guidance for orthopaedic and fracture trauma practitioner project Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG Helen Scott, Advanced Clinical Practitioner, South Tyneside and Sunderland NHS Foundation Trust	RCN acute compartment syndrome project Dr Sonya Clarke, Chair, RCN Trauma and Orthopaedic Nursing Forum, Senior Lecturer, Queen's University Belfast

15.25	5-minute transition time: all return to Cowdray Hall
15.30	My journey Natalie Bignell, Visual Artist
	Best poster award, sponsored by International Journal of Orthopaedic and Trauma Nursing
15.50	Chair's closing remarks Dr Sonya Clarke, Senior Lecturer, Queen's University Belfast Chair, RCN Trauma and Orthopaedic Nursing Forum
16.00	Conference close

General information

Conference enquiries

Please ask staff on the registration desk if you have any specific requirements regarding access, dietary requirements, lost property or have queries regarding your membership.

Badges

For security purposes, participants must wear their badges at all times. Participants will not be admitted to the conference sessions without the appropriate badge.

Programme

Please refer to the programme for details of the times and locations of all conference sessions. Staff will be on hand to guide you as necessary.

Q&A

Roving microphones will be available during question times for the audience to use. Any person chosen to ask a question should announce their name and workplace before asking their question. Following a response, they may be invited to comment on that response.

Event evaluation

We aim to produce high quality events for all our delegates. An event evaluation will be emailed to all delegates. Please spare 5 minutes, your feedback helps us plan future events.

Exhibition

There is a small exhibition running alongside this event. These exhibitors have chosen to exhibit at this conference as they feel their products and/or services may be of interest to you. The exhibition also supports the conference, therefore please take the time to go and visit each exhibition stand during the exhibition viewing times.

Receipts

If you require a receipt or have any queries relating to your registration or payment for this event, please contact staff on the registration desk at the event. Alternatively, receipts are also available by contacting RCN Event Registrations direct on 029 2054 6460 between 9.00am and 4.30pm Monday to Friday.

Electronic devices

Out of courtesy to others, delegates are requested to switch off or set to silent all electronic devices during conference sessions.

Smoking

20 Cavendish Square operates a no-smoking policy (this includes electronic cigarettes). This means that smoking is prohibited in any part of the building including the restaurant patio area and the access areas to the building; for example the main steps and ramp to 20 Cavendish Square and by the goods entrance at 1a Henrietta Place.

Toilets

Toilets are located on the lower ground or first floor, and accessible toilets on the ground floor.

Fire Evacuation Procedure

In the event of an evacuation:

- If the alarm sounds, please make your way to the nearest fire exit. The meeting point is Cavendish Square Gardens.
- Use the stairs – do not use the lifts.
- Anybody who would need help to evacuate the building should let reception or the organiser know when they enter the building so the venue is aware in the case of a fire alarm.
- If anyone is trapped or in need of assistance, please inform Reception or a Fire Marshal.

Assembly Point

- Cavendish Square Gardens is the assembly point.
- Cross the road using the zebra crossing or traffic lights, it is dangerous to cross the road at any other place.
- Please remain in Cavendish Square Gardens until a Fire Marshall instructs you otherwise.

Liability

The RCN will not accept any liability for loss or damage to personal effects which may arise as a result of attendance at this event.

Continuing Professional Development

The RCN believes in lifelong learning and actively promotes the continuing professional development of all nurses. Authorised RCN certificates of attendance will be issued to all participants. This event is also subject to the RCN Events quality assurance framework. You should log what you have learnt at this event using the Framework for Reflection guidelines and keep this document in your personal professional portfolio.

Free information at your fingertips

The RCN offers several FREE online resources with all the latest information and guidance on nursing practice issues such as clinical guidelines, patient safety and eHealth - see <http://www.rcn.org.uk/development/practice>.

Media partner

RCNi is the premier provider of innovative and creative information solutions for the whole nursing team and associated health professionals. With 11 nursing journals, including Nursing Standard, RCNi provide health professionals with the latest developments impacting nursing, including changes in policy, practice and research. RCNi also offer a range of digital products including RCNi Learning, an interactive online resource of CPD training modules, and the RCNi Portfolio, an online store and tracking system to help you with revalidation.

Speaker information

Conference chair:

**Dr Sonya Clarke, Senior Lecturer, Queen's University Belfast
Chair, RCN Trauma and Orthopaedic Nursing Forum**

Biography

Senior Lecturer (Education), School of Nursing & Midwifery, Queen's University Belfast (QUB), EdD, MSc, PGCE (Higher Education), PG Cert (Pain Management), BSc (Hons) Specialist Practitioner in Orthopedic Nursing, RN child & RGN

Sonya, a nurse for over 30 years, has experience in children's and adult nursing – her nursing career commenced in 1988.

She qualified as an RGN in 1991, followed by a diploma in Children's Nursing in 1996. Clinical practice was primarily within Northern Ireland's regional elective orthopaedic unit for the adult and child until 2001, with additional nursing experience (bank position) gained as a Marie Currie nurse until 2009.

Prior to her teaching position in 2003, she was employed as a Lecturer Practitioner at QUB and Musgrave Park Hospital, Belfast. Current positions within higher education include Professional Lead for MSc pre-registration CYP Nursing and established pathway leader within continuing professional development for a short programme in Orthopaedic and Fracture Trauma Nursing across the Lifespan.

Sonya's teaching, research and scholarly activity reflects both children's nursing and orthopaedics. Sonya was presented with the Royal College of Nursing Award of Merit in 2020 and she was a former SOTN committee member and chair. She also has an extensive publication history and continues to actively lead, inspire and deliver evidenced-based education that motivates and advances nursing.

**Carmen Queirós, Assistant Professor, Nursing School of Porto
Claire Brown, Clinical Nurse Specialist Trauma and Orthopaedics, Belfast Health and Social Care Trust**

Talk title

A comparison of UK and Portugal's practice in their application of 'traction' for orthopaedics and fracture trauma patients: Skin traction in orthopaedic and fracture trauma care: current practice in Portugal

Summary

As Trauma and Orthopaedics continues to develop and advance new surgical techniques and treatments, we will question if the application of traction in fracture care is becoming a dying art?". We will look at the application traction in Portugal versus UK and compare results and discuss if traction is still relevant in the specialty.

Skin traction remains a widely used orthopaedic intervention in the initial management of fractures, particularly in the lower limbs. Despite its longstanding application, variations persist in how it is initiated, monitored, and maintained across clinical settings. This presentation shares the findings of a national survey conducted among Portuguese orthopaedic nurses, aimed at mapping current practices, identifying challenges, and highlighting opportunities for improving patient safety and comfort.

Learning outcomes

1. Identify what is meant by 'traction'
2. Identify the key clinical contexts in which skin traction is applied in Portugal
3. Describe the essential nursing interventions required to ensure safe application and maintenance of skin traction applied in Portugal
4. Describe different types of traction commonly used within UK and Portugal
5. Explain the methods required for the safe application of traction based on evidence based research.

Recommended reading list / references

1. Clarke, S., Mohd Arif, S. B., & Queiros, C. (2025). Skin traction in orthopaedic care: Efficacy, management and clinical practices across the life course. *International Journal of Orthopaedic and Trauma Nursing*, 57, 101160.
2. <https://doi.org/10.1016/j.ijotn.2025.101160>
3. RCN Traction Principles and Application, NICE guidelines 17 Fracture (non-complex):Assessment and management; Choudhry B, Leung B, Filips E, Dhaliwal K. Keeping the Traction on in Orthopaedics. *Cureus*. 2020 Aug 25;12(8):e10034. doi: 10.7759/cureus.10034. PMID: 32983726; PMCID: PMC7515792.

Biography

Carmen Queirós is a Certified Rehabilitation Registered Nurse who has worked on an orthopaedic ward of a university hospital in Porto, Portugal, since 2005. She is currently a PhD student of ICBAS -UP, working on "Nursing knowledge representation of universal self-care requisites impairment' person" at the Centre for Information Systems Research and Development of Porto Nursing School – Portugal. She belongs to the Core Staff of the Portugal Center for Evidence-Based Practice (PCEBP) - Joanna Briggs Institute Center of Excellence of Nursing School of Coimbra. And she is the Portuguese representative member at the International Collaboration of Orthopaedic Nursing at Fragility Fracture Network and a Literature Review Editor of the *International Journal of Orthopaedic and Trauma Nursing*. She is an Assistant Professor at Escola Superior de Enfermagem do Porto.

Claire Brown is a clinical nurse specialist for children's Trauma and Orthopaedics in Belfast. She qualified in as a registered children's nurse in 2002 and has worked in orthopaedics and trauma since 2003. Claire completed a short year course in Trauma and Orthopaedic Nursing across the lifespan in Queen's University in 2020 and went on to complete a BSc in Health studies in 2024. She

has recently completed the British Orthopaedic Casting course in Stanmore in June 2025 and is also a registered Orthopaedic Practitioner with BOA. She is returning to QUB IN January to start her health assessment and non medical prescriber course.

Denise Wilson, Lead Clinical Nurse Specialist, Limb Reconstruction, Belfast Health and Social Care Trust

Talk title

Limb Reconstruction in trauma and orthopaedics - the role of the CNS

Learning outcomes:

1. Greater understanding of the ethos of limb salvage
2. Awareness of the CNS role within the sub-specialty
3. New innovations and practices in Fixator pin site management

Biography:

Denise has over 25 years' experience within Trauma & Orthopaedics. Denise is passionate about Trauma, the progression and innovations of limb salvage and preservation. Denise has acquired a high level of clinical skills, Nursing Management experience, mechanical/device expertise and sub-specialty leadership.

International expert panel discussion: Meeting the challenges of sustaining orthopaedic and fracture nursing as a specialty across the life span

Professor Rebecca Jester, Editor in Chief, International Journal of Orthopaedic and Trauma Nursing

Rebecca qualified as a registered nurse with a specialist qualification in orthopaedic nursing in the UK in 1985. She worked clinically in trauma and orthopaedic settings in the UK and Sweden and studied part-time for her Diploma in Professional Studies in Nursing (DPSN) awarded in 1993. She then completed a BSc (Hons) Education Studies in Nursing in 1995. She was awarded a PhD in Health Sciences from the University of Birmingham in 2001, supported by a National Smith and Nephew Fellowship.

From 1997 Rebecca embarked upon a clinical academic career working across the interface of education, research and clinical practice. She has held several senior academic positions including Head of School of Nursing & Midwifery, Keele University, Head of the Nursing School Abu Dhabi for Griffith University, Head of Department of Adult Nursing and Midwifery, London South Bank University, Professor of Nursing, University of Wolverhampton, Head of School of Nursing and Midwifery Royal College of Surgeons Ireland (RCSI). Rebecca has been committed to maintaining her clinical role and has worked part-time as an Advanced Nurse Practitioner in Orthopaedics whilst holding most of her academic positions.

Rebecca was awarded a personal chair (Professorship) in Orthopaedic Nursing in 2008 by Keele University, UK. She is an Honorary Advisor to The Hong Kong College of Orthopaedic Nursing and Editor in Chief of the International Journal of Trauma and Orthopaedic Nursing. She was awarded Emeritus Professor of Nursing by the University of Wolverhampton in 2021 and a Fellowship by The Hong Kong Academy of Nursing in 2022 for her contribution to education and training for Advanced Nurse Practitioners. She is a Honorary Professor of Nursing at Aston University in the College of Health and Life Sciences (awarded 2023).

Rebecca has authored and contributed to a number of leading textbooks in orthopaedic and rehabilitation nursing and has over 50 publications in academic and professional journals. She has been instrumental in developing Advanced Nurse Practitioner education and building nursing research capacity and capability in the UK and internationally.

Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG

Donna currently works as an Advanced Clinical Practitioner within the Trauma and Orthopaedic department of Great Western Hospitals NHS Foundation Trust..

Initially starting in the NHS as a cleaner Donna became a nursing auxiliary in mental health and then undertook Dip He-Adult Nursing at Glasgow Caledonian University.

She came to North Bristol NHS trust in 1999 where she worked in various specialties becoming a grade E in post op recovery and elective orthopaedics. Following this she moved to RUH Bath in 2009 as junior sister in trauma orthopaedics. During this time she completed her BSc with the support of RCN Foundation Bursaries and presented posters at several SOTN conferences. She then went on to become a ward manager and completed an MSc.

Since then she joined Gloucestershire Hospitals NHS as Advanced Nurse Practitioner specialising in hip fracture care and ortho-geriatrics and progressed to Advanced Clinical Practitioner at Great Western Hospitals NHS Foundation Trust specialising in Silver Trauma after a spell looking after front door frailty.

She is a NHS FAB Academy ambassador advocating the #PinchWithPride methodology of Quality Improvement and joined the SOTN Committee in January 2019.

Dr Paul McLiesh, Senior Lecturer, University of Adelaide

Paul currently works as a senior lecturer/Associate Professor at the University of Adelaide.

He worked in a number of positions at the Royal Adelaide Hospital over 23 years and has been in academic roles in the Adelaide Nursing School since 2010 where he co-ordinated the Orthopaedic Graduate Diploma Program. He was the president of the Australian & New Zealand Orthopaedic Nurses Association (2013-2015) and the South Australian Orthopaedic Nurses (2014-2016). He is

deputy editor of the International Journal of Orthopaedic and Trauma Nursing.

Teaching interests include eLearning, virtual reality, orthopaedic nursing, bariatric nursing, occupational health and safety, virtual learning, safety and risk and Systematic Review training.

He is a teaching specialist with the Adelaide Academy and a member of the College of Reviewers at the University of Adelaide.

Shareena Bibi Mohd Arif, Chief Assistant Director, Nursing division, Ministry of Health, Malaysia

Matron Shareena Bibi Mohd Arif has 30 years of nursing experience and currently serves as the Chief Assistant Director of the Nursing Division at the Ministry of Health Malaysia. She is also pursuing a PhD at the University of Technology Mara in Puncak Alam.

Shareena earned a Master of Nursing Sciences (Orthopaedic) from the University of Adelaide, Australia, and completed her midwifery training at Hospital Kuala Lumpur in 2003. As the President of the Malaysian Orthopaedic Nurses Association, she actively advocates for advancements in orthopaedic nursing. Additionally, she holds the position of Assistant Literature Review Editor for the International Journal of Orthopaedic and Trauma Nursing (IJOTN).

Shareena is passionate about leadership and enhancing nursing care, particularly in orthopaedic nursing, and firmly believes in the importance of critical thinking and continuous improvement among nurses to achieve these goals.

Carmen Queirós, Assistant Professor, Nursing School of Porto
Biography as above

Kirsteen Smith, Clinical nurse Specialist, Musgrave Park Hospital Belfast
Stephanie Herdman, Clinical nurse specialist, Musgrave Park Hospital Belfast

Workshop title
Universal DDH screening

Summary

Providing an overview of DDH screening in Northern Ireland currently and what our vision would be in the future vs Europe's current screening process. Current risk factors for DDH screening v what the literature reflects. Demonstration of hip exam and different methods of treating DDH.

Learning outcomes

1. Four points of the DDH hip exam
2. Risk factors in Northern Ireland
3. Recent statistics in Northern Ireland

Biography

Kirsteen and Stephanie currently work as Clinical Nurse Specialists in the Developmental Dysplasia of the Hip, Regional Service in the Belfast Health and Social Care Trust.

Kirsteen qualified as a Registered Nurse – Adult Branch in 2007 through Queens University, Belfast gaining her BSC Hons. And she obtained her post graduate Diploma in Advanced Standing, Children’s Nursing qualifying in 2013, at QUB.

Stephanie qualified as a Registered Nurse - Adult in 2015 and has worked in Trauma and Orthopaedic settings from 2016.

Both Kirsteen and Stephanie have completed the GRAF Ultrasound course and undertaking the Short Programme in Orthopaedic and Trauma Nursing across the Lifespan at Queens University Belfast.

They both have active roles in teaching and developing the skills and knowledge of DDH and the appropriate treatment plans, within the main Universities of Belfast, Queens University of Belfast and University of Ulster for Midwives, Health Visitors and other Allied Health Professionals.

They continue with their own professional development through the uptake of appropriate training courses and research to ensure they are working with the most current evidence base and use this to enhance their care and practice.

**Donna Little, Consultant Practitioner, Chippenham Community Hospital, HCRG
Helen Scott, Advanced Clinical Practitioner, South Tyneside and Sunderland
NHS Foundation Trust**

Workshop title

RCN guidance for orthopaedic and fracture trauma practitioner project

Summary

A fact-finding session to discuss and plan the update of the proposed competency framework.

Learning outcomes

1. Engage with stakeholders and consider new ideas
2. Discuss the competencies and how they reflect the wider T&O nursing population
3. Identify strategies to move forward with plans

Recommended reading list / references

Previous RCN framework and trauma framework (NMNG 2021)

Biography

Helen has been a T&O practitioner for 11 years and is currently undertaking her Masters in Advanced Clinical Practice.

Helen qualified in 2007 from Northumbria University and took her first post at Yeovil District Hospital as a staff nurse in trauma and orthopaedics, moving back to the Northeast 3 years later to undertake a ward sister role at South Tyneside and Sunderland Foundation Trust (STSFT). In 2015 Helen commenced a Nurse practitioner role and undertook post graduate training such as clinical skills and non-medical prescribing qualifications.

Helen continues to work for STSFT as an advanced clinical practitioner undertaking a master's in advanced clinical practice, due to complete in 2026. A member of the Army reserves, this role provides many transferable skills within trauma nursing and provides many leadership/educational opportunities. Helen is committee member of the Royal College of Nursing's Trauma and Orthopaedic Nursing Forum.

Donna is a Consultant Practitioner in Frailty.

Donna currently works as an Advanced Clinical Practitioner within the Trauma and Orthopaedic department of Great Western Hospitals NHS Foundation Trust..

Initially starting in the NHS as a cleaner Donna became a nursing auxiliary in mental health and then undertook Dip Health Adult Nursing at Glasgow Caledonian University.

She came to North Bristol NHS trust in 1999 where she worked in various specialties becoming a grade E in post op recovery and elective orthopaedics. Following this she moved to RUH Bath in 2009 as junior sister in trauma orthopaedics. During this time she completed her BSc with the support of RCN Foundation Bursaries and presented posters at several SOTN conferences. She then went on to become a ward manager and completed an MSc.

Since then she joined Gloucestershire Hospitals NHS as Advanced Nurse Practitioner specialising in hip fracture care and ortho-geriatrics and progressed to Advanced Clinical Practitioner at Great Western Hospitals NHS Foundation Trust specialising in Silver Trauma after a spell looking after front door frailty.

She is a NHS FAB Academy ambassador advocating the #PinchWithPride methodology of Quality Improvement and joined the SOTN Committee in January 2019.

Dr Sonya Clarke, Senior Lecturer, Queen's University Belfast

Workshop title
RCN acute compartment syndrome project

Summary

The Royal College of Nursing in partnership with the British Orthopaedic Association codeveloped an assessment chart in 2016 which was designed to help health professionals monitor patients who may have or be at risk of developing acute limb compartment syndrome. The Trauma and Orthopaedic Nursing (TON) forum as part of their work stream in 2025 established a project

group to review the RCN's early warning chart. Early discussions hypothesized concerns around the Registered Nurses (RN) knowledge of acute compartment syndrome. The project group first agreed to first develop a short survey to explore the RN's knowledge. The findings provided the group with evidence that RNs reported to have limited, deficit or delayed knowledge in relation to acute compartment syndrome. This was concerning as the condition is considered a surgical emergency. The project group's response was to address the educational issues identified by the survey.

Therefore, the aim of this workshop is to present three proposed educational resources alongside a critical discussion on the current chart, in how it can be used or revised to guide practice.

Learning outcomes

1. Define acute compartment syndrome
2. Have a deeper knowledge and understanding of acute compartment syndrome.
3. Be updated and engage in the critical discussion on the current work undertaken by RCN TON in relation to acute compartment syndrome

Recommended reading list / references

British Orthopaedic Association (2014) BOAST - Diagnosis and Management of Compartment Syndrome of the Limbs. Available at:

<https://www.boa.ac.uk/resource/boast-10-pdf.html> (Accessed 16 April 2025) A F and Al Fehaid M S (2022)

Etiology of trauma-related acute compartment syndrome of the forearm: a systematic review. Journal of Orthopaedic Surgery & Research, 17(1), pp. 1–

8. Clarke, S and Drozd, M. (2023) Orthopaedic and trauma nursing: An evidence-based approach to musculoskeletal care. London: Wiley Blackwell, 2nd edition.

Biography

As above.

Natalie Bignell, Visual Artist

Talk title: My journey

Natalie is a visual artist, using mark making as a form of expression to process her experiences of tetraplegia.

Visit Natalie's website at www.nataliebignell.com/about

Digital Posters

Poster 1

Young Hip: An exploration into young patients' (<50 years) expectations following primary total hip arthroplasty

Dr Louise Mew, Orthopaedic and Arthroplasty Advanced Practitioner, Milton Keynes University Hospital

Overview

Hip replacements (THR) are one of the most common operations performed in Orthopaedic Surgery. Though initially designed and developed to address hip conditions in the older patient, demand in younger patients is increasing. Research in older populations informs current practice and it is unclear if outcome priorities are the same in younger patients. A systematic literature review identified the lack of qualitative evidence exploring the efficacy of existing healthcare pathways and whether they address the younger patient's objectives for their recovery. The qualitative research available is extremely limited and often vague as to whether results can be attributed to the younger THR population. It is unclear if outcome priorities and goals important to older patients are the same as to younger THR patients, or if younger THR patients consider other outcome priorities more important than those currently valued in practice.

Public and Patient Involvement (PPI) identified themes not considered in current healthcare pathways and underscored the need for more qualitative research into this area. The primary aim of the Young Hip was to explore the younger patients (<50 years) expectations and priorities when undergoing a primary THR. The secondary objective was to compare these narratives with the standard Patient Reported Outcome Measures (PROMs) routinely used in elective orthopaedic surgery and assess if the qualitative findings correlated to the PROMs quantitative data. Ethics and HRA approval were granted January 2021.

Results

Using Interpretive Phenomenological Analysis (IPA) methodology, 10 patients were recruited from a single UK hospital in 2021. Semi-structured interviews were conducted at 3 timepoints of the patient journey (Pre-surgery, 6-weeks, 6-months post-surgery). Patient data was analysed individually, then similarities and differences were explored. Additionally, a PROMs questionnaire was completed by participants at each timepoint. The PROMs results were compared to the participants voice in the qualitative data.

Six superordinate themes were identified. I'm just constantly in pain: Giving up hope: Living a process that does not reflect me: This is not who I'm meant to be: My family didn't sign up for this: I can't do anything. The PROMs scores proved insufficient in identifying the concerns and priorities of participants and did not always correlate and represent the results from the qualitative interviews. Young Hip highlighted many aspects that have currently been overlooked in younger patients undergoing THR, these are concerns that may not be as prevalent in the older patient group. The term "function" was considered to be more relevant to participant's responsibilities and roles in society, as opposed to

the traditional healthcare perception of mobility and range-of-movement in the joint. Participants were starkly aware that they did not fit the commonly accepted older patient profile for THR, therefore experienced very different expectations in recovery and rehabilitation from clinicians, relatives, and themselves. Body confidence and the negative psychological impact experienced were important considerations. Person-centred care and collaborative partnerships between patients and all healthcare professionals were instrumental in achieving positive outcomes for the patient.

As participants do not fit the expected patient profile for THR, the current care pathway does not always suit their needs. Developing more a flexible THR care pathway that recognises the increasingly non-homogeneous nature of THR patients could help to address some of the issues raised by this study and more effectively support the recovery of younger patients.

This study is the first qualitative research into this patient population. Despite there been a wealth of evidence using quantitative methods in young THR patients, the voices of young patients undergoing elective THR is absent in the available research used for evidence-based practice. To ensure we as HCPs are addressing the needs and priorities of patients, it is essential we ask them what those priorities are.

The findings of the Young Hip study identified many areas of care requiring improvement. Information and the management of expectations was highlighted as a significant issue by all participants, this often led to them seeking information and advice from other sources that were sometimes misleading and inaccurate. Providing relevant and clear information is the responsibility of all HCPs throughout the patient journey and is a cornerstone of enhanced recovery pathways and rehabilitation.

Learning outcomes

1. The Young Hip study highlighted the importance of qualitative research and exploration when considering what consists of a positive outcome post orthopaedic intervention. There was a disconnect between what healthcare professionals believed to be important to the participant, to that of the participant's own opinion. HCPs are utilising the research available to provide the best evidence-based practice possible to all patients, unfortunately research currently available does not consider the younger patients' voice, nor does it recognise this demographic potentially has very different priorities and needs than their older counterpart. Greater awareness of HCPs and wider public regarding the increasing incidence of THR in young people could have avoided some of the negative experiences recounted in this study. These appear to have been based on clinician and healthcare staff's own assumptions and unconscious biases, underpinned by experience and evidence-based-practice utilising the current quantitative outcome measures, for example, radiographic outcomes, revision rates, and PROMs.

2. It is important to disseminate that THR is appropriate for this age group, but their expectations, experiences and insights are very different to an older population. This study shows that it isn't just the surgery that is different but the recovery. There is sometimes an expectation that the recovery for a young person will be similar in nature and duration to a sporting injury, but this is not the case.

3. Individualised care and collaborative therapeutic relationships between patients and all healthcare professionals are instrumental in achieving positive outcomes for the participants in Young Hip.

Recommended reading list / references

Mew, L; Heaslip, V; Immins, T; Wainwright, T. Young Hip: An exploration into young patients' (<50 years) expectations following primary total hip arthroplasty. A qualitative study. (Accepted Bone & Joint Open Jan 2025)

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Mew L, et al. (2022) A Patient and Public Involvement Study to Explore the Need for Further Research into the Experience of Younger Patients Undergoing Total Hip Arthroplasty. *Journal of Patient Experience*. doi:10.1177/23743735221083166

Biography

The presenter is the Orthopaedic Advanced Practitioner at MKUH. Previously employed as a Research nurse and led the T&O, ICU, Covid19 & Influenza research portfolios. She was highly commended Research Nurse of the Year at the NIHR-TVN-CRN awards in 2020. She completed her PhD in 2024 and was awarded an NIHR pre application support grant beginning in December 24 to further develop her research proposals in orthopaedics. Under her leadership the orthopaedic research department in MKUH has been awarded highest recruiting site of T&O studies for 2023-24 by the Oxford Trauma Network. She acts as PI for many studies in MKUH, and in 2023 was the only nurse highly commended Outstanding PI at the NIHR-TVN-CRN awards.

Poster 2

Enhancing Orthopaedic Outcomes through Qualitative Research Integration

Dr Louise Mew, Orthopaedic and Arthroplasty Advanced Practitioner, Milton Keynes University Hospital

Overview

Qualitative research provides unique insights into patient experiences and perceptions of care. These narratives cannot be captured by quantitative data alone and provide more comprehensive understandings of patient-centred care. Despite this, qualitative studies are scarce in prominent trauma and orthopaedic (T&O) journals.

Qualitative research in T&O is essential in unveiling patients' nuanced experiences and expectations, which remain unseen by quantitative data alone. A more holistic and empathetic understanding of patient outcomes and satisfaction can be achieved by embedding qualitative methods within T&O research. Thus, the paucity of qualitative studies in prominent orthopaedic journals is not just a gap in research but a missed opportunity to enhance the quality and relevance of orthopaedic practice.

This scarcity prompts questions about the prevalence of qualitative methodologies in orthopaedic research: Are they underutilised? Are research questions not conducive to qualitative inquiry?

Alternatively, is there unconscious bias against publishing qualitative research in orthopaedic journals, suggesting clinicians may believe that qualitative methods are more suited to be published elsewhere? Nursing and allied professional (AHP) research hold strong traditions of using qualitative methods. The role of the nurse and AHP is synonymous with a holistic view of the patient and congruent with qualitative methodology.

Advocating a shift towards greater inclusion of qualitative research in T&O journals may require addressing inherent biases and misconceptions about the value of qualitative data. A balance between qualitative and quantitative methodology may allow for a more robust and nuanced exploration of patient care, ensuring that outcomes reflect the complexities of individuals and lead to more effective clinical solutions. Therefore, the orthopaedic AHP and nursing research community must champion this cause, fostering an environment where qualitative research is not only conducted but also published and valued on par with quantitative studies. This paradigm shift is key to advancing a more patient-centred approach in T&O.

Results

It is estimated in the literature that only 3-18% of trials incorporate qualitative research.

A comprehensive bibliometric search occurred in March 2024, by two independent researchers. The top 15 orthopaedic and sports medicine journals from 2023 were identified, according to a combination of the Thomson Reuters impact factor and Scimago Journal ranking.

A further search took place in August 2024 broadening the search terms.

The entire online archives consisted of 156,668 published works. The search terms identified 8493 papers. Title and abstract (and if needed full text) were screened against the eligibility criteria, this left an eligible 138 papers and 35 editorials and literature reviews.

This translates to 0.1% of published papers in the entire back catalogue of the listed high-profile trauma and orthopaedic journals include qualitative methodology or make some reference to it.

The use of qualitative methodologies has increased over time. Before the year 2000, 0 papers fitting the eligibility criteria were found, this increased to 0.07 between 2000-2009 0.07%, and rose again to 0.14% between 2010-2019. The current decade is shown to predict the biggest increase so far as the volume of qualitative research since 2020 already exceeds that of previous decades. However, along with the increase in qualitative research, there has also been marked increase in articles published overall. Not least due to the rise in online publications. The ability to publish articles online in addition to paper copies resulted in over 15000 more papers in the named journals in 2010-2019 compared to 2000-2009.

Nursing and AHP research hold strong traditions of using qualitative methods and their role is synonymous with a holistic view of the patient and family and is underpinned by theories that are congruent with qualitative methodology. This rationale implies qualitative research is common within orthopaedic nursing and AHP journals.

A scoping exercise briefly explored the archives of the journals, Orthopaedic Nurse and the International Journal of Orthopaedic and Trauma Nursing. Though more qualitative research was evident than in journals targeted at clinicians, the total number still constituted less than 25% of the online archives.

Importantly, though research using qualitative methods is found in nursing journals and has increased over time, the rates across journals fluctuated considerable, and the number of publications using qualitative methods were not as high as what could be assumed.

Evidence suggests that most healthcare professionals (particularly clinicians) primarily read articles published within two or three key journals of their own speciality and discipline, therefore, findings published in high impact non-orthopaedic journals or journals from other disciplines mean healthcare practitioners are unaware of published findings, resulting in them being unable to consider the information and how it could impact their practice and approach to person-centred care.

The purpose of this article was to highlight the absence of qualitative research within the surgical orthopaedic specialty; therefore, the featured journals were speciality journals. It is difficult to ascertain how underrepresented qualitative research is in these journals as the actual volume of qualitative research being conducted relative to quantitative research is unknown, neither are rates of submission, review, and acceptance of qualitative research compared with non-qualitative research. It could be quantitative researchers greatly outnumber qualitative ones, however, the amount of qualitative research published in orthopaedic journals is so minimal, there implies some other contributing elements. Further research is required in exploring the factors and circumstances

of publication rates within orthopaedic journals, and the journal publication policies that guide editorial decisions.

Learning outcomes

1. Qualitative research methodology is essential in ensuring patient voices are heard when developing evidence-based orthopaedic practice. It should also be a methodology disseminated amongst all healthcare professions and in all orthopaedic journals regardless of discipline. The medical and surgical mindset encourages clinicians to think in terms of cause and action, valuing concise quantitative results, qualitative research is sometimes considered “hopelessly subjective”, and “unscientific”. Therefore, nurses and AHPs are essential in using their experience and profession to conduct and implement qualitative research throughout the speciality ensuring it is visible to all professions.

2. Nurses and AHPs need to be strongly encouraged to ask their own research questions and conduct their own research. Though a growing field, the culture of research still sits within the doctor and surgeon discipline. Nurses and AHPs in junior roles may not be aware of the research pathways available within the NHS

or how they are available to them. I began nursing in the T&O centre in the John Radcliffe Hospital (Oxford) in 2008 and viewed research as relevant only to those who held managerial or supervisory roles in my workplace. As I have developed personally and professionally, research is a skill I now believe to be necessary to cultivate for every nurse and AHP at any point in their career regardless of their banding or levels of experience. I have also observed how many junior nurses and AHPs are keen to be involved in research when given the opportunity. One of my primary aspirations is to demonstrate to the wider healthcare society that research is not a pathway open solely to clinicians; this career is available and open to every healthcare discipline within the NHS.

3. Additionally, approaching research topics from another professional viewpoint can identify areas which some large scientific clinical trials and research traditions are missing. This is essential when considering the MDT approach to patient-centred care.

Recommended reading list / references

Gagliardi A, Dobrow M. Plethora or paucity: A systematic search and bibliometric study of the application and design of qualitative methods in nursing research [online]. Nurse Education Today, 2011;31, 299–303. doi: 10.1016/j.nedt.2010.12.002.
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Mew LE, Heaslip V, Immins T, Ramasamy A, Wainwright TW. Bridging the gap: enhancing orthopaedic outcomes through qualitative research integration. Bone Jt Open. 2024;5(11):953-961.

Biography

As above

Poster 3

Acute Compartment Syndrome After a Marathon, A Rare and Urgent Clinical Case Study

Dr Sajadhossein Bazrafshani, ST2 Doctor Trauma and Orthopaedics, Worcester Royal Acute NHS Trust

Dr Faisal Faryad, Doctor, Worcester Royal Acute NHS Trust

Overview

Background: Acute exertional compartment syndrome (AECS) is a rare and potentially limb-threatening condition, typically seen in athletes and often occurring without antecedent trauma. It is especially uncommon in long-distance runners, making diagnosis challenging in the absence of classic signs.

Case Presentation: We report the case of a 39-year-old female ultramarathon runner who developed progressive right lower leg pain at approximately 70 km of a 100 km race. Initial evaluation showed no signs of trauma or compartment syndrome, and she was clinically stable. However, worsening symptoms, an

elevated creatine kinase (CK 3282 U/L), and a lateral compartment pressure of 28 mmHg prompted admission.

She underwent an emergency four-compartment fasciotomy. Intraoperative findings revealed dusky, non-contracting muscle in the lateral compartment, with other compartments appearing healthy. Serial relook procedures confirmed viable tissue, allowing for gradual wound closure using vascular Sloops. Complete closure was achieved by postoperative day 7.

Conclusion: This case underscores the rare occurrence of AECS in endurance athletes and the need for high clinical vigilance. Early recognition and prompt surgical intervention are crucial for preventing irreversible neuromuscular damage and achieving optimal functional outcomes.

Results

Discussion

Rarity of Acute Compartment Syndrome in Marathon Runners:

While acute compartment syndrome is a rare occurrence in marathon runners, this case underscores the critical importance of keeping it in the differential diagnosis when patients present with severe, unrelenting pain in the legs, especially after prolonged physical exertion.

Acute compartment syndrome typically arises when elevated pressure within a muscle compartment compromises blood flow, leading to ischemia and potential nerve or muscle damage. In marathon runners, the risk is heightened by prolonged repetitive movements, muscle swelling, and reduced blood flow during extreme physical exertion.

Although the condition occurs in less than 1% of endurance athletes, timely diagnosis and surgical intervention are crucial to prevent irreversible damage. This case serves as a reminder that marathon runners, even those without a history of direct trauma, can develop compartment syndrome, and the condition should remain a part of the differential when assessing unexplained leg pain.

Learning outcomes

1. Education on the recognition of Atraumatic Exertional Compartment Syndrome
2. Timely management, including a four-compartment fasciotomy

Biography

Dr. Sajadhossein Bazrafshani works as a doctor in the trauma and orthopedic department of Worcester Royal Acute NHS Trust. He has a special interest in major trauma surgery.

Dr. Faryad works at Worcester Royal Acute Hospital. he has special interest in complex acute management of unstable patients

Poster 4

Developing and sustaining the workforce: A collaborative educational approach to Advancing Trauma and Orthopaedic Care

Charlotte Bell, Practice and Development and Education lead, Programme Lead
Post Graduate Certificate in Advanced Trauma and Orthopaedic Care, Oxford
University Hospitals NHS Foundation Trust

Jillian Heath, Practice Development and Education Lead, Module Lead Advanced
Patient Centred Trauma Care, Oxford University Hospitals NHS Foundation Trust

Overview

The Postgraduate Certificate in Advanced Trauma and Orthopaedic Care was developed to address the growing need for specialist education among healthcare professionals working in trauma and orthopaedics. This programme, a collaboration between Oxford University Hospitals NHS Foundation Trust (OUHNHSFT) and the University of Northampton, aims to enhance clinical expertise, support career development, and improve patient outcomes through evidence-based practice.

The programme was designed in alignment with OUHNHSFT's Learning and Education Strategy (2020–2025), which prioritises world-class education, staff development, and patient safety. It offers a structured academic framework to develop advanced knowledge and skills, enabling students to critically appraise evidence, evaluate clinical guidelines, and understand biopsychosocial influences on patient care.

Delivered over one academic year, the programme includes three modules supported by lectures, seminars, online learning, and self-directed study. With five study days per module and one induction day, the course is accessible to Nurse and Allied Health Professionals working within the specialty. The curriculum is underpinned by the Trust's strategic themes and values, including compassionate excellence, innovation, and continuous improvement.

Results

Now in its third cohort, the programme has demonstrated positive outcomes and supports the Trust's goals of staff retention by offering meaningful career development opportunities. Feedback from students, faculty, and managers has highlighted the programme's positive impact on clinical decision-making, confidence, and professional development. Students have reported improved ability to manage complex trauma and orthopaedic cases, enhanced critical thinking, and greater engagement in multidisciplinary care.

Programme leads have reflected on their experiences throughout the development and delivery of the Post Graduate Certificate, sharing insights into their professional growth and the collaborative process. These reflections will inform practical recommendations for successfully implementing joint academic-clinical programmes.

Future plans include expanding access to the wider Berkshire, Oxfordshire, and Buckinghamshire network and beyond, as well as the development of additional modules for students to continue their professional development and patient care.

Learning outcomes

1. Understand the strategic and educational rationale behind the development of a postgraduate programme in trauma and orthopaedic care.
2. Evaluate the impact of collaborative academic-clinical programme design on workforce development and patient care, including how it supports the professional growth of both learners and educators.
3. Identify key factors in sustaining and scaling specialist postgraduate education within a healthcare trust.

Biography

Charlotte Bell is a Practice Development and Education Lead in Oxford University Hospitals NHS Trust, programme lead for a Post Graduate Certificate in Advanced Trauma and Orthopaedic care, and a Fellow of the Higher Education Academy. She was awarded an MSc in Education and Leadership with Distinction. She is passionate about Orthopaedic care and integrates research inquiry, practice development, workplace learning and leadership development to develop and sustain effective workplace cultures that are person centred, safe, and effective. Charlotte advocates for sustainability of practice education and for Masters level education for clinical practitioners. She is enthusiastic about helping staff to develop their potential and flourish, and for patients and service users to experience excellence.

Jillian Heath is the Practice Development and Education Lead for the Trauma Service at Oxford University Hospitals NHS Foundation Trust (OUH NHS FT), and serves as Module Lead for the Advanced Trauma Care module within the Post Graduate Certificate in Advanced Trauma and Orthopaedic Care.

With a distinguished nursing career spanning four decades, Jillian has dedicated thirty-seven years to the Trauma Service, where she has held a variety of roles that enriched her understanding and expertise in trauma care. She completed a Post Graduate Certificate in Professional Studies through the Open University, which provided the academic foundation to complement her clinical experience. This qualification enabled Jillian to co-develop the PG Cert in Advanced Trauma and Orthopaedic Care. The creation of this program was driven by her commitment to supporting continued development and upskilling of both internal and external staff working within trauma and orthopaedic services. Throughout her career, Jillian has been passionate about integrating education into clinical practice, mentoring staff, and advancing standards of care across trauma services. Her leadership and dedication continue to play a key role in shaping trauma education and service delivery within the Trust and beyond.

Poster 5

Five Years of Paediatric Virtual Fracture Clinic

Claire Brown, Children's Clinical Nurse Specialist, BHSC - Royal Belfast Hospital Sick Children

Overview

Abstract

Five years of Paediatric Virtual Fracture Clinic

Introduction

Virtual fracture clinics (VFCs) have been shown to be a safe and cost-effective way of managing outpatient referrals to the orthopaedic department as first introduced at Glasgow Royal Infirmary in 2011. The paediatric fracture clinic at RBHSC began working towards implementing the VFC care model in 2020 and the coronavirus pandemic motivated the drive to reduce unnecessary patient contact whilst maintaining and ensuring patient safety.

Method

A treatment protocol was developed in partnership with fracture and emergency consultants for the management of common fracture and trauma conditions within the Emergency Department (ED) based on the BOA standards and British Society for Children's Orthopaedic Surgery (BSCOS). Following treatment in ED, patients are either assessed by the on call Orthopaedic consultant in ED, discharged with advice or referred to VFC for assessment.

A senior consultant and fracture nurse lead VFC three times each week. Patients are triaged into three categories; requiring a face-to-face appointment in fracture clinic, receiving a telephone call with the nursing team or referred to ED/other for follow up. All patients received a letter and telephone call to inform them of the outcome.

Results

Since its introduction, a total of 10,249 patients have been referred to VFC. 2701 (26.35%) received a nurse led telephone call and letter from the consultant. Review appointments for 6897 (67.3%) were arranged, and 651 (6.35%) were reassessed in ED or in other trusts. Fracture clinic appointments were reduced by 32.7%.

Discussion

BOA guidelines suggest all patients should be reviewed within 72 hours of their orthopaedic injury. Implementation of a Paediatric VFC allows this target to be achieved while reducing unnecessary hospital appointments which benefits child and parents. The nurse led telephone call provides parental advice, support and if required a nurse led appointment can be provided. Parental feedback has been positive.

Results

Virtual fracture clinic was based on the work already outlined by Glasgow Royal Infirmary in 2011, while using the standards from BOA and BSCOS and partnership with consultants from ED and Orthopaedics. It has been proved successful with a consistent yearly total of 32.7% not requiring face to face appointments. Parental satisfaction is positive with parents very happy with information discussed over the phone and the option to be seen face to face if concerns arise. All patients referred to VFC are contacted by phone by an orthopaedic/fracture nurse to provide support and information regarding their child's injury. This was a service improvement made based on previous parental survey.

A updated parental satisfaction survey is to be implemented to develop and improve the service.

Updating the Fracture website will also provide an online platform for parents to

access more information relating to their child's injury with online advice, contact numbers and frequently asked questions.

Learning outcomes

Identify, describe and explain what VFC is and how it has helped improve service delivery in a paediatric regional fracture clinic. What type of fractures/injuries would be reviewed in VFC. Treatment options for children's fractures and minor injuries

Recommended reading list / references

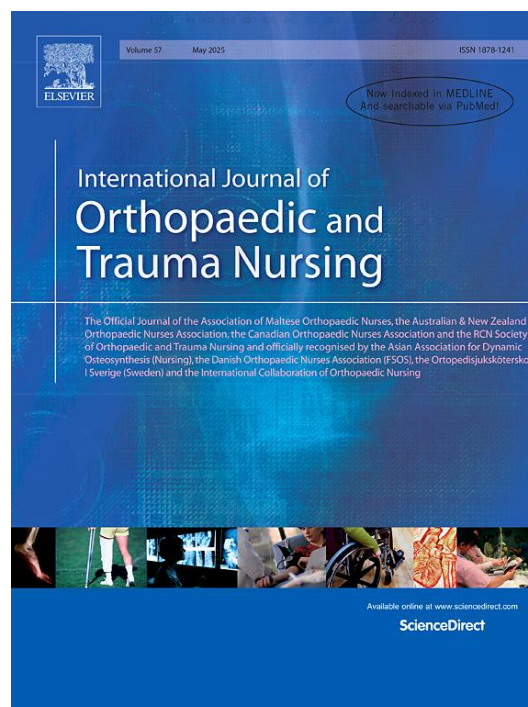
BOA Legal Aspects of Virtual Fracture Clinics

British Society for Children's Orthopaedic Surgery ED fracture guidance set

Digital Poster Prize Sponsor

The Royal College of Nursing would like to thank the International Journal of Orthopaedic and Trauma Nursing for sponsoring the digital poster prize.

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