Outline for “Technical Pearls of Ankle Arthroscopy”

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Overview
1) Let Knowledge Come to the Surface: Surface problem vs instability vs both
   Listen
   Diagnostic Injections
   Imaging
   Let arthroscopy teach you a better examination
2) Think Backwards
   Learn how to do arthroscopy from the posterior approach
   Traction Techniques / Set Up / Equipment
3) Include Deltoid Evaluation
   Motion assessment with and without traction
   Translation, rotation
   Recognize failure

Knowledge Comes to the Surface
- Mission critical to know if the symptoms are related to surface problems.
- Consider that some, not all, talar lesions are the result of instability events.
- Ligament injuries may or may not resolve after injury
- Patient with “instability” events on even surfaces may not have ligamentous instability – loose body, pain inhibition
- Unweighting “locking” consistent with loose body but does not exclude ligamentous incompetence
- Controversy regarding whether diagnostic arthroscopy has gone out of style
- Discipline of applying gold standard evaluation to pre-op assessment

Think Backwards
- Consider adding an additional skillset (posterior arthroscopy)
- Endoscopic vs arthroscopic procedures
- Positioning: Supine vs Prone
- Skeletal traction vs skin traction
- Intermittent traction vs. continuous / duration
- Demonstration of Techniques
- Cutaneous safety

Include Deltoid Evaluation
- Develop a system to evaluate deltoid ligament functions
- Review deltoid anatomy (superficial vs deep)
- Traction vs non traction
- Develop sense of spectrum of laxity, rotation
- Consider with known lateral ligamentous failure
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