

# Health Education Collaborative Newsletter

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***A message from  
the Director***



***Marg Vilella***  
***Director***

## **Welcome to issue 13**

Happy new Year!

We hope you had the opportunity to enjoy the festive season with family and friends as well as have some time to relax and recharge for the year ahead.

Last year was a year we will never forget (for all the wrong reasons). Hopefully 2021 will allow us to have some normality in both our social and working lives.

This is a good time to think about what education and skills you would like to acquire this year. Health Education Collaborative is looking forward to delivering more face to face training courses, developing new partnerships and increasing our online content this year.

We look forward to having you enroll in one of our courses this year.

**Marg Vilella Director/Education Director**  
Health Education Collaborative

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## Clinical Update



**Bruce Greaves**

**Director/CEO**

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## Clinical Question

### Last month's clinical question answer

Review the xray below of a young patient who slipped and fell backward onto an outstretched hand.



*What fracture is seen in this Xray?*

This is a fracture at the waist of the scaphoid.

*What is the percentage rate for the location of fracture for this bone as seen in the Xray?*

The waist of the scaphoid is the highest incidence of fracture by location accounting for approximately 70%, the proximal third accounts for 20% and the distal third 10%. In children the distal third is most commonly fractured due to the growth sequence of bone.

*What is the significance of a fracture of this bone related to its blood supply?*

Its blood supply is from the distal pole being supplied by the radial artery. As a result, a fracture through the waist or proximal pole may result in avascular necrosis of the proximal portion leading to severe pain. Arthritis and wrist joint degeneration can also occur over time.


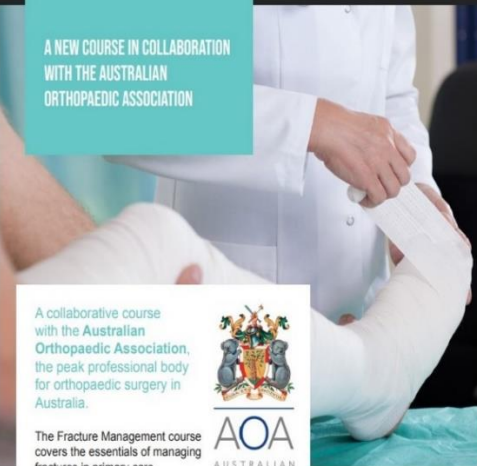


*What type of cast would you put this patient in?*

A scaphoid cast commonly referred to as the drinking hand position cast. The thumb should be immobilised to the interphalangeal joint and should be able to touch the index finger.



Cast duration may vary and can be several months; the average time is 6 to 8 weeks. Proximal fractures may require a longer duration of immobilisation due to the complexity of blood supply. Repeat MRI or bone scan should be undertaken if there is any residual pain after 6 weeks in a cast or if the fracture was a complete fracture through the waist or proximal pole.

**If you would like to learn more about fracture management, enroll in our fracture management course [healthec.com.au](http://healthec.com.au)**

<div style="display: flex; justify-content: space-between;"> <div style="background-color: #00a09a; color: white; padding: 10px; text-align: center;"> <h2 style="margin: 0;">FRACTURE MANAGEMENT</h2> <p style="font-size: 0.8em; margin: 5px 0;">A NEW COURSE IN COLLABORATION WITH THE AUSTRALIAN ORTHOPAEDIC ASSOCIATION</p> </div> <div style="text-align: right;">  </div> </div> <div style="margin-top: 20px;">  </div> <div style="margin-top: 20px; font-size: 0.8em;"> <p>A collaborative course with the Australian Orthopaedic Association, the peak professional body for orthopaedic surgery in Australia.</p> <p>The Fracture Management course covers the essentials of managing fractures in primary care.</p> <p>The course is delivered in a blended format incorporating online and face-to-face learning. Topics covered include basic anatomy, physiology of the musculoskeletal system, different types of fractures and associated complications, emergency management, investigations, diagnosis and referral, splinting, casting and post-application management.</p> <p>The course is designed for postgraduate healthcare professionals working in health facilities such as emergency departments, primary care, casting clinics, specialist rooms and rural and remote settings.</p> </div> <div style="margin-top: 20px; text-align: center;">  <p><b>AOA</b> AUSTRALIAN ORTHOPAEDIC ASSOCIATION</p> </div> <div style="margin-top: 20px; font-size: 0.8em;"> <p>For course bookings and further info, please contact Health Education Collaborative</p> <p>Bruce: 0444 547 036 Margaret: 0419 939 458</p> <p><a href="mailto:info@healthec.com.au">info@healthec.com.au</a> <a href="http://www.healthec.com.au">www.healthec.com.au</a></p> </div>	<div style="text-align: right; margin-bottom: 20px;">  </div> <p><b>Venue</b></p> <p>Holmesglen Private Hospital 490 South Road Moorabbin VIC 3189</p> <p><b>Date</b></p> <p>Saturday, 27 February 2021</p> <p><b>Time</b></p> <p>8.30am to 5pm</p> <p><b>Cost</b></p> <p>\$525 per person</p> <p>Online component is completed online prior to course attendance.</p>
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## This month's clinical question with Marg

### C- reactive protein (CRP)

We measure CRP quite often, but what is it?

CRP is a protein made by the liver and secreted into the blood. It is often the first evidence of inflammation or infection in the body. CRP can increase in the blood within a few hours from the onset of infection or other inflammatory injury and decrease just as quickly with resolution. This makes it a valuable test to monitor effectiveness of treatment.

Erythrocyte sedimentation rate (ESR) is often ordered with a CRP. Both tests provide information about the manifestations of inflammation. CRP levels will drop to normal as soon as treatment has been successful, whereas ESR levels may take a while longer to reach a normal range.

### What are the normal values for CRP and ESR?

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## Events & Courses

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### Online courses

#### Course in Clinical Assessment

**ECG Basics** (collaborative course with Baker Heart & Diabetes Institute)

**Women after gestational diabetes** (collaborative course with Baker Heart & Diabetes Institute).

This is currently a closed course, however if you are interested please contact us.

**Fracture Management** (collaborative course with Australian Orthopaedic Association).

This has an online component as well as a face-to-face component.

**Medical Scribing Courses (level 1 and level 2 Advanced).** (collaborative course with Medscribe Australia)

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If you would like us to present at any of your events, run an inservice session or manage your organisations inservice program, please contact us on [info@healthec.com.au](mailto:info@healthec.com.au) or phone Marg on 0419939458.

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## Competition

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## Competition

The first person to answer the following question correctly will receive a free enrolment for the clinical assessment course. This is a short online course (approximately 4 hours) that teaches you a structured, systematic assessment and role models this approach in a number of scenarios. Having a systematic approach that is consistent, allows a clinician to readily recognise any changes in a patient's condition. Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high-quality care.

**What does the abbreviation UOAM stand for?**

Email the correct answer to [info@healthec.com.au](mailto:info@healthec.com.au)

**Next Issue: February 2021**



**Contact us:**

Marg: 0419 939 458 or Bruce: 0444 547 036

Web page: <http://www.healthec.com.au/>