Dr. Sayegh and colleagues respond to Dr. Sharma and colleagues

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Send letter to journal: Re: Dr. Sayegh and colleagues respond to Dr. Sharma and colleagues

E-mail Eustathios I. Kenanidis, MD, et al.

To the Editor:

We thank Dr. Sharma for his interest in our recent article (1) and we would like to make the following comments in response:

The so-called "close resemblance" by Dr. Sharma of the FARES method of reduction with the Milch technique (2) and the forward elevation method which was introduced by Janecki et al. (3), have already been addressed both in our published paper (p. 2781, Discussion section, first paragraph) and in our response to Dr. Kerr's Letter to the Editor (http://www.ejbjs.org/cgi/eletters/91/12/2775). We fail to understand the difference between the term "gentle longitudinal traction", which was used in our published paper (p. 2778, Reduction Techniques section, first paragraph, line 9), and the term "gentle pull" which is preferred by Dr. Sharma. The application of longitudinal traction without counter-traction is not a novelty of the FARES technique (4). In fact it has been used in other reduction techniques as well, such as the Milch (2) and the Spaso technique (5). We agree with Dr. Sharma's comment that there is currently no scientific basis that oscillatory motion is causing muscle relaxation. Nevertheless, we believe that this oscillatory motion does help achieving muscle relaxation and furthermore it allows the patient to realize from the moment this method is initiated that it is painless. The external rotation is "given" past 90° of abduction. It could certainly be applied from the beginning. However, it is our belief that this arch of 90° of gradual abduction without external rotation, allows the patient to feel at ease and further facilitates reduction. We agree with Dr. Sharma that "it is not only the method of reduction important, but also the way it is carried out". We do claim and prove that the FARES method is fast, reliable and safe. We do not claim that the FARES method is the only fast, reliable and safe method existing. However, the results of the comparison between the FARES and the Hippocratic and Kocher methods were in favor of our method. Whether the Kocher method is the gold standard or not, remains to be further validated. Our study was a randomized one. We encourage Dr. Sharma to carefully read the section where this information is clearly stated (p. 2776, Materials and Methods section, third paragraph, lines 1-3). It is true that ligamentous laxity is an important parameter which may affect the ease of reduction. However, proper randomization of our patients obliterated the need to evaluate this parameter. As far as the question by Dr. Sharma regarding the methods of anesthesia which were used, it is clearly stated in the text that all reductions were performed without sedation, anesthesia, or pain control (p. 2776, Materials and Methods section, third paragraph, lines 18-19). The Milch technique is only described in

order to differentiate it from the FARES technique (p. 2781, Discussion section, first paragraph). We did not use the Milch method of reduction in any of our patients. As far as the "small number of the patients" and the "low power" of the study are concerned, we encourage Dr. Sharma to study the Statistical Analysis section of our paper (p. 2777) where it is clearly explained that the number of patients that needed to be enrolled in order to reach statistically significant results was accurately pre-calculated. Regarding the number of re-dislocations, it is clearly stated in the Introduction section of our paper (p.2776, third paragraph) that "the aim of our study was to introduce a new method of reduction of an acute anterior dislocation of shoulder and to provide an objective comparison of this new method with the Hippocratic and Kocher methods in terms of efficacy, safety, and the intensity of pain felt by the patient during reduction". Studying the number of re-dislocations would certainly be interesting. However, it was not an aim of our study. Finally, we do agree with Dr. Sharma that the FARES method has to achieve universal validation before it can be put into routine practice. However, the results so far are promising.

References

1. Sayegh FE, Kenanidis EI, Papavasiliou KA, Potoupnis ME, Kirkos JM, Kapetanos GA. Reduction of acute anterior dislocations: a prospective randomized study comparing a new technique with the Hippocratic and Kocher methods. J Bone Joint Surg Am. 2009;91:2775-82.

2. Milch H. The treatment of recent dislocations and fracture-dislocations of the shoulder. J Bone Joint Surg Am. 1949;31:173-80.

3. Janecki CJ, Shahcheragh GH. The forward elevation maneuver for reduction of anterior dislocations of the shoulder. Clin Orthop Relat Res. 1982;164:177-80.

4. Ufberg JW, Vilke GM, Chan TC, Harrigan RA. Anterior shoulder dislocations: beyond traction-countertraction. J Emerg Med. 2004;27:301-6.

5. Miljesic S, Kelly AM. Reduction of anterior dislocation of the shoulder: the Spaso technique. Emerg Med. 1998;10:173-5.