

**Dr. Sayegh and colleagues respond to
Mr. Hassan and Mr. Tavakkolizadeh**

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[Re: Dr. Sayegh and
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Mr. Hassan and Mr.
Tavakkolizadeh](#)

[E-mail](#) Eustathios I.
Kenanidis, MD, et al.

We thank Mr. Hassan for his interest in our recent article and we would like to make the following comments in response:

1. This is an accurate and correct comment. We also use adequate sedation and analgesia in our everyday practice before attempting to reduce a dislocated shoulder. However, it is clearly stated in the Introduction section of our article (p 2776, left column, 3rd paragraph, lines 6-7) that the aim of this "...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." Mr. Hassan would certainly agree that the administration of any analgesics or sedation and the subsequent potentially different response of each patient to this administration, would compromise our objectivity when trying to evaluate the pain felt by the patient during reduction. As far as the "lack of senior supervision" is concerned, the law in our country prohibits any medical practice performed by residents without adequate supervision by a consultant. Furthermore, all reductions were performed by the same team of first or second-year resident orthopaedic surgeons who had attended a brief instructional course prior to involvement in the study; hence success rates between the three methods could be compared. It is possible that, if consultant surgeons had performed the reductions, the success rates might have been higher for all three methods. Nevertheless, by performing this study we also wanted to prove that the FARES method could easily and adequately be performed by relatively inexperienced physicians.

2. The application of gentle longitudinal traction obliterates the need to apply counter-traction as well. Traction without counter-traction has been used in other reduction techniques as well, such as the Milch (1) and the Spaso technique (2). We can assure Mr. Hassan that, after having reduced hundreds of dislocations with this method, there is not a single case of a patient who was "pulled off the bed" during

the reduction maneuver.

3. Following the instructions of the scientific research board at our institution and in order to minimize the patients' discomfort and to be more accurate when evaluating the success rates of each method, only two attempts of reduction were allowed. As far as the "guidance from a more senior surgeon" is concerned, we feel that this point has already been addressed in paragraph 1.

References

1. Milch H. The treatment of recent dislocations and fracture-dislocations of the shoulder. *J Bone Joint Surg Am.* 1949;31:173-80.
2. Miljesic S, Kelly AM. Reduction of anterior dislocation of the shoulder: the Spaso technique. *Emerg Med.* 1998;10:173-5.