

日期

102年12月23日

內容摘要：

- (填寫說明：1. 如有附件請註明，如簡報檔、全文檔等  
2. 需有問題與討論：請註明姓名並包含醫學倫理及 EBM 之應用  
3. 需有總結，請註明做結論者【主持人】姓名  
4. 請自行編排頁碼)

Journal reading

地點：同新園會議室

報告者：R1 劉邦民 / PSY 林聖傑

時間：2013/12/23 0830

指導者：F2 林俊龍

① The accuracy of ultrasonography in foot & ankle trauma

Q1: (VS 林俊龍) : Sonography is advantage

A1: (PSY 林聖傑) : Cheap, irradiation free, dynamic detection (real-time)

Q2: (VS 林俊龍) : Ottawa knee rule!

A2: (R. 劉凱文) : Age > 55 y/o, fibula head tenderness, patella tenderness, cannot flex to 90°, cannot bear weight

Q3: (VS 林俊龍) : Ottawa ankle rule.

A3: (R. 劉邦民) ① Bone tenderness along the distal 6cm of posterior edge of the tibia or tip of

② the medial malleolus

tenderness along the distal 6cm of posterior edge of fibula or tip of lateral malleolus

③ cannot weight bearing (cannot walk)

Q4: (VS 林俊龍) : Ottawa foot rule?

A4: (R. 吳冠華) : ① Bone tenderness at the base of fifth metatarsal

② Bone tenderness at navicular bone

③ Cannot bear ~~heavy~~ weight

內容摘要 (續):

Q<sub>3</sub> (VS 林俊龍) : 此篇 paper 2 conclusion

A<sub>3</sub> (PGY 林聖傑) : US ~~app~~ scanning is an effective method for adult ankle & foot trauma  
Paper 2: US assisted can decrease the need of radiology trays

Q<sub>4</sub> (VS 林俊龍) : 1 way for ankle trauma

A<sub>4</sub> (PGY 林聖傑) : 1 way can exclude 85% pt that ~~tra~~ doesn't fracture according to this paper

Q<sub>5</sub> (VS 林俊龍) : US 如何判斷骨折

A<sub>5</sub> (R, 鄭凱元) : Cortex 不連續

Paper 3: CVP in ultrasound

Q<sub>6</sub> (VS 林俊龍) : US tool for predict CVP

A<sub>6</sub> (R, 劉凱民) : IJ aspect ratio, IVC collapsibility ~~with~~ index IVC diameter

Q<sub>7</sub> (VS 林俊龍) : early goal treatment:  $\geq$  CVP level

A<sub>7</sub> (R, 吳冠學) : CVP: keep 8-12 mmHg

Q<sub>8</sub> (VS 林俊龍) : 此篇 paper 2 conclusion

A<sub>8</sub> (R, 劉凱民) : IVC diameter  $\geq$  2 cm seem to be more accurate in predicting CVP  $<$  10 mmHg

(VS Comment)

Fellow 林俊龍: Songray 在臨床上應用很廣, 有樂趣紅人  
可以再深入研習  
紀錄者: 吳凱民

