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ORTHOPAEDIC ST3 INTERVIEW GUIDE

2027

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OrthoRevision
ST3

TABLE OF CONTENTS

1 Overview of Application

2 Self-Assessment Score

3 Competition Rates

4 Interview Structure

5 Tips for Success

6 What you need to know

OrthoRevision ST3



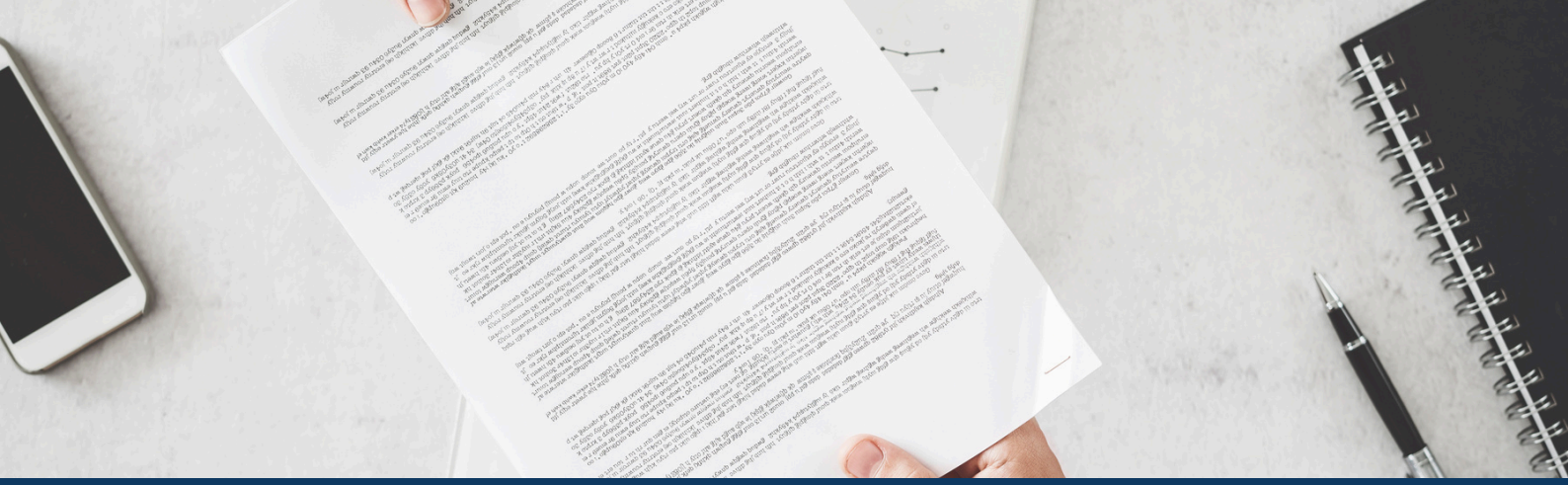
Key Dates

Applications Open: 19th Nov 2026
Application Deadline: 10th Dec 2026

Self-Assessment Upload Window: TBC
Self-Assessment Verification:TBC

Interviews: 1-6th April 2027

Initial Offers Released: 13th April 2027
Holding Deadline: 21st April 2027
Upgrade Deadline: 22nd April 2027



Application Overview

All applications for ST3 Trauma and Orthopaedics must be completed online through the **Oriel recruitment system.** This central portal allows you to manage your entire application, from initial registration to receiving interview invitations and offer updates.

- **Registration:** Applicants create a profile with a single login, valid for the entire recruitment year. This profile is used to complete the application and track progress.

- **Application:** You will submit one standardised form, which includes sections for prose responses and self-assessment scoring. Ensure all required fields are completed, and that your qualifications and experience align with the eligibility criteria in the ST3 Person Specification.

- **Self-Assessment Submission**: You will upload supporting evidence for your self-assessment scores in late December / early January

- **Interview:** Interview invitations and scheduling are also handled through Oriel, allowing you to book your interview timeslot online.

Ensure your application is submitted by the deadline, as late submissions through any other format (email, post, etc.) are not accepted.

Application Overview

Self-Assessment

This is a vital part of your application. You will need to:

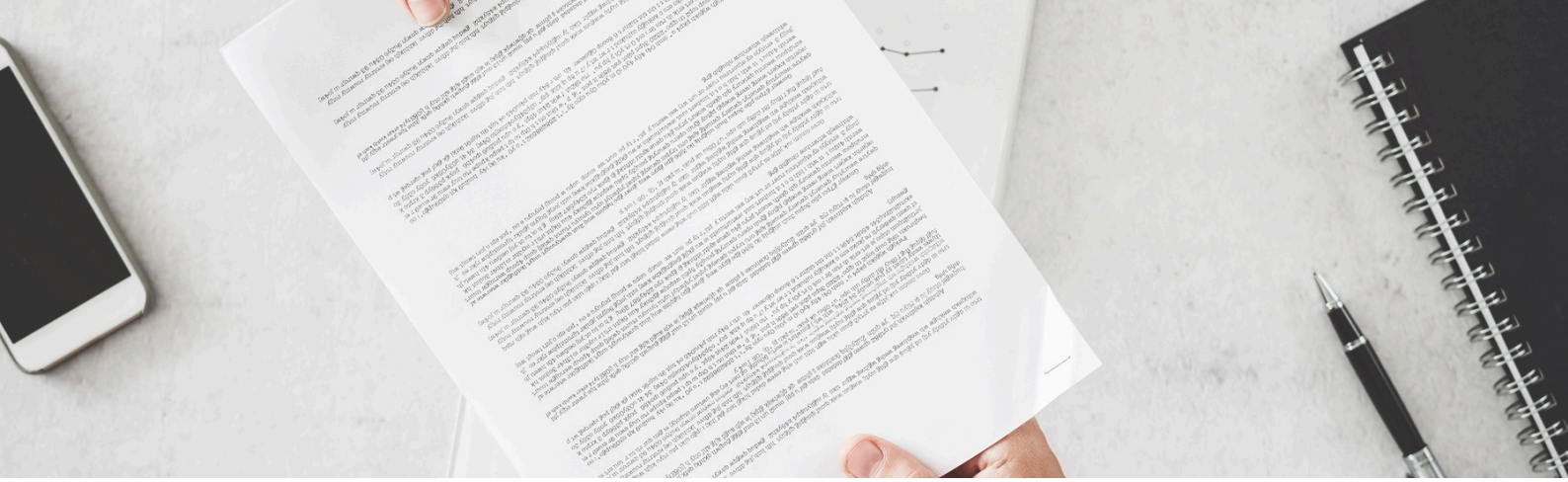
- Upload evidence supporting your achievements and qualifications.
- Ensure that **all documentation is complete and submitted before the verification window**
- See self-assessment section below for full overview

Interview Format

- **Mode:** Conducted virtually via **Qpercom.**
- **Structure:** The interview is divided into several stations that evaluate your clinical skills, judgment, and core competencies based on the ST3 Person Specification.

Offer Process

- Initial offers will be made by 13th April 2027
- You will have 48 hours to respond to your offer, with the option to **accept, hold, or decline.**
- Held offers can be upgraded until 21st April 2027.



Self-Assessment Score

Self-Assessment Scoring

- Your self-assessment responses are critical and impact your interview score significantly.
- Ensure your answers are aligned with the person specification. Regularly update your CV to reflect your achievements and key areas of experience.
- **Refer to the 2027 Applicant Handbook and T&O ST3 Personal Specification** for detailed information on self-assessment questions and their weightings. Note that questions may vary slightly each year.

Evidence Submission

- Evidence must be uploaded during the upload window this usually happens between end of December and start of January.
- Ensure your evidence is clear, directly supports your self-assessment responses, and does not contain patient-identifiable data. Evidence will be reviewed for accuracy, and any misleading information could result in a referral to a Probity Panel.

Self-Assessment Score

Question	Responses	Score	Evidence Required
2. Time in Trauma & Orthopaedic Surgery Jobs	0-3 Months 4-9 Months 10 -36 Months 37-59 Months 60 or more	**0** **1** **8** **4** **1**	Completion of training posts Contract evidence for non-training posts
3. Time in Complementary Specialties	None 1 specialty (4+ months) 2+ specialties (4+ months each)	**0** **1** **2**	Completion of training posts Contract evidence for non-training posts
4. Completed Neck of Femur Operations	0-5 6 - 17 17 or more	**0** **2** **4**	Consultant Validated Logbook
5. Completed Neck of Femur PBAs	0-5 6 or More	**0** **1**	Consultant Validated PBAs
6. First Author Publications	None 1 2	**0** **2** **4**	PMID, title of paper, authors and journal details and date of publication.
7. Other PubMed Indexed Papers	None 1 2	**0** **1** **2**	PMID, title of paper, authors and journal details and date of publication.

Self-Assessment Score

Question	Responses	Score	Evidence Required
8. Presentations	0 presentations 1 x Group 2 Presentation 1 X Group 1 Presentation 2 X Group presentations 1 X Group 1 AND 1 X Group 2 presentations 2 X Group 1 presentations	**0** **1** **2** **2** **3** **4**	Certitifcate of Presentation Confirmation of Attendance
9. Audits / QIPs	0 1 2	**0** **1** **2**	evidence of completion and presentation. "Assessment of Audit", validated certificate or letter from audit lead clinician.
10. UK Higher Degree	None Masters PhD/MD	**0** **1** **2**	Degree certificate, equivalency for non-UK degrees
11. Leadership/ Management Role	None Local Regional National/International	**0** **1** **2** **3**	Signed letter from recognised body Validated document (e.g. TPD / AES)
12. Teaching Experience	None Regular Engagement Significant Role Formal Teaching Rol3	**0** **1** **2** **3**	OOT, feedback, evidence of teaching programme, teaching contract Minimum 6 months
13. Organisation of Portfolio	Poor Well Organised	**0** **2**	First page of evidence for each domain to be a summary page clearly showing where each piece of relevant evidence is to be found



Competition Ratios

Competition Ratios

- **2024 Data:** There were 522 applications for 164 ST3 posts. Resulting in a competition ratio of **3:18.**
- **2025 Data:** There were 684 applications for 150 posts. Giving a competition ratio of **4:56**
- **2026 Data:** There were 799 applications for 140 posts. Giving a competition ratio of **5:71**

Job Allocation Process

- **Regional Job Numbers:** Each region releases the number of available jobs, which can vary and may not be confirmed until later in the process.
- **Ranking Preferences:** After applying, you will rank all available positions by preference. Jobs are allocated based on interview scores, with higher-scoring candidates receiving their top-ranked positions.

Competition Ratio

Number of Posts

Region	2023	2024	2025
East Midlands	19	11	**6**
East of England	18	11	**20**
North East	6	8	**10**
North West (North West)	8	8	**9**
North West (Mersey)	8	5	**7**
Scotland	16	12 + 2 LAT	**5**
South West (Peninsula)	5	4	**2**
South West (Severn)	7	9	**7**
London	20	36	**19**
Kent, Surrey & Sussex	15	17	**14**
Thames Valley	3	2	**4**
Wessex	6	10	**3**
West Midlands	13	17	**20**
Yorkshire and Humber	13	14	**15**

Competition Ratio

Key Preparation Tips

- **Register early on Oriel**
- **Review the Person Specification Carefully**
- **Prepare self-assessment evidence ahead of time**
- **Familiarise yourself with virtual interview platform**

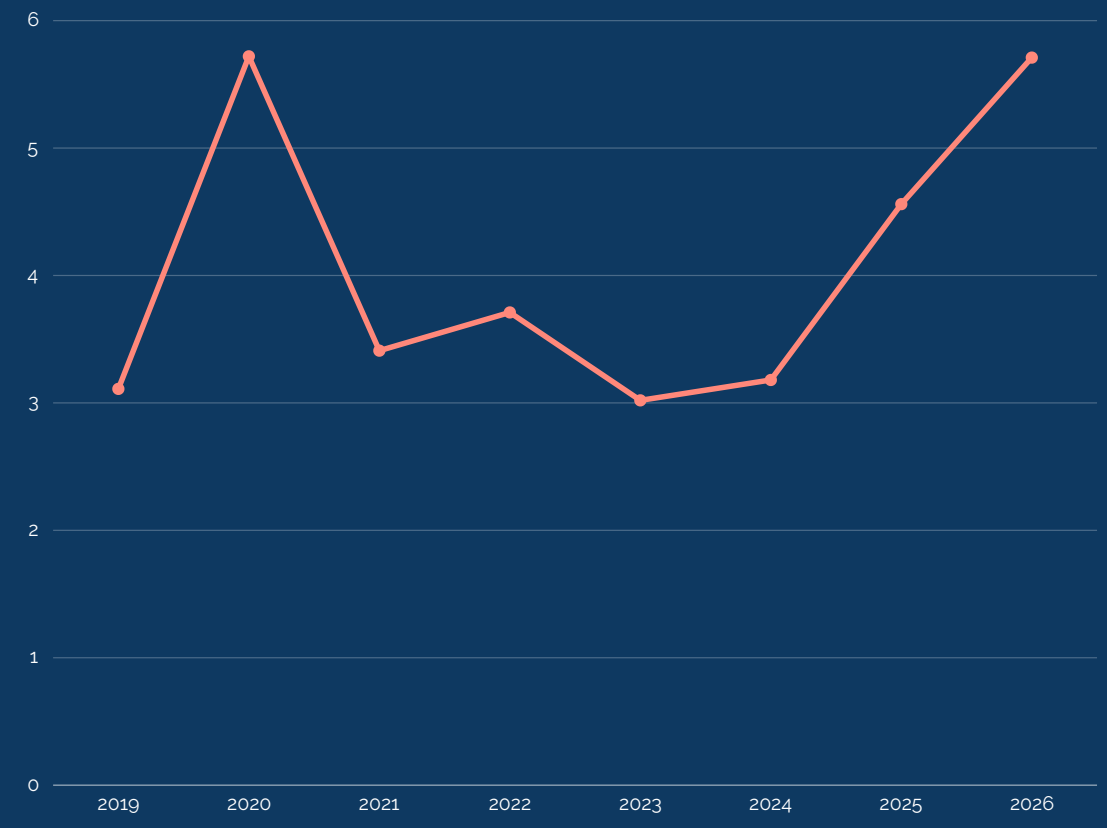
This guide provides a clear roadmap to help you navigate the ST3 Trauma and Orthopaedics application process, from registering on Oriel to interview preparation and offer decisions.

Key Points for Success

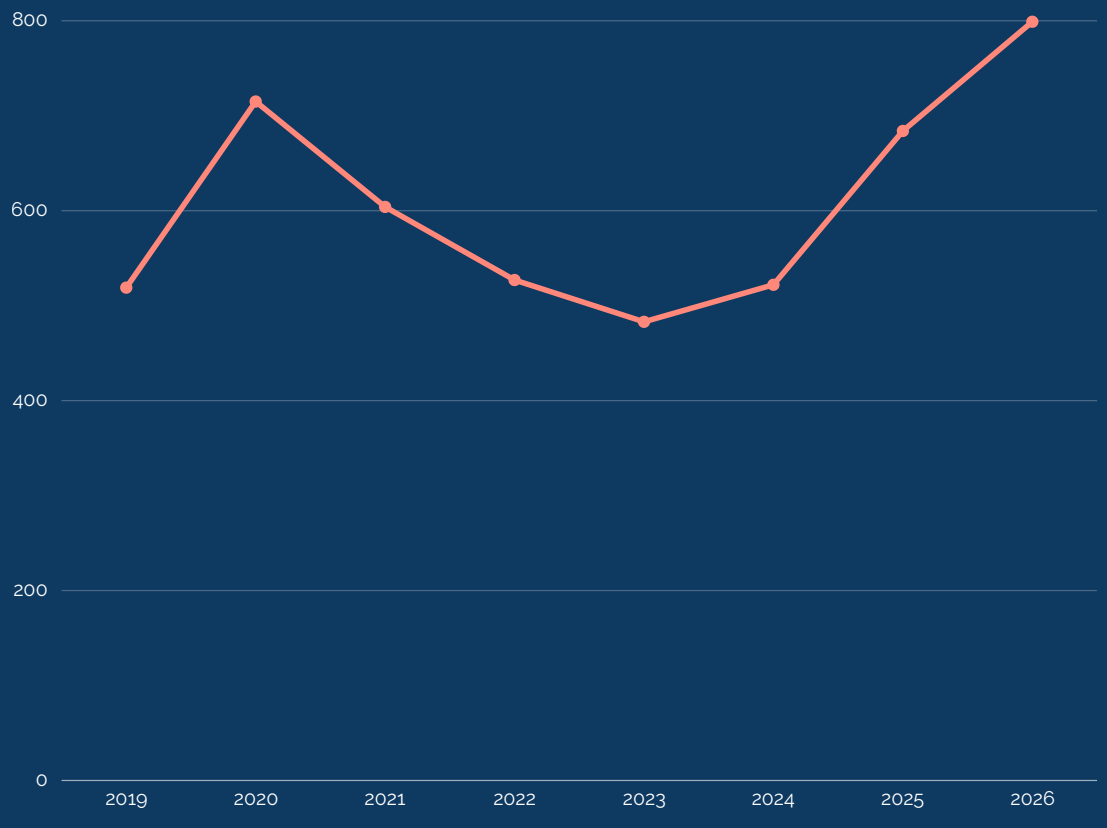
1. **Have CV well structured**
   - With high competition, ensure your application is strong and aligns with the person specification.
2. **Stay Updated**
   - Job numbers and availability can change, so keep an eye on updates from each region.
   - Keep an eye on Yorkshire and Humber website for regular updates
3. **Rank Wisely**
   - Choose your job preferences carefully, as allocations are based on your interview performance and your ranked preferences.

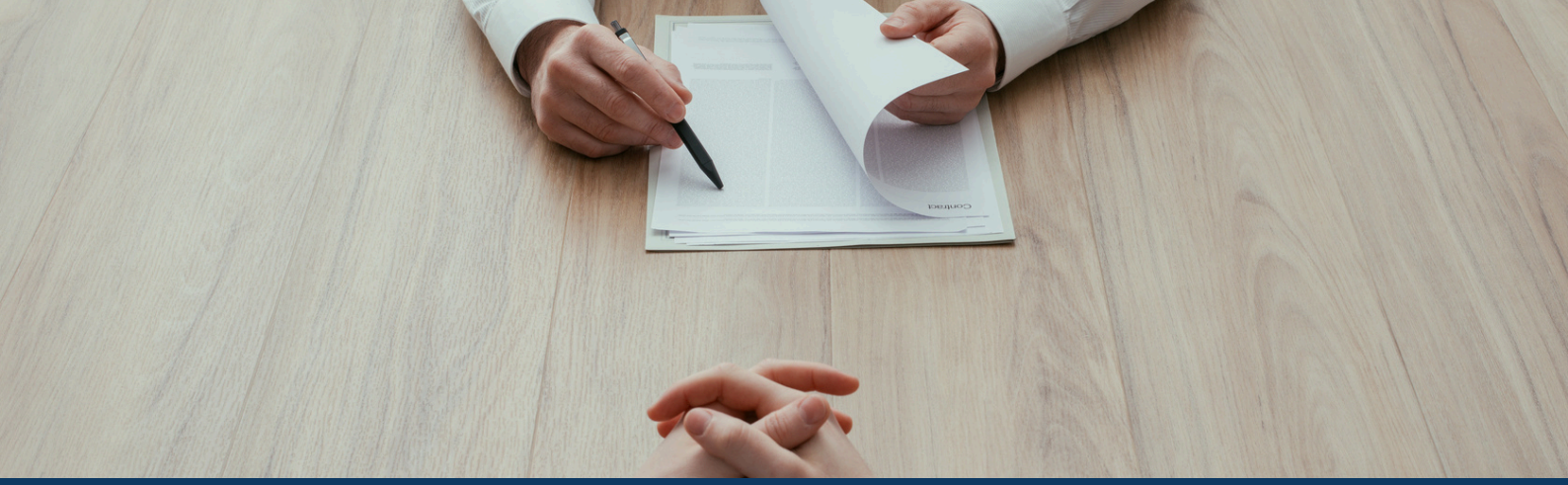
This guide provides a streamlined overview of the competition and job allocation process for the ST3 Trauma and Orthopaedics recruitment, helping you navigate the application with a clear understanding of the stakes and procedures.

Competition Ratio



No. of Applicants





Interview Structure

The ST3 interview for Orthopaedics consists of a single online session lasting 60 minutes, **divided into four 10-minute stations**. Interviews will take place usually in **late March** and be conducted virtually via **Qpercom**.

Interview Scoring

The total score for the interview is **232 points**, with **86% derived from the interview itself** and the remainder from the self-assessment completed during the application. Each station is scored out of 50 points by two independent interviewers.

The scoring criteria for each station are:

- **Clinical:** Technical Knowledge, Problem Solving, Decision Making, Situational Awareness, Communication.
- **Commitment to Speciality:** Career Motivation, Academic Achievements, Leadership, Organisation, Communication.
- **Prioritisation:** Organisation and Planning, Communication, Problem Solving, Judgment Under Pressure, Situational Awareness.
- **Communication:** Technical Knowledge, Situational Awareness, Judgment Under Pressure, Communication Skills.

Interview Structure

Each station assesses different skills and competencies:

Clinical Station

- This section evaluates your clinical knowledge and problem-solving skills through scenarios or X-rays.
- You will be assessed on technical knowledge, decision-making, situational awareness, and communication skills related to information gathering and giving.

Commitment to Speciality Station

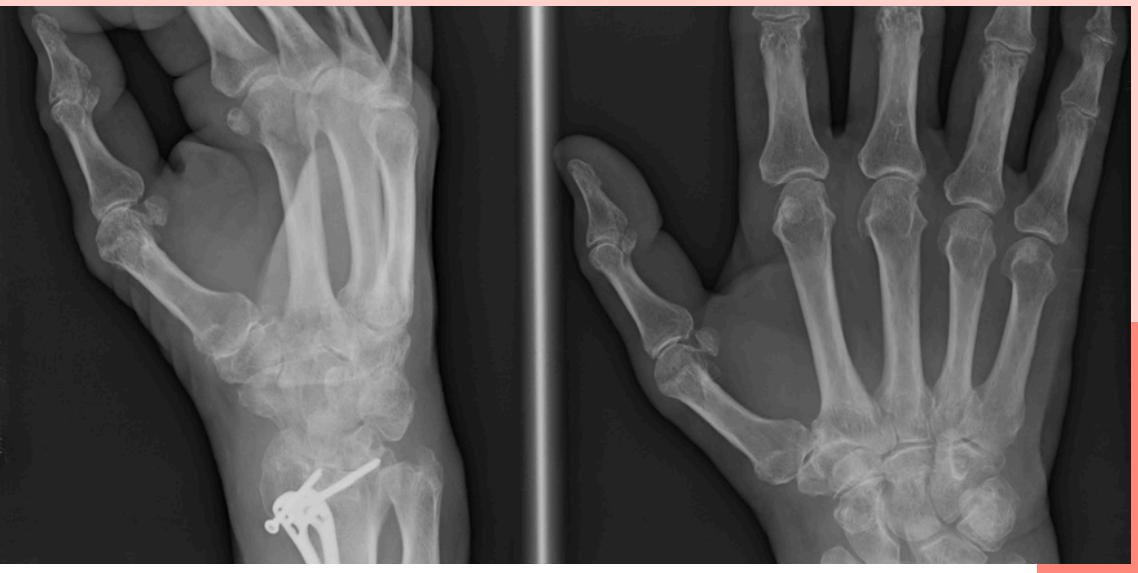
- Here, you'll discuss your career achievements and experiences.
- This station focuses on career motivation, academic performance, leadership, organisation, and communication.
- Your self-assessment from the application will be reviewed prior to this section.

Prioritisation Station

- This exercise tests your ability to prioritise and organise tasks, such as managing a trauma list or patient handover.
- Key areas include organisation, communication, judgment under pressure, and situational awareness.

Communication Station

- A new addition from 2024 onwards, this station involves a scenario where you must communicate effectively with a patient or actor.
- The focus is on technical knowledge, situational awareness, judgment under pressure, and communication skills.



Tips for Success

Clinical Station

The clinical station involves presenting and managing common orthopaedic conditions and is similar to the MRCS exam level with specific orthopaedic concepts.

Focus on these **five key areas:**

- **Clinical Anatomy:** Review relevant anatomy and common orthopaedic anatomy.
- **Clinical Scenarios:** Practice clinical scenarios and interpreting radiographs.
- **Guideline Summaries:** Familiarise yourself with relevant guidelines such as **BOAST, NICE,** and **GIRFT.**
- **Approaches:** Understand standard approaches to common operations.
- **Operations:** Know basic surgical procedures and indications

Interpreting Radiographs

When presenting radiographs, use structured approach:

- **View**: State the type of view (e.g., AP, lateral).
- **Patient Info:** Mention patient demographics, date, and time.
- **Findings:** Describe the most obvious injury and note any associated injuries.



Example

"This is an AP + Lateral radiograph of the right wrist. It shows an extra-articular fracture of the distal radius with radial shortening and loss of radial inclination. No other fractures are visible, and the distal radio-ulnar joint appears congruent. Additional orthogonal views, including lateral and oblique, are needed for further assessment."

Systematic Management Approach

For managing injuries, follow these steps:

Key Concerns

Identify any potential emergencies and relevant guidelines. Make examiner aware early on in station that you know what the emergency is.

- **Guidelines**: Refer to **ATLS, BOAST, NICE.**
- **Assessments:** State would exclude open injuries, neurovascular injuries, compartment syndrome, and non-accidental injury (in children).

Example: "For this open tib-fib fracture, I would **follow ATLS principles**, perform a **primary and secondary survey to exclude life or limb threatening injuries**, and manage according to **BOAST guidelines for open fractures**."

History

Use the **AMPLE Trauma History mnemonic**

- **A**llergies
- **M**edications
- **P**ast Medical History
- **L**ast Meal
- **E**vents (mechanism of injury)

Examination

Check for:

- **Open injuries**
- **Neurovascular status**
- **Compartment syndrome**

Examination otherwise will be specific to the injured area. For example examination of the urethral meatus, vaginal and PR examination in pelvic injuries. You need to state what you would do in actual real life scenario as a competent junior SpR.

Investigations

Systematically order investigations based on the injury. Can divide into the following areas to structure answer:

- **Bedside**: Observations, urine dip, ECG
- **Bloods**: VBG, blood tests (including G&S), remember clotting!
- **Imaging**: CXR, additional radiographs, CT, MRI.

Management

Focus on initial steps:

- Reduction of fractures
- **Always perform check XR and re-examine NV status** after **reduction / procedure**
- Weight-bearing status
- Analgesia
- VTE assessment
- Consent and marking
- NBM and CEPOD List
- **Escalation to senior staff**

Operative Intervention

When discussing surgery treatment decision can be broken down into patient and injury factors:

- **Patient Factors:** Age, comorbidities, functional status, social history.
- **Injury Factors:** Type of injury, fracture pattern, comminution, polytrauma.

Surgical Approaches

"After appropriate consenting, marking and safety checks, I would perform…"

1. Positioning
2. Incision
3. Internervous / intermuscular plane
4. Superficial Dissection
5. Deep Dissection
6. **Dangers**

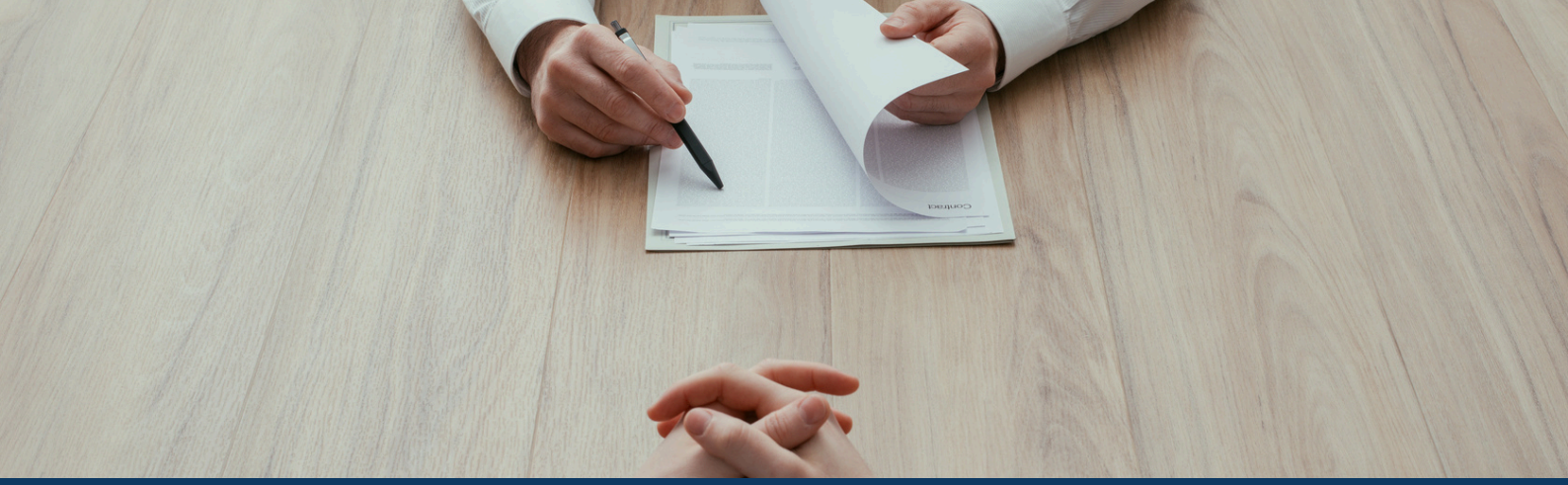
Guidelines and Classifications

Be aware of classification systems but focus on understanding and applying relevant guidelines**. Refer to BOAST guidelines for injury-specific management** and **know these off by heart instead!**

You do not need to quote papers during the interview. I would be aware of the main big RCT papers for interview (e.g DRAFFT). See the what you need to know at the end of the interview guide for recommended studies.

Top Tips

1. **Use a structured approach**
2. **Know your clinically relevant anatomy**
3. **Apply and know BOAST guidelines thoroughly**



Tips for Success

Commitment to Specialty

The **commitment to portfolio station** in the Orthopaedic ST3 Registrar interview is crucial for showcasing your skills and commitment. While often overlooked, excelling here can set you apart from other candidates. Here's how to maximise your performance:

Prepare for an Ethical Scenarios

Ethical scenarios were introduced during this station in the 2024 interview may include questions about dealing with colleagues or ethical dilemmas. Use the SPIES framework for a structured response:

- **Seek Information:** Gather all relevant facts
- **Patient Safety:** Prioritize patient well-being
- **Initiative:** Propose proactive solutions
- **Escalate:** Know when to involve senior staff
- **Support:** Provide emotional and professional support

Visit the Ethical Scenarios section on our website to prepare effectively.

Use the CAMP Framework

The CAMP acronym helps structure responses about your CV and professional background:

- **Clinical:** Highlight clinical experiences, cases, procedures, and quality improvement projects.
- **Academic:** Discuss research, publications, academic awards, and contributions to medical literature.
- **Management/Teaching:** Showcase leadership roles, teaching activities, and service improvement initiatives.
- **Personal:** Share personal qualities, extracurricular activities, and ongoing professional development.

Apply the STAR Framework

For behavioural or situational questions, use STAR:

- **Situation**: Set the scene.
- **Task**: Explain your role and responsibilities.
- **Action**: Detail the steps you took.
- **Result**: Describe the outcome and any lessons learned.

Top Tips for the Portfolio Station

1. **Know Your Portfolio:** Be prepared to discuss any aspect of your portfolio, including audits and research projects.
2. **Showcase Your Achievements:** Highlight technical skills, competencies, and evidence of your progress, such as certificates and logbooks.
3. **Reflect on Experiences:** Use reflective statements to discuss lessons learned and how you've improved as a clinician.
4. **Practice Presenting:** Rehearse presenting your portfolio to gain confidence and refine your delivery.
5. **Be Passionate & Enthusiastic:** Let your dedication to orthopaedics shine through in your presentation.

By thoroughly preparing and following these guidelines, you can effectively demonstrate your qualifications and commitment during the interview. Good luck!



Tips for Success

Prioritisation Station

The prioritisation station in the interview tests your ability to make quick, effective decisions under pressure. The station usually takes one of three formats:

1. **Arranging a Theatre List**
    - Create a theatre list for one or two theatres, prioritising patients based on clinical need.
    - Can be elective or trauma list but most commonly will be trauma list
    - You may need to manage a tight schedule and handle overnight cases.
2. **Taking Night-Time Handover**
    - Simulate an evening handover where you review and organise patients from the day shift.
3. **Hybrid Scenario**
    - A combination of both previous formats: prioritise patients and arrange a theatre list for the next day.
    - This hybrid format was popular in the 2024 interview process. Practice these scenarios with colleagues.

General Preparation Tips

- **Practice Regularly:** Engage in prioritisation exercises to familiarise yourself with the process.
- **Articulate Your Process:** Clearly explain your decision-making and ask relevant questions about each patient.

Order for Prioritising

Emergency Overnight CEPOD List (Life/Limb Threatening Injuries)

Highest Priority
Take to theatre overnight / immediately
Compartment Syndrome
Neurovascular Compromise
Necrotising Fasciitis
Septic Arthritis
Native Dislocations
Open Fractures with Contamination

First on Trauma List (if possible)

Diabetic Patients: Prioritise if insulin-dependent.
Children: Generally prioritise based on clinical need.
NOF# (Young Patients): Ideally by a hip surgeon based on availability.
NOF# (Elderly): <36 hours as per best practice tariff

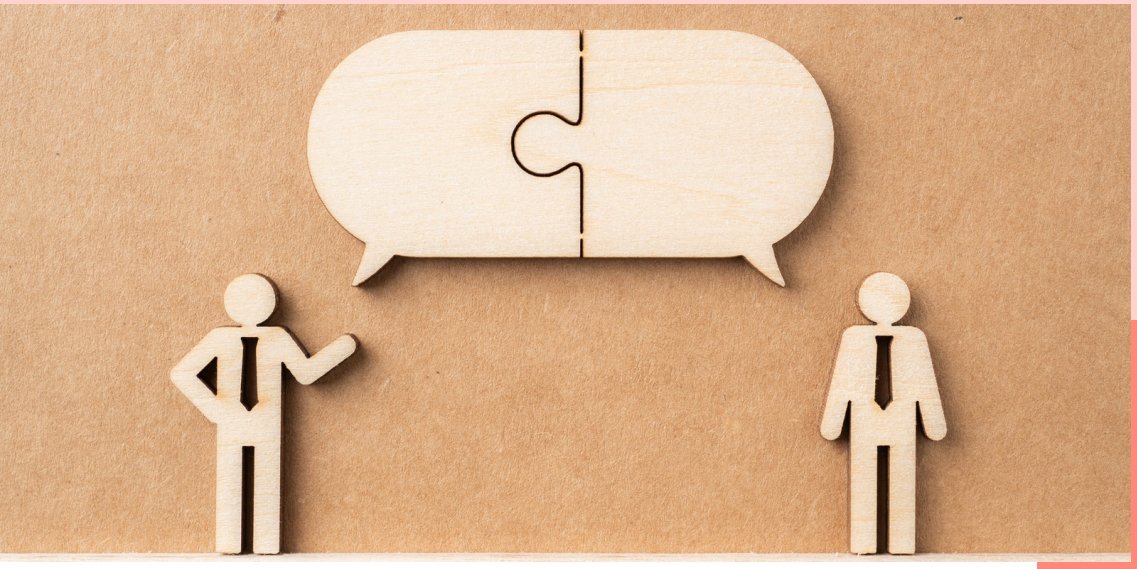
Last on List (when clinically stable)

Infected Patients: MRSA positive, COVID positive.

Top Tips

1. **Utilise Your Surroundings**
    - Collaborate with your team.
    - Use available resources, like FY1s or SHOs, for less urgent cases.
    - For theatre scenarios, prioritise emergency cases overnight and explore alternative options if space is limited.
2. **Infected Cases**
    - Place infected cases (e.g., abscesses) at the end of the list to minimise infection risk.
    - Ensure septic patients are prioritised for the emergency list if necessary.
3. **Diabetic Patients**
    - Ideally, place diabetic patients first.
    - Confirm insulin dependency and manage glucose levels.
    - If not possible, ensure early breakfast and regular monitoring if delayed.
4. **NOF# (Neck of Femur Fractures)**
    - Ask relevant questions to ensure optimisation for surgery, such as blood tests, CXR, ECG, and anticoagulants.
    - Aim for theatre **within 36 hours as per Best Practice Tariff.**
5. **Ankle Fractures**
    - Aim for theatre **within 0-1 days.**
    - Check swelling and ensure joint reduction and immobilisation.
    - For dislocations or compromised cases, consider emergency surgery with external fixation.
    - Assess for diabetic, neuropathic, and vascular issues.

By following these tips and practicing regularly, you can enhance your performance in the prioritisation station and handle high-pressure scenarios with confidence. Good luck!



Tips for Success

Communication Station

The communication station in the ST3 interview evaluates your ability to **effectively communicate in various clinical scenarios**. It assesses verbal and non-verbal communication, empathy, and how well you navigate challenging situations.

Two useful frameworks to apply here:

SBAR Framework

The SBAR (Situation, Background, Assessment, Recommendation) tool is a structured communication technique used to ensure clear and concise exchange of critical information

SPIKES Framework

The SPIKES tool is used for delivering difficult news and guiding challenging conversations.

SBAR Framework

Situation

- Describe the current issue or reason for communication.
- Provide a focused overview of the patient's condition/issue
- Be concise and clear about what concerns you.

Background

- Offer relevant context, such as the patient's medical history and recent events.
- Include only key information that supports the situation.
- Avoid unnecessary details.

Assessment

- Present your evaluation of the patient's status.
- Include vital signs, symptoms, and any other pertinent clinical details.

Recommendation

- Propose a specific course of action based on your assessment.
- Suggest interventions, medications, or diagnostic steps.

SPIKES Framework

Setting up the Interview

- Establish a private and appropriate environment.
- Ensure all necessary parties are present and allocate sufficient time.

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Perception

- Assess the patient's understanding and expectations.
- Use open-ended questions to gauge their awareness.

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Invitation

- Determine the patient's readiness for information and their preferences for the discussion.
- Respect their autonomy in deciding how much information they want.

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Knowledge

- Provide clear and honest information about the condition and prognosis.
- Use simple language, avoid jargon, and address the patient's questions and concerns.

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Empathy

- Acknowledge and respond to the patient's emotional reactions.
- Provide support and encourage them to express their feelings.

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Strategy and Support

- Develop a plan or strategy together with the patient.
- Summarise key points, discuss treatment options, and involve the patient in decision-making.

Top TIps

1. **Be Clear and Concise**
    - Use simple, direct language and avoid jargon.
    - Demonstrate active listening by nodding, maintaining eye contact, and paraphrasing to confirm understanding.
2. **Patient-Centered Approach**
    - Emphasise involving patients in decision-making
    - Show empathy and respect in all interactions. Utilise the "Ideas, Concerns, and Expectations (ICE)" framework to explore patient views.
3. **Reflection**
    - Discuss how you've sought feedback and worked to improve your communication skills.
    - Reflect on past experiences, including cultural differences in communication, and how you adapt accordingly.
5. **Utilise Communication Models**
    - Familiarise yourself with SBAR and SPIKES frameworks.
    - Use these models to structure your responses and provide a clear, organised approach to communication.
6. **Conflict Resolution**
    - Be prepared to navigate conflicts within the scenario
    - Show your ability to handle challenging situations diplomatically, explore concerns, and ensure effective resolution.

By applying these tips and utilising structured communication frameworks, you can enhance your performance in the communication station and demonstrate your ability to manage complex and sensitive interactions effectively.

Why choose OrthoRevision?

OrthoRevision is the most comprehensive and up-to-date resource available for orthopaedic ST3 interview preparation. Over **300 new interview questions and 20 new interview scenarios** recently added. These are specifically designed **for the 2026 ST3 interviews** based on feedback from previous candidates and **represents the current structure of the ST3 interview.**

OrthoRevision provides the most thorough preparation tool available. If you're aiming to secure a place in orthopaedics, here's why **OrthoRevision** is the ideal choice:

Comprehensive and Structured Content

- The website offers a systematic, **anatomical area-based approach** that helps consolidate knowledge in all critical areas, from anatomy to clinical stations, surgical approaches, and common orthopaedic operations.
- Website has **over 500 clinical scenario questions**, integrating relevant BOAST guidelines and key orthopaedic knowledge to ensure you are prepared for the clinical stations.

Extensive Prioritisation and Portfolio Stations

- **OrthoRevision** specialises in helping candidates excel in the Prioritisation Station and Portfolio Station.
- These stations are often tricky and time-sensitive, but with structured **question-and-answer formats, mnemonics, and our original "cheat sheets,"** you'll have the tools you need to tackle these stations confidently.

Communication Mastery

- Communication is vital in the interview, especially when discussing difficult topics like breaking bad news or assessing capacity.
- With detailed instruction on communication frameworks like SPIKES and SBAR

Innovative Teaching with Q&A and Memory Aids

- **Our online question bank is the largest available,** with over 900 interview questions that cover every aspect of the interview process.
- Each question is paired with **model answers, visual aids, and memory tips,** enabling you to sharpen your knowledge and maximise your score.

Expert-Designed by an Acclaimed Author

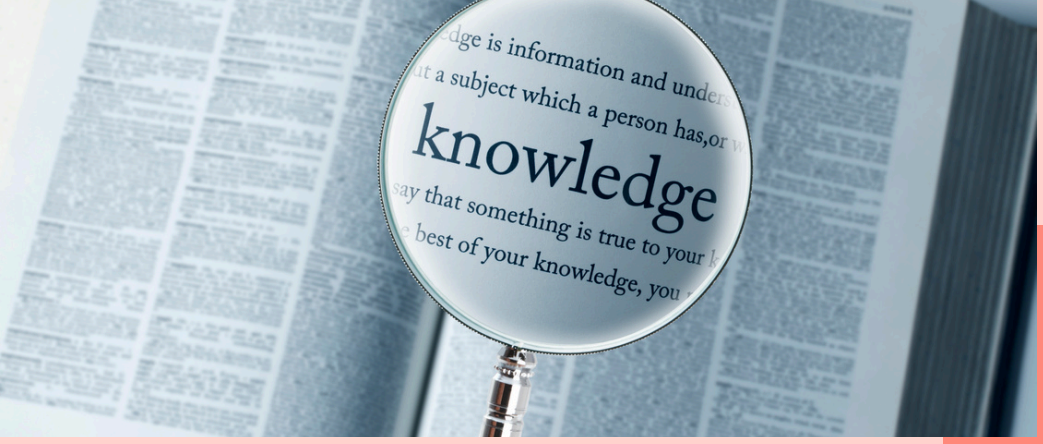
- **OrthoRevision** was created by **Mr. BM Sephton**, author of the popular "ST3 Interview Preparation for Trauma and Orthopaedics" Book Series.
- His experience and insight into the interview process provide candidates with an insider's perspective, guiding you through each aspect of the interview process.

Exclusive Content. Regularly updated.

- **OrthoRevision** has been **updated with 300 additional questions based on feedback from last year's candidates**
- Ensuring that you are prepared with the most current material for the 2026 interviews.

Visit OrthoRevision.com

Start your path to ST3 Success



What you Need to Know

As you begin your preparation for the Orthopaedic ST3 interview, **OrthoRevision** has created you something we believe will be incredibly useful: a **Revision Map** to help guide you through the process

The Revision Map is **designed to streamline your preparation, covering what you need to know for:**

- **Clinical Stations:** Focused on five key domains—Anatomy, clinical scenarios, BOAST guidelines, surgical approaches, and common operations.
- **Management Stations:** Key question areas including audit/research, management questions, and ethical scenarios.
- **Prioritisation Stations:** Four formats including theatre list, handover, elective lists and hybrid stations
- **Communication Stations:** Common scenarios such as breaking bad news, consent, and interactions with colleagues.

Additionally, **essential research papers, RCTs, and relevant classification systems** are highlighted to reinforce evidence-based practice.

Revision Map

Structuring Revision

November

Submit Application (oriel)
Gather Evidence for PDF Upload
Sign up to **OrthoRevision** question bank

December

Clinical Station Revision (start with this - alot to cover)
Complete **OrthoRevision ST3 Knowledge course**
Structure revision to cover five key areas:
Anatomy / Scenarios / Guidelines / Operations / Approaches

January

Self-Assessment upload (oriel)
Start building in **Commitment to Speciality / Prioritisation / Communication**
Complete all notes on OrthoRevision website
Complete **OrthoRevision Group Mock Interview** (groups of 4)

February / March

Complete **OrthoRevision 1-1 full practice mock interview**
FAsk SpR / Consultants to interview you daily
Regular daily practice with interview partner - focus on interview technique as get more confident
Complete Interview

Clinical Stations

Shoulder & Elbow

Anatomy

Clinical Stations

Clavicle Fracture
Shoulder Dislocation
Elbow Dislocation
Proximal Humerus Fracture
Olecranon Fracture
Holstein Lewis Fracture +/- radial nerve palsy

Approaches

Deltopectoral Approach

Hand & Wrist

Anatomy

Clinical Stations

Distal Radius Fracture
Peri-lunate Dislocation
Scaphoid Fracture
Flexor Sheath Infection
Carpal Tunnel Syndrome
Hand Trauma

Approaches

FCR Approach
Volar Approach (Henry's)

Operations

Carpal Tunnel Release
Forearm Fasciotomy
Flexor Tendon Sheath Washout

Guidelines

BOAST: Management of Distal Radius Fractures

Hip & Pelvis

Anatomy

Clinical Stations

ATLS & Polytrauma
Pelvic Fracture
Native Hip Dislocation
Post-op Foot Drop
NOF Fracture (elderly/young)
Peri-Prosthetic Fracture
Pathological Lesion
IM Nailing (DHS Vs IM Nail_

Approaches

Lateral Approach
Posterior Approach
Antero-lateral Approach

Operations

Dynamic Hip Screw (DHS)
Hemiarthroplasty
Reduction of Native Hip / THR Dislocation

Guidelines

BOAST: Management of Pelvic Fractures
BOAST: Management of Urological Trauma
BOAST: Care of Older Trauma Patients
NICE: Hip Fracture Management
BOAST: Management of Metastatic Bone Disease (MBD)

Knee & Lower Leg

Anatomy

Clinical Stations

Knee Dislocation
Tibial Plateau Fracture
Septic Arthritis
Prosthetic Joint Infection
Open Tibial Fracture
Compartment Syndrome
Total Knee Replacement (Elective Patient)

Operations

Decompressive Fasciotomy
Wound Debridement of Open #

Guidelines

BOAST: Open Fractures
BOAST: Management of Arterial Injuries with Fractures and Dislocations
BOAST: Diagnosis and Management of Compartment Syndrome
BOAST: Acute Management of Peri-Prosthetic Joint Infection

Foot & Ankle

Anatomy

Clinical Stations

Ankle Fracture
Pilon Fracture
Subtalar Dislocation
Calcaneal Fracture
Lis Franc Injury
Diabetic Foot
Necrotising Fasciitis

Approaches

Anterior Approach
Posterolateral Approach

Operations

Ankle ORIF
Ankle Spanning External Fixator

Guidelines

BOAST: Mx of Ankle Fractures

Paediatrics

Clinical Stations

Supracondylar Fractures
Lumping Child
SUFE
Perthes Disease
Paediatric Forearm #
MSK Infection
Non-Accidental Injury (NAI)
Monteggia / Galeazzi #
Triplane Fracture

Approaches

Anterior Approach to the Hip

Guidelines

BOAST: Supracondylar Fractures
BOAST: Peripheral Nerve Injury
BOAST: Early Mx of Paediatric Forearm Fractures
BOAST: Mx of Children of early MSK Infection

Spines

Anatomy

Clinical Stations

Cauda Equina Syndrome
Spinal Cord Injury
Cervical Spine Surgery
Thoracolumbar Fractures
Spinal Infection

Approaches

Anterior Approach to C-spine

Guidelines

GIRFT: Suspected Cauda Equina Pathway
BOAST: Mx of Traumatic Spinal Cord Injury
BOAST: Spinal Clearance in Trauma Patient

Orthopaedic Principles

Principles

Bone Healing
Absolute Vs Relative Stability
Principles of Fracture Fixation
Anatomy of a Screw

Technical Skills

Insertion of a Lag Screw
Compression Plating
Tension Band Wiring

Classification Systems

Shoulder & Elbow

Allman - Clavicle #
Neer (2)- Clavicle & Proximal Humerus #
Hertel Criteria - Proximal Humerus #
Mayo - Olecranon #

Hand & Wrist

Frykman - Distal Radius #

Hip & Pelvis

Young & Burgess - Pelvic #
Garden - NOF#
Pauwels - NOF#
NHFS - NOF#
Mirel's Score - Pathological # risk
Seddon - Peripheral Nerve injury

Knee & Lower Limb

Kennedy - Knee Dislocation
Schatzker - Tibial Plateau #
MSIS Criteria - Prosthetic Joint Infection
Gustillo-Anderson - Open #

Foot & Ankle

Reudi & Allgower - Pilon #
Hawkins - Talus #
Essex-Lopresti / Sanders - Calcaneal #
LRINEC Score - Necrotising Fasciitis

Paeds & Spines

Gartland - Supracondylar
Kochers Criteria - Paediatric Septic Hip
Loder / Southwick Slip - SUFE
Herring's Lateral Pillar - Perthes Disease
NEXUS - Cervical Spine Clearance

Research Papers / RCTs

Upper Limb

PROFHER - Proximal Humerus
Canadian Orthopaedic Trauma Society RCT - Clavicle #
DRAFT - Distal Radius
SWIFFT - Scaphoid

Lower Limb

CRASH Trials - TXA
FAITH - NOF# Fixation
HEALTH - Hemi Vs THR for NOF#
UK HeFT - Calcaneal Fractures

Commitment to Speciality

Question Areas

- Commitment to Speciality
- Audit
- Research
- Academic
- Management & Leadership
- Teaching
- Training
- Teamwork
- Communication
- Complaints & Consent
- Orthopaedic within NHS
- Ethical Scenarios (NEW)

Prioritisation

4 key scenario types

- Planning Trauma List
- Planning Elective List
- On-call Handover
- **Hybrid scenario** - Threatre List / Handover Combined

Communication Scenarios

- Angry Patient
- Consenting for a Procedure
- Consent Form 4
- Confused Patient
- Explaining a Procedure
- Breaking Bad News
- Complication Post Procedure
- Theatre and WHO Safety Briefing
- High Infection Rates
- Blood Loss Management
- Surgical Planning
- Vascular Injury
- Never Events
- Broken Metalwork

OrthoRevsion

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"OrthoRevision is the **only resource I used to successfully secure an ST3 position**. It starts with the anatomy and basic knowledge before proceeding to practice scenarios. With the essential prior knowledge you remain flexible in the interview and can adapt accordingly"
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