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“Orthopedic Trauma Guidance”: A new section to support decision making



Effective decision making may be an orthopedic surgeon's most important skill regardless of one's experience. Some problem injuries in orthopedic trauma have no single orthopedic solutions but have multiple ways to affect treatment. Solving a treatment dilemma is made easier when you have good recent evidence at your disposal. Clinical “grey areas” are often present in orthopedic trauma, whether they are decisions to be made between operative and nonoperative care or between two surgical options. Sometimes, these “grey areas” have not had adequate investigation in the past and require more good research [1]. This new section in the INJURY journal hopes to highlight some of these clinical “grey areas” of treatment and decision making. The cases presented in this section will provide some recent “best evidence” to allow a surgeon faced with a tough clinical decision to make a good choice for the patient based upon 1) the patient's clinical problem and wishes, 2) the surgeon's knowledge and experience and 3) the best recent evidence in the literature. This is the essence of providing “evidence-based-medicine”.

Surgeons reading this new section in INJURY will: 1) explore the decision-making process and evaluate potential patient outcomes, 2) identify common obstacles to decision making, 3) note the best recent evidence available, 4) apply a consistent, logical process for decision making enhanced by patient wishes that helps establish the best outcomes.

We, the editors, hope that this new section in INJURY will meet your expectations and make it easier for you to come to good patient care decisions. There is no doubt that the clinical problems presented in this section, in the future, will be the basis of more research, randomized clinical trials and systematic reviews to better patient care.

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Reference

- [1] Hariton E, Locascio J. Randomized controlled trials – the gold standard for effectiveness research. *BJOG* 2018;125(13):1716.