INTRODUCTION
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The word "deformity" is coined from the word deformed i.e. any unacceptable deviation from the normal function and stucture is known as deformity. In fact the term ORTHOPAEDICS owns its origin to the Greek words opēs (Straight) and Παις (Child) or in the other words, a child free from deformity. It was originally applied to the art of correcting deformities by Nicolas Andry, a French physician who in 1741 published a book entitled "Orthopaedia: or the art of correcting and preventing deformities in children." In Andry's time orthopaedic surgery in the form today did not exist. The art of correcting deformity and healing bone injuries which for many years run in the families of bone setters was gradually given a scientific outlook. In Great Britain, many of the fundamental principles of orthopaedics had been propounded, just before the twentieth century began by Hugh Owen Thomas (1834-1891) of Liverpool and Sir Robert Jones (1857-1933).

Deformity of a functional unit of the body does not merely effect the affected part but has a profound effect on the function of the body itself. Idiopathic progressive scoliosis not only leads the cardio-pulmonary compromise but also, lower marriage rate, higher divorce rate and suicidal rate. Deformities like hemihypertrophy of a limb are associated with liver neoplasma and Wilms's tumor. In an interesting study Klaus and Kennel have described the first few hours after the birth of a child as critical for the development of a parent-child bond. It has both physical and mental component and occurs in an orderly sequence. If this is disturbed, the consequences may be far reaching not only on the relationship between the parent and child but upon the physical development of the child itself.

Deformities may be congenital or acquired and they may reflect an underlying abnormality of bone, joint or soft tissue. Congenital deformities, by definition, are attributable to faulty development and are present at birth, though they may not be recognised till date.

An abnormality of development may be caused by:
1. Genetic abnormality,
2. Environmental abnormality,
3. Combined genetic and environmental abnormalities.

Some of the better known anomalies are:- Congenital dislocation Hip, congenital club foot, syndactyly in hand etc.
Acquired deformities may be classified into two groups: those which arise at the joint, and those in which it arise from the bone.

Deformity may be said to exist at a joint when the joint can not be placed voluntarily in the neutral anatomical position. The causes may be summarised under following headings.
1) Dislocation or subluxation, 2) Muscle imbalance, 3) Tethering or contraction of muscles or tendons, 4) Contractures of soft tissue, 5) Posture, 6) Arthritis, 7) Unknown causes,

Deformities exists in a bone when it is out of its normal anatomical alignment. The causes are
1) Fracture, 2) Bending, 3) Uneven epiphyseal growth.

Of these, fracture is by far the most common cause, e.g. Genu valgum (knock knee) that is often the consequence of compression fracture of lateral condyle of tibia, cubitus valgus due to displaced fracture of lateral condyle humerus.

As per the treatment of deformities, each case must be considered as an individual problem. Many do not require treatment or are not amenable to it. In appropriate cases one or more of the following methods may be used -
1) Manipulative correction and retention in plaster or splint.
2) Gradual correction by prolonged traction,
3) Division or Excision of contracted or the tethered soft tissue,
4) Osteotomy or osteoclasis,
5) Athrodesis,
6) Selective retardation of epiphysial growth (in children).

Also one should keep in mind that the treatment should be-
- Economical,
- Expedient, and with
- Excellent functional results.

As we all know, the hand is a highly sensitive prehensile organ in which stability & great strength are provided within a very small volume. The mobility of hand is made possible by slinging its radial and ulnar border from a central fixed pillar i.e: the second & third metacarpals which are firmly anchored to the
When a long bone of hand is fractured, the power of tendon is altered, therefore, the longitudinal arch of the hand is destroyed and deformity results. Deformity of minor degree in the long bones of arm & fore-arm usually have little effect on functions but within the hand, relatively minor degree of deformity may produce significant disturbance of function.

The importance of normally functioning hand needs no emphasis whether in earning a living, practising a hobby or allowing independence in daily activities.

Injury and disease therefore does much more than interference with grip or touch, it attacks the personality itself. No matter how trivial a wound of the hand may be seen, it is an economical disaster to its owner if it prevents his immediate return to work. The length of time away from work is almost directly related to skill and care provided during the primary treatment.

To talk about the deformity of foot, probably the most important from the prognostic view point are the patients with club foot.

The significance of club foot are manifolds-

1. It is a common deformity, the incidence being one in every 1000 birth.
2. It is easily diagnosed at the time of birth.
3. Amenable to treatment at various stages.
4. If neglected would lead to severe deformity, both functional and cosmetic.

Prof. Gavrill A.Ilizarov devised ring external fixators for correction of deformities by fractional distraction,
Dr. B.B. Joshi also devised fixators for correcting deformity by controlled differential fractional distraction.

The principle is gradual sequential stretching of the soft tissues. Joshi advocates that this being a semi-invasive method, it should be tried before the formal surgical release in all the cases.

To evaluate role of Joshi's external stabilizing system in correction of deformities of hand and foot, we have undertaken this study.

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