Inpatient Orthopedic Trauma Guide

A Guide for Orthopedic Trauma Patients and Families

Children's Minnesota, Pediatric Orthopedic Trauma Service

Title to translate: Inpatient Orthopedic Trauma Guide*A Guide for Orthopedic Trauma Patients and Families*

Children's Minnesota, Pediatric Orthopedic Trauma Service

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A Letter to Our Patients & Families

Welcome to Children's Minnesota. We completely understand that this may be a very difficult time for you, your child, and your family. We also understand that unexpected injuries can cause great anxiety. Nobody plans to be involved in a trauma and sustain an orthopedic injury.

Rest assured, our organization is the largest and most experienced in treating childhood injuries in the region. Children's Minnesota treats more than 1,000 pediatric trauma patients each year. Children's Minnesota Minneapolis campus is the busiest pediatric trauma center and the only freestanding Level 1 pediatric trauma center in Minnesota. As a Level 1 pediatric trauma center, Children's Minnesota is verified by the American College of Surgeons – a status that allows us to provide your child with the highest level of care.

This guide will:

- Introduce you to the team
- Supply you with valuable information
- Provide you with an idea of what to expect during your stay at Children's Minnesota

We understand that you and your family may have many questions and concerns regarding your child's injury, treatment, and recovery. This guide was created with you in mind. It is our hope that the more informed and educated you are about what we are doing to care for your child, the more comfortable you will be during this stressful time.

Please do not hesitate to ask questions about any information included in this guide or about your care. It is important for you and your family to be an active participant as we work together to help you all heal.

Sincerely,

The Children's Minnesota Pediatric Orthopedic Team

Team Members

Trauma Services

As a Level 1 pediatric trauma center, Children's Minnesota Minneapolis campus provides orthopedic (related to the bones and joints) trauma care for children and adolescents, with injuries varying from a basic broken bone to life threatening injuries. From the moment your child goes to the emergency department, they will have many people on their team to care for them and aid in healing and recovery.

- **Trauma Surgeon**: A trauma surgeon is a doctor who specializes in general surgery and traumatic injuries. The trauma surgeon is part of the team responsible for stabilizing a patient after trauma activation and upon their arrival to the emergency department. The attending trauma surgeon leads the trauma team. The trauma team includes advanced practice providers, nurses, and support staff. The trauma surgeon also visits you daily along with other care team members, evaluating patients each day during their hospital stay.
- **Trauma Advanced Practice Providers**: The trauma advanced practice providers at Children's Minnesota include Nurse Practitioners and Physician Associates that partner with the trauma surgeons and other emergency department staff. Once your child is stable and orthopedic needs have been addressed, the trauma advanced practice providers work together with nursing, the orthopedic team, and any other necessary interdisciplinary teams to best manage care. Trauma advanced practice providers make sure your child is as comfortable as possible and are responsible for the overall management of your child's care.
- **Radiology**: At Children's Minnesota, our radiology team uses imaging tools including X-rays, MRIs, and CT scans to help diagnose and treat orthopedic trauma injuries. The radiology team works hard to keep radiation doses as low as possible so your child is not exposed to any more radiation than necessary for a diagnosis and treatment. All imaging obtained at Children's Minnesota is reviewed by a radiologist, specially trained in pediatrics. Children's radiology technicians work to obtain the images and scans, both in the hospital and the clinic.
- **Case Management**: A case manager is a registered nurse who helps during hospitalization with an overall goal of discharge, or going home. The case manager ensures your child has what they need in place before discharge. This may include getting a handicap parking application and arranging for rehabilitation or durable medical equipment such as wheelchairs or walkers.
- **Social Worker**: A social worker is a licensed professional available to help patients and families navigate what can be a stressful situation. They work to review your needs, strengths, and support you by connecting patients and families to available resources.

Orthopedic Team

After sustaining an orthopedic trauma, you and your child will become very familiar with the orthopedic team. Whether your child requires immediate surgery or has an injury that can be managed non-operatively, you will receive care throughout your admission and follow up care after discharge from our highly specialized team.

- **Attending Orthopedic Surgeon**: An attending orthopedic surgeon is a doctor who treats patients with problems in their bones and joints. All attending orthopedic surgeons at Children's Minnesota specialize in pediatric orthopedic surgery. The orthopedic surgeon who performs your child's surgery will be considered their "primary surgeon".
- **Resident Physician**: A resident is a physician in training who is certified to practice medicine under the supervision of an attending physician. A resident has a medical degree and is a fully qualified physician. Orthopedic residents at Children's Minnesota are completing their third or fourth year of a five-year program, specializing in orthopedic surgery. The residents are critical members of our team.
- **Physician Associate (PA-C)**: A physician associate, previously known as a physician assistant, is a health care professional who works with a licensed physician to practice medicine by performing physical exams, diagnose and treat illness and injuries, order and interpret tests, prescribe medications, and assist with surgery.
- **Nurse Practitioner (CNP, APRN)**: A nurse practitioner, also known as an advanced practice registered nurse, is a health care professional and registered nurse with advanced training and education. In addition to the degree needed to become a registered nurse, nurse practitioners also must obtain a master's or doctoral degree and pass a national certification exam. Nurse practitioners can independently diagnose and treat illness and injuries, perform physicals and exams, prescribe medications and therapies, and order and interpret laboratory and diagnostic tests.
- **Registered Nurse (RN)**: While in the hospital, the registered nurse will be your child's direct caretaker, managing their daily activities, medications, and assessments. The registered nurse, together with the Trauma Services Advanced Practice Providers, will be your primary point of contact during hospitalization. After discharge, the Orthopedic Clinic registered nurse is available to answer any questions or concerns that may arise. Registered nurses work closely with fellow healthcare staff to ensure your child's plan of care continues to be a priority.
- **Registered Orthopedic Technologist (ROT)**: Registered orthopedic technologists are part of our clinic staff who are specifically trained in orthopedics to assist with clinic preparation and rooming, removing and applying splints, casts, and braces.

<u>Physical Rehabilitation</u>

Once Trauma Services or the Orthopedic Team decides it is safe to begin Physical or Occupational Therapy, an order will be placed in the electronic medical record. Rehabilitation is an important part of the recovery process, taking you and your child one step closer to discharge. Beginning therapy after an injury can be uncomfortable and even painful. Our therapists will work with you and your child to be as comfortable as possible. Early movement and exercise can speed up the rehabilitation process and return patients to their best level of function with safety in mind.

- **Physical Therapist (PT)**: A physical therapist will first evaluate your child in their hospital room. The therapist will review your child's medical history and level of function before the injury. They will then work with you, along with the Trauma and Orthopedic teams, on mobility, keeping in mind any needs that must be met to ensure a safe discharge. Sometimes, physical therapy may be required after discharge, as your child

progresses with their recovery, and is used to help guide their safe return to daily activity.

- **Occupational Therapist (OT)**: Occupational therapy may also be ordered during your child's hospitalization. An occupational therapist evaluates and treats conditions that may make participating in life's daily activities difficult, with a special focus on independence. These activities, often involving use of the arms, may include eating, dressing, bathing, and toileting.

Diagnostics

Your child's care generally begins in the Emergency Department (ED). This is where your child is first seen by the Trauma Service or Orthopedics. This care may include special tests, or diagnostics, to evaluate an injury and help guide treatment. X-rays, MRI, and CT scans are the most common forms of tests used.

- **X-ray**: An X-ray is a quick and painless test that creates a picture of the inside of the body, mainly the bones.

- **MRI**: MRI (Magnetic Resonance Imaging) uses strong magnets to take pictures of the body's tissue, fluids, and solid structures, such as bones that X-rays cannot show as well. A young child may need anesthesia to stay still for this scan.

- **CT**: A CT scan (Computed Tomography) is a special X-ray that involves many pictures of the body organized by a computer to better look at soft tissue and bone.

Orthopedic Trauma Treatment Interventions

- **Reduction**: A reduction, or "setting" the fracture, is a medical procedure that is done to better line up the bones at the fracture site or dislocation. A reduction can either be done "closed" or "open".
    - An open reduction is a surgical procedure that is done with a cut in the skin to open the area near a fracture.
    - A closed reduction is done without a cut in the skin.

- **Percutaneous Pinning**: Percutaneous pinning is a surgical technique used to stabilize fractures. It involves inserting a pin into the bone through the skin. The pin often exists partly through the skin for easy removal. The pin hides under many layers of protective materials such as a splint or cast.

- **Internal Fixation**: Internal fixation is surgery using metal hardware to stabilize the bones. Hardware commonly used may include: pins, plates, rods, screws, or special sutures.

- **Irrigation and Debridement**: When a fracture breaks through the skin and results in an open wound, the wound is cleaned with sterile saline to prevent infection and then fracture is repaired. This procedure is known as irrigation and debridement.

- **Casting and Splinting**: Casts and splints are both forms of immobilization (not having the ability to move around) that work by providing protection and support while holding a broken bone in place as it heals. Splints are made of plaster or fiberglass. Splints are sometimes used to allow for swelling, prior to cast placement. A cast is made of fiberglass that fully surrounds a limb. Very often, the joint above and the joint below the injured area needs to be included in the cast or splint to prevent motion.

A Typical Day

For those patients and families admitted for more than a day, the following information will give you an idea of what to expect each day during your hospital stay.

- **Rounds**
  While under their care, Trauma Services, consisting of the Trauma Surgeon on call and the Trauma Advanced Practice Provider, will visit your child in their hospital room each day to perform an examination, ask about comfort, answer questions or concerns, and discuss any potential discharge plans.

  The Orthopedic Team, including the Attending Orthopedic Surgeon, Orthopedic Surgery Resident Physicians, and an Orthopedic Advanced Practice Provider will also make daily rounds during your stay. The team will review the electronic medical record for important changes, look at new X-rays or diagnostic scans, examine the injury, and change surgical dressings if necessary.

  Trauma Services and the Orthopedic Team work closely together, with frequent communication, to make sure your child receives timely and consistent care with a focus on healing and recovery. Please ask questions or voice any concerns during rounds.

  Children's Minnesota values education and takes a team approach to our patient-centered care model. As a teaching hospital, you can expect to come into contact with a team of professionals as well as those completing their education. During the course of your hospital stay and at follow up appointments after discharge, your child may be cared for by resident orthopedic physicians and licensed advanced practice providers.

- **Physical Therapy**
  Once Trauma Services and the Orthopedic Team have decided it is safe to begin physical therapy, an order will be placed in the electronic medical record. The physical therapist will review the medical history and evaluate the level of function prior to injury. The physical therapist will then work to develop a plan and goals during your hospital stay. Physical therapists commonly work on walking, crutch or walker use, strength, balance, and coordination in order to meet these important goals safely.

- **Point of Contact**
  The floor nurse is in contact with all members of your care teams. The floor nurse plays an important role by making sure the plan of care is followed. If questions arise after rounds, please share them with your child's floor nurse who can contact the appropriate care team.

Frequently Used Terms & Definitions

The Pediatric Orthopedic Trauma Guide uses common words and terms to describe useful information and is meant to add to the information you receive from those who are providing medical care for you or your child while a patient is at Children's Minnesota.

- **Anesthesia**: treatment with inhaled gasses and intravenous medications that allow a person to become unconscious during medical procedures so one does not feel or remember anything.
- **Bones**: rigid or hard connective tissue that together make up the skeleton.
- **Brace**: a device that provides external support to a part of the body to help with healing.
- **CAM Walker Boot**: stands for "controlled ankle movement" and is a device that allows for limited or no movement at the ankle joint for protection and comfort.
- **Cast**: a form of immobilization, like a shell, generally made of fiberglass, that surrounds a limb to provide protection and support while holding a broken bone (or bones) in place as it heals.
- **Cast Shoe**: a rigid substitute for a regular shoe when the foot is in a cast. It is also used for walking when recovering from a foot fracture.
- **Clavicle**: the collar bone. It connects the shoulder to the chest.
- **Comminuted Fracture**: a type of fracture where the bone is splintered or crushed.
- **Compartment Syndrome**: an emergent and painful condition that occurs when the pressure in the muscles near an injury build to a dangerous level. The pressure can cause a decrease in blood flow, damaging nerve and muscle. This is a rare complication that requires emergent surgery to release the pressure in the muscle compartments.
- **Compound Fracture**: also known as an open fracture. This occurs when a broken bone exists through the skin, exposing the bone to air.
- **Crutches**: a pair of supports that generally fit under the armpit, used to assist with walking.
- **CT Scan**: otherwise known as computed tomography, is a special X-ray that involves many images of the body that are then organized by a computer to better assess soft tissue and bone.
- **Diaphysis**: the shaft or central portion of a long bone.
- **Dislocation**: the separation of two bones where they meet at a joint.
- **Displaced Fracture**: a fracture where the ends of the bones are not lined up straight.
- **External Fixation**: a device, consisting of pins, rods, and screws, placed into the bones and used outside the body to stabilize a fracture. It is often used on a temporary basis.
- **Femur**: the long bone in the thigh that connects the pelvis to the knee.
- **Fibula**: the smaller of the two bones in the lower leg, running between the knee and ankle.
- **Foreign Body**: an object originating from outside the body that can cause irritation, inflammation, or infection.
- **Humerus**: the long bone in the upper arm that connects the shoulder to the elbow.
- **Infection**: a condition that can occur when microorganisms, such as bacteria, enter the body and cause tissue injury and illness.

- **Intramedullary Nail**: a metal implant that is placed into the marrow cavity of a bone to treat a fracture.
- **Joint**: the connection between two bones, allowing them to work together.
- **Knee Immobilizer**: a Velcro brace used to support the leg, preventing the knee from bending.
- **Ligament**: a band of connective tissue connecting bones or cartilage.
- **MRI**: magnetic resonance imaging uses strong magnetic fields to produce pictures of the body's tissue, fluids, and solid structures, such as bones.
- **NPO**: a medical instruction meaning to withhold food and fluids and is short for a Latin phrase that translates to "nothing through the mouth".
- **Oblique Fracture**: occurs when a bone is broken at an angle.
- **Olecranon**: the tip of the elbow at the top of the ulna.
- **Open Fracture**: occurs when a fracture causes an open wound, exposing the bone to the outside air.
- **Open Reduction Internal Fixation (ORIF)**: an open reduction is a surgical procedure that is done with an incision to open the area near a fracture in order to better line up the bones. Internal fixation refers to the metal hardware used to stabilize the bones.
- **Patella**: the bone located in front of the knee; also known as the kneecap.
- **Pelvis**: the bony structure connecting the trunk and the legs that also protects the abdominal organs.
- **Physis**: a translucent disc made of cartilage, located at the end of long bones. This structure is responsible for growth and is the primary difference between child and adult bones. This area cannot be seen on X-ray; also known as the growth plate.
- **Radius**: the larger of the two bones in the forearm, extending from the elbow to the wrist.
- **Reduction**: a procedure used to re-align a fracture or dislocated bone back into its usual position.
- **Sling**: a cloth device worn around the neck that is used to support an injured arm.
- **Soft Tissue**: tissue that connects, supports, or surrounds internal organs and bones.
- **Spica Cast**: a form of immobilization used to keep the femur, pelvis, and the joints above and below the break in place to allow for healing.
- **Spiral Fracture**: an angulated fracture caused when a twisting force is applied to a bone.
- **Splint**: a form of immobilization, much like a cast, that is used to support a broken bone. Splits are often used temporarily to allow for swelling prior to cast placement.
- **Sprain**: an injury to a ligament.
- **Tibia**: the larger of the two bones in the lower leg, running between the knee and the ankle; also known as the shin bone.
- **Traction**: a technique used for straightening broken bones that involves a pulling mechanism.
- **Transverse Fracture**: a type of fracture where the break runs across the bone.
- **Ulna**: the smaller of the two bones of the forearm, extending from the elbow to the wrist.

- **Walker**: a device used to provide additional support while weightbearing.
- **Weightbearing Status**: a medical term used to describe one's limitations with putting the weight of their body on an injured extremity.
- **X-ray**: a quick and painless test that produces an image to create a picture of the inside of the body, particularly the bones.

Frequently Asked Questions

Please ask any questions of your care team about any information in this guide or about your child's care. It is important for you and your family to be an active participant as we work together to help you heal. These frequently asked questions will be helpful with the information and instructions you are given by your child's care team.

How long will my child be in the hospital?
The length of your child's hospitalization will depend on many factors. A single fracture, such as an elbow fracture, may not require an overnight stay. Sometimes a trauma may result in multiple injuries. These injuries can also involve organ systems other than the muscles and bones. Additional injuries may require a longer hospital stay. In general, once your child's discomfort is well-controlled and they are safely able to use crutches, a walker, or transfer – these are all good indications they are able to discharge home.

When can my child return to school or daycare?
Your child can safely return to school or daycare when they no longer require narcotic medicine to help with their discomfort. It is acceptable for your child to receive Tylenol© or Ibuprofen©, if needed at school or daycare. Your provider will provide documentation if required.

Do I need to change my child's dressing?
Generally, no. Surgical wounds are often hidden in a cast or covered with a dressing that will stay on until you are seen in clinic for follow up. You will receive specific instructions from your child's surgeon at hospital discharge.

What can I expect for follow up and healing?
Follow up care and appointment frequency will depend on treatment. Some fractures require close and frequent follow up to monitor the position of the bones to ensure proper healing. Healing time can vary depending on your child's age, fracture type, and location.

When does my child see their provider again?
All follow up will be recommended by your child's provider prior to discharge from the hospital.

Does my child need to wear a sling?
If your child has been provided with a sling, we recommend using it. Some fractures, especially those that cannot be casted, are treated with only a sling. In addition to helping to hold a heavy, casted or splinted arm, a sling will remind others that your child has sustained an injury. It may also help to slow down active children. Your provider may provide you additional information regarding sling use.

What can my child NOT do?
Your child's provider will give you specific instructions, but in general, when a child is in a cast, no weight should be placed on that extremity. Your child should not do any of the following activities:

- Running
- Jumping (from heights, trampolines, bounce houses)
- Climbing

- Fall and collision risk activities (including playground equipment, gym class, bicycles, scooters, skateboards, hoverboards)

How do I care for my child's cast or splint?
Your child's provider will give you specific instructions based on the splint or casting materials used, but in general:

- Keep the cast clean and dry
- Absolutely no swimming, sand, or water play
- Sponge baths are best
- Check the cast or splint for cracks, breaks, dents, or drainage
- Do not place anything inside the cast

How do I bathe my child?
Sponge bathe any child who is in a splint or cast. If you must shower or use a bath, place only a couple of inches of water in the tub and double bag any casted or splinted extremity, placing a folded washcloth fastened with a rubber band at the top of the cast or splint. Do not allow your child to submerge a cast or splint, even if it is bagged.

Is swelling normal?
Some swelling is normal and is expected after an injury, surgery, or application of a cast. Swelling generally peaks around 48 hours after injury or intervention. Swelling is also common after just waking up from sleep. You can decrease swelling by having your child sit or lie down and raise the arm or leg on pillows, with the area of fracture well above the level of the heart. Use several pillows to raise the arm or leg and wait 30 minutes for swelling to come down. You may need to sit down with your child and help them. Having your child move their fingers and open and close their fist can help decrease hand swelling.

Is my child's cast too tight?
For a cast to provide best protection and help with healing, it should fit well. Too much swelling may make the cast too tight. If you are concerned, see the information included in this section about swelling and when to contact a provider.

What is the best way to deal with itching inside of a cast or splint?
Casts and splints can be itchy! Itchy feelings can be helped by tapping on the cast with a wooden spoon or spatula to create vibration. Scratching the other extremity can also help with itching by "tricking the brain" into thinking the itch is being scratched. The air created from a hair dryer placed on the cool setting can also help when held close to the cast or splint, allowing the air to reach inside. *Never place anything inside the cast or splint in order to itch the skin*.

Why was my child's cast split along the sides?
This means your child's cast is bivalved. A cast is bivalved to let the cast expand slightly to allow for swelling. A bivalve also allows for easy removal of a cast, whether during follow up in a clinic or in an emergency.

How do I best manage my child's pain?
We recommend you give medicine for pain as instructed by your child's provider or care team. Use medicines exactly as directed. Orthopedic discomfort is often best managed by alternating medications. These medications may include:

- Acetaminophen, such as Tylenol©
- Ibuprofen, such as Advil© or Motrin©. *Do not give Ibuprofen to infants under 6 months of age*
- Prescription oral pain medicine

Other ways to help with discomfort include:

- Icing: When your child is awake, apply ice in a double plastic bag, wrapped in a towel or the outside of a cast or splint near the fracture site. Be careful not to get the cast or splint wet. *Never apply ice when a child is sleeping or directly against the skin*.
- Elevation (raising the arm or leg that has been injured): This can be done by placing the arm or leg on pillows, with the fingers or toes above the area of the fracture, and the fracture well above the level of the heart.
- Distraction: Playing games, watching movies, or reading can help to move the focus away from any discomfort.

When should I contact my child's provider?
Contact the Children's Minnesota Orthopedic Clinic at 651-220-5700 at any time, day or night, or visit an emergency department if your child develops one or more of the following:

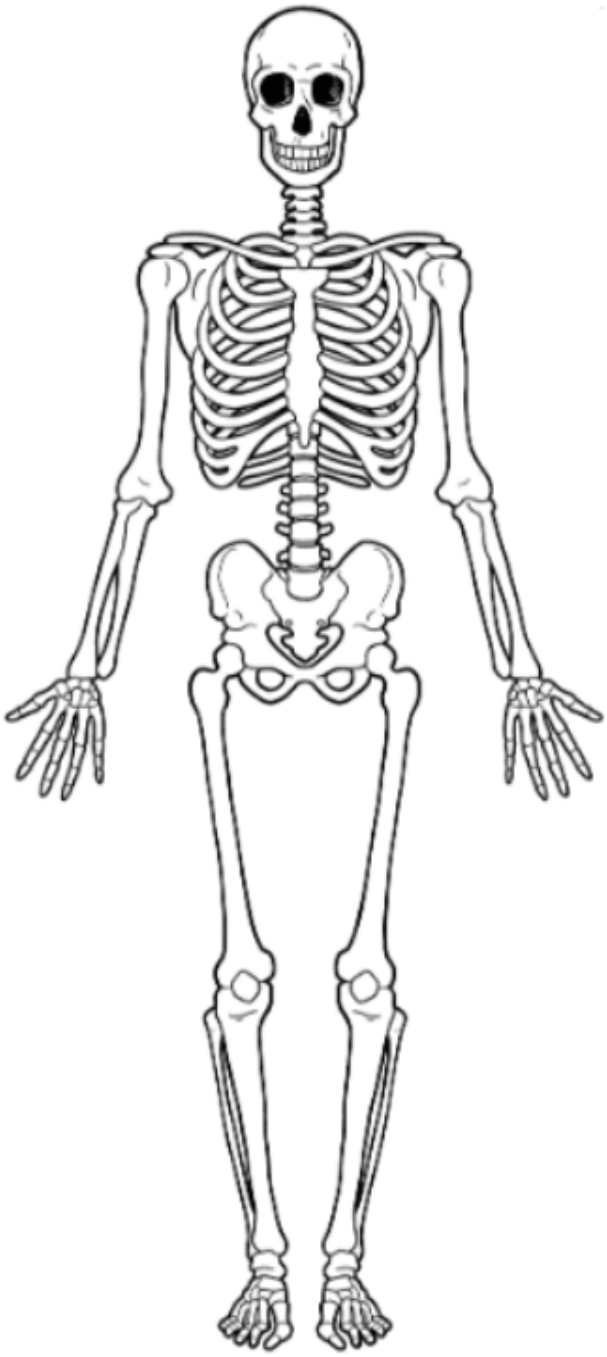
- Fever measuring over 101.5 degrees Fahrenheit
- Increased pain that is not managed with the medicines you have been instructed to provide
- Increased swelling that does not improve with 45 minutes of strict elevation
- A sudden change in your child's emotions or development of anxiety
- Complaints of numbness or tingling
- Color changes or cool fingers or toes
- Cast or splint has become wet or damaged
- Cast or splint has been removed
- Notice a foul smell or drainage from the cast or splint
- An object has become stuck inside of cast or splint
- Fall onto casted or injured area with pain lasting more than one hour

Will my child need physical therapy?
Physical therapy is used in the hospital to assist with mobility. After discharge and during follow up, physical therapy may be recommended to help your child recover, regain function, or return to activity. If recommended, you will be provided with an order for therapy.

What is the difference between a broken bone and a fractured bone?
Nothing – they are the exact same thing. People often think that a fracture is less severe than a broken bone, but fractures are broken bones, and broken bones are fractured bones.

My Information

My injuries (circle or color)



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My Team

Attending Orthopedic Surgeon

Resident Orthopedic Physician

Orthopedic Advanced Practice Provider

Trauma Surgeon

Trauma Advanced Practice Provider

Registered Nurse

Physical Therapist

Case Manager

My Questions

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Contact Information & Locations

Children's Minnesota-Minneapolis Campus, Level 1 Trauma Center
225 Chicago Avenue South
Minneapolis, MN 55404
612-813-6000

Children's Minnesota-St. Paul Campus
345 North Smith Avenue
St. Paul, Minnesota 55102
612-220-6000

Children's Minnesota, Orthopedics Clinic
Children's Specialty Center, Lower Level
2530 Chicago Avenue South
Minneapolis, MN 55404
Phone: 651-220-5700
Fax: 612-813-8710

Children's Minnesota, Interpreter Services
612-813-6700

Children's Minnesota, Deaf and Hard of Hearing Communications
612-813-5826

Children's Minnesota, Heath Information Management (Medical Records)
5901 Lincoln Drive, CBC-2-HIM
Edina, Minnesota 55436
612-813-6216

Children's Minnesota, Billing
Hospital Billing: 952-992-5650
Clinic Billing: 952-992-5640

Children's Minnesota, Minneapolis Outpatient Pharmacy
Children's Specialty Center, 2nd Floor
612-813-7290

Children's Minnesota, Radiology
Minneapolis Campus: 612-813-6248
St. Paul Campus: 651-220-6147

Children's Minnesota, Specialty Center - Lakeville
18432 Kenrick Avenue
Lakeville, Minnesota 55044
Phone: 952-992-6700
Fax: 952-992-6701

Children's Minnesota, Minnetonka Rehabilitation Clinic
5950 Clearwater Drive, Suite 500
Minnetonka, Minnesota 55343
Phone: 952-930-8630
Fax: 952-930-8640

Children's Minnesota, Maple Grove Rehabilitation Clinic
7767 Elm Creek Boulevard, Suite 300
Maple Grove, Minnesota 55369
Phone: 763-416-8700
Fax: 763-416-8701

Children's Minnesota, Roseville Rehabilitation Clinic
Roseville Medical and Dental Center
1835 West County Road C
Roseville, Minnesota 55113
Phone: 651-638-1670
Fax: 651-638-1675

Children's Minnesota, St. Paul Rehabilitation Clinic
Garden View Medical Building, Suite 402
347 North Smith Avenue
St. Paul, Minnesota 55102
Phone: 651-220-6880
Fax: 651-220-7299

Children's Minnesota, Woodbury Rehabilitation Clinic
628 Bielenberg Drive, Suite 100
Woodbury, Minnesota 55125
Phone: 651-726-9160
Fax: 651-726-9166

Orthotic Care Services, Midtown Doctor's Building
2545 Chicago Avenue South, Suite 412
Minneapolis, Minnesota 55404
Phone: 612-871-1480

Orthotic Care Services, Minnetonka Specialty Center
5950 Clearwater Drive
Minnetonka, Minnesota 55343
Phone: 612-871-1480
Fax: 612-871-1498

Orthotic Care Services, Garden View Building
347 North Smith Avenue, Suite 302
St. Paul, Minnesota 55102
Phone: 651-222-2679
Fax: 651-222-2553