avoided by having a nomogram that can convert RCF to RPM for a rotor of a given radius. A ruler lined up with the radius on one scale and the desired RCF on another scale, will point at the correct RPM from the table. The variation in protocols for segregating platelet-rich plasma may be the reason for samples with different compositions that may, in turn, induce different biological responses.5 The optimum

duration and acceleration for centrifugation and separating platelet-rich plasma remains a topic of debate

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Cannulated versus non-cannulated cancellous screw fixation for femoral neck fractures: a synthetic bone biomechanical study

To the Editor:

We read with great interest the article by Gardner et al.1 The bone model used (Synbone, model number 2022; Malans, Switzerland) could not be found on the company’s website. The polyurethane proximal femur is made of a foam cortical shell and cancellous inner material. It is ideal for large-scale surgical skill courses. However, the fourth-generation Sawbones (model number 3403; Pacific Research Laboratories, Vashon [WA], USA) are more commonly used.2–5 Bone model, as an alternative to human cadaver bone, can provide more reliable experimental and training conditions.

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Authors' reply
We agree that bone models are useful alternatives to cadavers for testing the strength of surgical fixation. The polyurethane foam models have similar mechanical properties to osteoporotic cancellous bone, with little inter-specimen variability (Fig.). The Synbone model used in our study was an older model. The nearest equivalent in the current Synbone catalogue would be model number 2422.

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Factors associated with one-year outcome after distal radial fracture treatment

To the Editor:
I read with interest the paper by Cowie et al.1 It concluded that “understanding various factors associated with outcome would help the surgeon to optimise the treatment modality”. Such factors include age, pain, comminution, ulnar variance, and carpal malalignment.1-3 Anatomy is strongly associated with function. We suggest that osteoporosis is one of the factors affecting outcome for this type of wrist injury.4,5 In patients with osteoporosis (a T-score of <-2.5), 43% are at risk of early instability, 39% at risk of late carpal malalignment, and 66% at risk of malunion.6 The corresponding rates for patients with normal bone mineral density (a T-score of >-1) are 28%, 25%, and 48%,6

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