BACKGROUND: Trauma to the foot and ankle from inversion injury accounts for a considerable number of Emergency Department (ED) visits. Acute subtalar dislocations are rare injuries most commonly caused by high-velocity mechanisms that can produce long-term complications if not reduced promptly. The subtleties of the dislocation on plain films can be easily overlooked in a fast-paced environment like the ED, especially in cases where the patient presents with a classic history of high-velocity trauma. These injuries can be missed if the treating physician is not aware of the full extent of the injury.

Abstract
OBJECTIVES: The epidemiology, pathophysiology, plain X-ray findings, management, and prognosis of medial subtalar dislocations will be reviewed.

METHODS: An extensive archive of EEG data from human infants from 35 to 52 weeks postmenstrual age obtained in a prior multi-center study was analyzed using power spectrum analyses and a high frequency burst detection algorithm.

RESULTS: Low frequency power increased with age; however, high frequency power decreased from 35 to 45 weeks. This unexpected decrease was largely attributable to a rapid decline in the number of high frequency bursts.

CONCLUSIONS: The decline in high frequency bursting activity overlaps with a developmental shift in GABA's actions on neurons from depolarizing to hyperpolarizing and the dissolution of the gap junction circuitry of the cortical subplate.

SIGNIFICANCE: We postulate that quantitative characterization of features of the EEG unique to early development provide indices for tracking changes in specific neurophysiologic mechanisms that are critical for normal development of brain function.

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Abstract
Cardiovascular drugs are a common cause of poisoning, and toxic bradycardias can be refractory to standard ACLS protocols. It is important to consider appropriate antidotes and adjunctive therapies in the care of the poisoned patient in order to maximize outcomes. While rigorous studies are lacking in regards to treatment of toxic bradycardias, there are small studies and case reports to help guide clinicians' choices in caring for the poisoned patient. Antidotes, pressor support, and extracorporeal therapy are some of the treatment options for the care of these patients. It is important to make informed therapeutic decisions with an understanding of the available evidence, and consultation with a toxicologist and/or regional Poison Control Center should be considered early in the course of treatment.


Abstract
OBJECTIVE: To quantify spectral power in frequency specific bands and commonly observed types of bursting activities in the EEG during early human development.

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Abstract
BACKGROUND: Trauma to the foot and ankle from inversion injury accounts for a considerable number of Emergency Department (ED) visits. Acute subtalar dislocations are rare injuries most commonly caused by high-velocity mechanisms that can produce long-term complications if not reduced promptly. The subtleties of the dislocation on plain films can be easily overlooked in a fast-paced environment like the ED, especially if the patient presents with an atypical mechanism.

OBJECTIVES: The epidemiology, pathophysiology, plain X-ray findings, management, and prognosis of medial subtalar dislocations will be reviewed.

CASE REPORT: We present a case of medial subtalar dislocation secondary to a low-velocity mechanism in an otherwise healthy 37-year-old woman.

CONCLUSIONS: Although medial subtalar dislocations are an uncommon injury, they usually can be reduced easily in the ED, achieving a good long-term prognosis with appropriate follow-up. The findings on plain film X-rays can be subtle at times, and the dislocation may not always present with a classic history of high-velocity trauma.

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