Background: Locked intramedullary nailing is the standard of care for femoral and tibial shaft fractures. Correct placement of locking screws is often an ordeal followed at times by a tormenting wait for check radiographs to confirm whether or not the locking screws were correctly placed.

Objective: We present a simple, inexpensive, fool-proof technique that confirms the correct placement of the locking screws on table thus allowing for revision at the time of surgery in case the locking screw missed the locking hole in the nail.

Methods: The basis of this technique is that a screw or drill bit in the locking hole prevents advancement of a guide wire beyond the level of the screw or drill bit. The maximal length of wire that goes in is marked prior to locking. The most distal lock is placed first. If the lock is in place, then less of the guide wire will go in than what went in the first instance. The length of wire that goes in up to the most distal lock is then marked and used to confirm the placement of the proximal distal lock. In the same manner, the distal proximal lock is placed followed by the most proximal lock in that order.

Results: We have used this technique to confirm placement of locking screws in thirty nailing procedures and on all occasions, check radiographs confirmed that the locking screws were correctly placed as confirmed by this technique.

Conclusion: This technique enables the surgeon to confirm correct placement of locking screws on table. It can be used with any cannulated nailing system. It is simple, in-expensive and fool-proof. As an adjunct during closed nailing under image intensification, the technique helps reduce operating time and exposure to radiation.