The Fifth **Quarter Clinic**

nce again, West Tennessee Bone & Joint Clinic is offering its Fifth Quarter Clinic on Friday nights during football season.

An injured athlete can be seen by a clinic physician for a specialty consultation instead of going to the emergency room.

The Fifth Quarter Clinic is at the West Tennessee Bone & Joint Clinic, 24 Physicians Drive in Jackson. Athletes must be accompanied by a parent or coach and arrive immediately after the game.

Keeping you...

...is a quarterly newsletter from

West Tennessee Bone & Joint Clinic.

The clinic's nine physicians specialize in sports medicine and orthopedic problems.

For more copies of the newsletter, contact Adam Kelley at the clinic at 731-661-9825.

Summer can be painful for elbows

s summer goes down the By Adam Smith, M.D. stretch, it's routine to hear the crack of batted baseballs in West Tennessee. Golf balls are flying, and colorful tennis balls are being smacked as folks play their favorite summer sports. That can only mean one thing: elbow injuries.

Throwing sports

throwing immediately and

be seen by a physician for

careful evaluation.

Tennis

elbow is a

common

Athletes who throw overhead are particularly hard on elbows. Pain on the inside of the elbow can develop over time with repetitive throwing or after a single pitch. The pain usually occurs with each pitch. Throwers may notice loss of velocity and accuracy with each thrown ball.

League age) can represent a stress fracture through one of the growth plates in the elbow. Older athletes can have similar pain with tearing or stretching of the medial collateral ligament of the elbow.

This type of injury in younger athletes (Little

Young athletes with this type of pain should stop

problem in athletes participating in racket sports, particularly tennis.

Athletes with tennis elbow usually have pain on the outside part or lateral aspect of the lead elbow during a backhand type swing.

Pain during the backhand is usually due to incorrect form during the backhand stroke. Correct form during a two-handed backhand requires the lead wrist to be locked with no active wrist extension throughout the stroke.

Players prone to injury usually try to "flick their wrist" during the backhand, leading to severe stress on the extensors of the wrist, which attach on the outside or lateral elbow. Pain usually is minimal at first, but can become limiting and painful, even in non-tennis related activities.

Treatment is usually conservative. Rest, ice and anti-inflammatories usually can be helpful. Modification of swing technique to correct swing flaws is important and usually prevents further injury.



While golf is thought of as a gentle sport, elbow injuries in golfers are common. Golfer's elbow is associated with pain on the inside of the elbow at the medial epicondyle.

Repetitive strain of the flexor muscles of the



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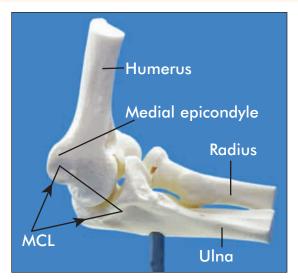
Elbow injuries

.. Continued, from front

elbow drops down to deliver the club forward, the wrist is in the extended position, which places significant strain on the forearm flexors. This repetitive motion, and the occasional divot swing, leads to injury at the medial epicondyle where the muscles attach at the elbow.

Pain can be severe even in non-golf related activities that

require power grasping. Rest and anti-inflammatory medication can be helpful. If pain continues, consultation with a physician is recommended for consideration of other options.



The elbow

Elbow Injury Q & A

I've heard that one way to prevent tennis elbow (lateral epicondylitis) would be to flick your wrist during your backhand. Is this true?

ANo, it is not. In fact, flicking your wrist will cause excessive strain on the extensor muscles and lead to elbow pain. Using a two-handed backhand will decrease this stress on these muscles.

How do I prevent tennis elbow from developing?

Astraighten the arm using the opposite hand and pull your hand/wrist downward.

How do I prevent golfer's elbow?

A Straighten the arm and, using the opposite hand, pull your

wrist/hand backward. When performing a stretch, you should pull and hold 15 seconds and repeat this three to five times. It takes a minimum of six seconds for the muscle to relax to allow for a stretch. Repeating this a minimum of three times ensures a sufficient lengthening (stretch) of the tissues for injury prevention.

Are younger athletes, such as Little League baseball players, less susceptible to elbow injury than someone who is older?

A No. Anyone can experience an elbow injury. Younger athletes can actually have a disabling injury occur to a growth plate of the bone. It is important that these young athletes see a physician if experiencing these pains.

Information provided by Chris Hoffmann, PT, Cert MDT, MPT, ATC, AT/L

Questions about an athlete's injury? If you have a question or concern about an injury or care for an athlete, go to our website at www.wtbjc.com, click on the Sports Medicine tab and submit your question. One of our physicians or physical therapists will respond promptly.

Clinic celebrates

hen Dr. Lowell Stonecipher opened the doors of West Tennessee Bone & Joint Clinic in 1973, he did so to provide quality orthopedic care to his patients. Over the clinic's past 35 years, that mission is still the heart of what the clinic does.

Today, as it celebrates 35 years of taking care of its patients, the clinic staff has grown to include Dr. Stonecipher and eight other board-certified orthopedic surgeons: Dr. Michael Cobb, Dr. David Johnson, Dr. Harold Antwine, Dr. Kelly Pucek, Dr. John Everett, Dr. David Pearce, Dr. Jason Hutchison and Dr. Adam Smith. Another orthopedic surgeon, Dr. Jerry Hornsby, has retired.

This dedicated group of surgeons provides the most advanced orthopedic specialty care available and has become one of the most well respected and highly specialized orthopedic clinics in Tennessee.

Though the clinic's physicians continue to mend broken bones and repair damaged joints and tendons, the way they treat many orthopedic problems has changed dramatically.

A shift in surgery techniques

"Ninety percent of what we do in surgery today is different than what I was taught in residency," says Dr. Johnson, who joined the clinic in 1990. Perhaps the biggest change in orthopedic medicine has been the shift from open surgeries to arthroscopic surgeries, he says, "and when open surgery is necessary, doing it with a minimally invasive approach."

All of this is good news to the patient. Instead of spending days in the hospital and facing lengthy recoveries, patients have shorter stays and faster recoveries. Many arthroscopic procedures can be done on an outpatient basis, which allows the patient to go home the same day as the surgery.

With the difference in surgeries and techniques has come a shift in the expected outcome, Dr. Johnson says. "Instead of having a goal of restoring function in the damaged joint or torn ligament, we try to restore normal usage. Physical therapy is

s 35 years of providing quality patient care



Pictured, left to right, are Dr. John Everett, Dr. Kelly Pucek, Dr. Michael Cobb, Dr. David Johnson, Dr. Lowell Stonecipher, Dr. David Pearce, Practice Administrator Donna Klutts, Dr. Adam Smith, Dr. Harold Antwine III and Dr. Jason Hutchison.

an important part of that."

Due to the nature of their practice, orthopedic surgeons traditionally take care of athletes. Sports medicine has been an important part of the West Tennessee Bone & Joint Clinic's practice since Dr. Stonecipher started covering the University of Tennessee at Martin football team and their sports events shortly after he opened the practice.

Working with athletes

That special care of athletic teams has grown to Union University, Jackson State Community College and many of the area's high school teams. These include Jackson Christian School, University School of Jackson, Trinity Christian Academy, Jackson-Central Merry, North Side, South Side, Dyersburg, Dyer County, Lexington, Madison Academic, Middleton, Chester County, McNairy County and Bolivar Central.

Today's new surgical techniques and increased physical therapy help the physicians do an even better job of getting athletes back in the game, Dr. John-

son says. "Dealing with athletes is an enjoyable part of our practice. For the most part, they are healthy individuals who are anxious to get better. They work hard to help you help them."

Besides the change in surgery and increased emphasis on sports medicine, the clinic has seen many other changes through the years, Dr. Johnson said.

For example, the increase in managed care plans and insurance documentation has led to an increase in office staff. Marketing and advertising, a concept once unfamiliar to many practices, is now an important part.

"In the past," said Dr. Johnson, "if you provided quality care to patients and had good surgery outcomes, and if you made sure that you took care of your referring physicians, you would have a successful practice. Now, we also feel the need for marketing consultants and employees and the need to review a marketing plan and budget."

In keeping with the clinic's mission to provide the best care possible for patients, the clinic recently finished a

7,000-square-foot expansion to increase the physical therapy department and make room for more diagnostic technology, such as an MRI.

Physicians also are performing more outpatient surgeries at the nearby Physicians Surgery Center.

Focus on patients

"As a convenience for our patients, we are providing onsite as many services as possible," says Practice Administrator Donna Klutts. "We know patients have a choice in their orthopedic health care, so we have a strong focus on customer service and patient satisfaction."

"We would not have grown as we have without the support and confidence from the more than 161,000 patients we have had the privilege to treat," says Klutts. "We are both humbled and proud of the past 35 years. We would not be where we are without our patients, our colleagues, and referring physicians. We look forward to the next 35 years of providing the best patient care possible."

Surgery, rehab keeps athlete cheering on the sidelines

Though cheerleader Brooke Carver likes her role on the sidelines, she found herself turning to Dr. Harold Antwine at West Tennessee Bone & Joint Clinic when knee trouble almost sidelined her in another way from the sport she loves.

Brooke's knee troubles started in January of her sophomore year at the University School of Jackson. While representing Southern Extreme All-Stars during a weekend competition in Chattanooga, she landed wrong in a tumbling routine. "The medic at the competition told me it was torn," says Brooke. "I put a brace on it and back to competing I went."

Back in Jackson, Brooke went to the West Tennessee Bone & Joint Clinic where Dr. Antwine ordered an MRI of her knee. She already was his patient after spraining her ankle the month before.

The MRI showed a torn right anterior cruciate ligament (or ACL), one of the four major ligaments of the knee. Brooke spent a month rehabilitating her knee to strengthen it before undergoing surgery to repair the ligament. She then spent the next three months in rehab.

In May, Brooke's knee was strong enough for her to make USJ's varsity and competition cheerleading squads. By June, she was back to cheering as though she had never been injured.

"Everything with my knee went great my junior year," she says. "I was looking forward to cheer-

ing my senior year and was even named captain of the squad."

Just before school started, Brooke was jumping and turning flips on a trampoline. "I turned a back tuck and landed wrong. The second I landed I knew I had torn my ACL again," Brooke says. "When I got home, we called Dr. Antwine, who is also our neighbor. He looked at my knee and made me an appointment for an x-ray."

The x-ray showed that Brooke had a partial tear in her right ACL, as well as in the cartilage on both sides. That's not what she wanted to hear at the start of cheerleading season her senior year in high school.

"We discussed my options and decided to postpone surgery until the spring," she says.

Brooke cheered her senior year in a knee brace and was able to compete with her squad at nationals. Surgery in April included a thermal

augmentation of the ACL rather than a reconstruction of the ligament. Brooke also went through physical therapy to help rehabilitate her knee. "They say I have done better than they thought I would," she says. "I think having gone through physical therapy for my knee prior to surgery really helped out as it was pretty strong."

Brooke finished physical therapy in June and will continue to do exercises at home all summer. This fall, she heads off to college.

"My knee feels great now," she says. "I can hardly tell it has been hurt."

Outpatient surgery center offers convenience to patients

The Physicians Surgery Center offers patients the convenience of having outpatient surgery outside of the hospital setting.

West Tennessee Bone & Joint Clinic physicians will be using the Physicians Surgery Center for many of their outpatient (or same-day) procedures. The Surgery Center has state-of-the-art equipment and an experienced staff dedicated to performing orthopedic surgery procedures.

Many orthopedic outpatient procedures can be done safely and less costly in a surgery center, said Donna Klutts, Practice Administrator at West Tennessee Bone & Joint Clinic. "Patients will enjoy the convenience and intimate setting



of the Physicians Surgery Center."

The Surgery Center is located at 207 Stonebridge Boulevard, less than two blocks from West Tennessee Bone & Joint Clinic. The Surgery Center's phone number is 731-661-6340.



Keeping You Active

The physicians at West Tennessee Bone & Joint Clinic, P.C., specialize in comprehensive orthopedic care. They diagnose and treat diseases and injuries of the bone, muscles, tendons, nerves and ligaments in adults and children. They are Board Certified in Orthopedic Surgery.

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