

Keeping you... **Active**

Fall 2009



WEST TENNESSEE

**BONE
&
JOINT**

Sports Medicine • Orthopedic Excellence

Keeping you...

Active

...is a quarterly newsletter from West Tennessee Bone & Joint Clinic.

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

For copies of the newsletter, contact Adam Kelley,

Marketing

Fifth Quarter Clinic on football Fridays

West Tennessee Bone & Joint Clinic offers 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.

Softball player returns to her sport

Since her junior year at Bolton High School, Brittany Burkett played softball in pain. Athletic trainers, her coaches and her family doctor thought the pain in her shoulder was tendonitis. With their treatment advice, Brittany faithfully iced down and stretched her shoulder muscles before and after each game.

This season, though, nearly all of the pain is gone — thanks to surgery by Dr. David Pearce and physical therapy at West Tennessee Bone & Joint Clinic.

"I am completely thrilled," said the senior at Union University. "I was never able to move my arm in some of the ways I can move it now. It's really exciting."

After graduating from Bolton, the third baseman went to the University of Tennessee on athletic and academic scholarship. When UTM's assistant coach, Heather Hall, became Union's head softball coach, Brittany transferred to Union with her coach for her sophomore year.

The pain was getting worse in her shoulder and the icing, stretching and anti-inflammatories didn't seem to be working. "Nothing seemed to help," she says. She spent her sophomore season at Union guarding third base for the Bulldogs with the addition of a sleeve to support her shoulder. "Union had no other third baseman



Dr. David Pearce and Brittany Burkett

besides me," said Brittany. "So I played injured."

Finally, in October 2008, she turned to West Tennessee Bone & Joint Clinic for help. Dr. Pearce diagnosed her with glenohumeral internal rotation deficit (GIRD). Taking the year off from softball, she began six to seven months of physical therapy.

"In some athletes, the stress of repetitive throwing can generate changes in the muscles, ligaments, tendons and capsule or the "soft tissues" of the shoulder," said Pearce. "The shoulder muscles stretch and become looser to allow more external rotation while at the same time, the soft tissues in the back of the shoulder will tighten. This causes a loss of internal rotation, which can predispose throwers to shoulder injuries, such as labral tears and rotator cuff tears."

On May 12, after an MRI showed a small labral tear in her shoulder, Dr. Pearce repaired the tear with arthroscopic surgery. The tightness in her shoulder did not give her as much internal rotation as she needed, so Dr. Pearce also had to release some tissue in the shoulder joint to loosen up her shoulder, she says.

She returned to physical therapy the same day she had her surgery. "Dr. Pearce was great, really great," Brittany says. "I liked his aggressiveness with



Brittany Burkett fields a ball during her sophomore year at Union University.

Continued inside

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Muscle Cramps — Ouch!

It is safe to say that most of us have been awakened in the middle of the night with a painful muscle cramp or "charley horse." Not only do they interrupt our beauty sleep, they can be very painful and intense!

So, what are these muscle cramps, and why do we get them? Better yet, how can we treat and prevent them?

When a muscle that is normally under our voluntary control contracts involuntarily, it is called a "muscle spasm." If the spasm is forceful and lasts more than a few seconds, it is called a "muscle cramp." (In fact, some muscle cramps can last 15 minutes or longer.) We can get cramps in any of our skeletal muscles, but they are more common in the muscles of the legs and feet — especially the calf. People of all ages are susceptible to muscle cramps — even children, but they tend to become more common as we get older.

Muscle cramps are commonly associated with vigorous activities, like sports, or with repetitive activities, such as yard work or household chores. This is because these types of activities can lead to excessive fluid loss from perspiration. And, the risk for cramping becomes higher when these activities are performed in warm weather.

So, what about those dreaded "charley horses" that strike without warning in the middle of the night? Muscle cramps have several other possible causes, including poor fluid intake, some medications; low levels of calcium, magnesium and potassium; and vitamin deficiencies.

The best way to treat a cramping muscle is by stretching it. Because most cramps occur in leg muscles, this can be achieved by simply standing up and walking.

They also can be treated by applying warmth to the cramping muscles using either a heating pad or a warm bath. Gentle massage of the affected muscle is also an effective treatment for muscle cramping. And, if the cramps are associated with sports or other activities, then fluid replacement is necessary. If these simple treatments do not help, and your cramps become more frequent and severe, you should consult your physician.

Sometimes, muscle cramps can be prevented. When participating in sports or vigorous activities, adequate hydration, or



The best way to treat a muscle cramp is by stretching it.

intake of fluids, before, during and after the activity is very important in the prevention of muscle cramps. Two other ways to prevent muscle cramps is to avoid excessive fatigue by taking frequent rest breaks with activity and by stretching and performing an adequate warm-up and cool-down. In fact, a regular stretching program can be beneficial in preventing those painful night cramps, too.

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For more information on specific stretches and/or warm-up and cool-down activities to help prevent muscle cramps, contact Shea Cooper, Physical Therapist, West Tennessee Bone & Joint Clinic.

Softball player

... Continued, from front

the physical therapy. I wanted to play softball again."

She also appreciates the physical therapists at West Tennessee Bone & Joint Clinic. "After being in therapy for nearly a year, I got to know and love all the therapists that worked with me. They made it fun, but really made me want to work harder," she said.

She was released from therapy in August and is back training with Union's softball team.

"Although I still had some slight pain, I was excited and nervous to see how I would perform on the ball field," said Burkett, who is thrilled with how her shoulder has recovered.

She expects to be defending third base when the season starts in mid-February. And, since she didn't play at all her junior year, she has two years of eligibility ahead of her. "My defense is looking good, and I have my confidence back," says Burkett.

Klutts passes board certification

Donna W. Klutts, Practice Administrator of West Tennessee Bone & Joint Clinic, P.C., recently passed Board Certification to become a Certified Medical Practice Executive by the American College of Medical Practice Executives.

The College defines the role of medical practice executives to include dedication to the improvement of health care delivery through the group practice of medicine, service to the interests of society and their own institutions and fostering the respect that society accords those who participate in the health care delivery system.

Klutts has been the Practice Administrator for West Tennessee Bone & Joint Clinic for nine years. She is a member of the American Association of Orthopedic Executives, as well as the national, state and local chapters of the Medical Group Management Association.



*Donna Klutts,
Practice Administrator*

Dr. Haltom comes home to practice medicine

For Dr. Doug Haltom, Jackson is where he grew up and his joining West Tennessee Bone & Joint Clinic means his children will get to grow up here as well.

Dr. Haltom, a 1994 graduate of the University School of Jackson, has never strayed far from his roots; he just chose to crisscross the state for his education. He graduated from the University of Tennessee at Knoxville in 1998 and then moved to Memphis for medical school at UT-Memphis College of Medicine. It was then back to East Tennessee where he completed his general surgery internship at UT-Chattanooga.

Dr. Haltom left the volunteer state for a short while to complete his orthopedic residency at University of Missouri at Columbia. He recently finished his Orthopedic Sports Medicine fellowship at the Indiana University/Methodist Sports Medicine Center. Volunteer and Peyton Manning fans will love that while he was there, he worked with the Indianapolis Colts.

Now the opportunity to practice at West Tennessee Bone & Joint Clinic has brought him back to Jackson with his wife, Beth, and their children: daughter Haynes, 3, and Miller, five months.

Besides being home, Haltom sees Jackson as an exciting place to



Doug Haltom, M.D.

practice medicine. "Jackson was where I looked first," he says. "The medical community here is large with lots of opportunities. At West Tennessee Bone & Joint, I got a sense that people liked working there. Combine that with having family from here, and it just made sense to come home."

He chose orthopedic medicine, he says, because it "is a general field where you can see the results of your interaction with a patient whether or not you do surgery. Regardless of the injury, your ultimate goal is to help increase the patient's quality of life."

Sports have always been a big part of Dr. Haltom's life, so it would only be natural for him to specialize in sports medicine, along with general orthopedics, as his career.

In high school, he played defensive back and wide receiver for the Bruins football team, and was a referee for the PAL basketball league. He has played golf his whole life. In college, he worked as an athletic trainer for the Volunteers. "I made a lot of great contacts while there," said Dr. Haltom. "It really laid the groundwork for me to go into sports medicine. I had always thought I would do something in the medical field."

(Mickey Marley, USJ's football coach, isn't surprised to see Dr. Haltom back in Jackson as a physician. "Whatever Doug decided to do in life, I knew that he would be good at it," Marley says.)

Dr. Haltom is excited to be working with area athletes. "Sports medicine gives you many opportunities to interact with people of all ages, whether it's high school or college athletes, young players or someone whose daily routine or exercise causes a problem."



Check out our new website: www.wtbjc.com

Tracy Hickey, above left, receives a basket of gifts from Donna Klutts, West Tennessee Bone & Joint's Practice Administrator. Hickey won the basket by filling out a patient survey on the clinic's new website and then having her name drawn.

The purpose of the incentive was to encourage patients to look at the clinic's website, Klutts said. The new website makes it easier for patients to access information and contact the clinic online. For example, you can go online to request an appointment or a prescription refill or make a billing inquiry.

Antwine's Corner: *In my opinion*

I will begin this article with an apology. It is certainly not my intent to offend anyone who condones or participates in the practice to which this article refers. I, too, am guilty for this offence as well.

That offence is...presenting a trophy to children for simply participating in a particular activity, be it football, basketball, soccer or baseball. My point is that in today's world, we reward our children for mere participation in sports and not really accomplishment.

When I was a child growing up in Mississippi, in order to get a trophy, you had to win the "championship." It was the pinnacle of success in our world; the Tony, the Oscar, the Grammy of the sport's world of my youth. Second place got a pat on the back and a round of applause.

At some point in time, after my pediatric sport's career began, there was a change in "rules" regarding rewards. Apparently this spread nationwide and is practiced regularly today in all corners of the continental

By Trey Antwine, M.D.



United States. (As of this printing, I have not gotten data from abroad, but would not be surprised if they practice the same policy).

Don't think me cold or unloving. I have children, too. But, in my opinion, we are missing the boat on this one. For example, my youngest child has a trophy case that I am sure would rival Bo Jackson's at the height of his career. Did I mention he is 7 years old?

Call me old-fashioned, but rewarding children with an "end-of-the-season trophy" seems to devalue what was so sacred to me as a child. Whatever happened to a simple trip to the Dairy Queen?

"Good Game!"



Ankle, foot injuries most common for basketball

More than one million athletes participate in high school basketball, helping to make it one of the most popular sports in the United States.

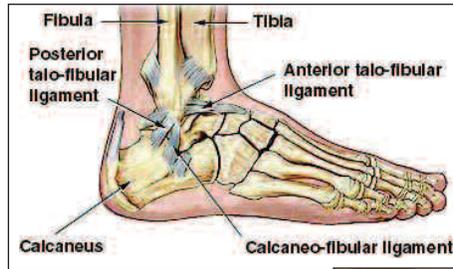
Over the past 20 years, boys' participation rates have risen 10 percent, and girls' participation rates have risen 20 percent. Because of the physical demands of the sport, however, participation can lead to an increased risk of injury.

Ankle and foot injuries are the most common injuries in basketball at any level. A recent study found that ankle and foot injuries accounted for 40% of high school basketball injuries, followed by the knee (15%), head/face/neck (14%), arm/hand (10%), and hip/thigh/upper leg (8%). The most frequent injury diagnosis was ligament sprains, followed by muscle/tendon strains, contusions, fractures and concussions.

The "classic" ankle sprain, the most common injury in basketball, is an injury to the lateral stabilizing ligaments of the ankle.

Three ligaments form the lateral ankle ligamentous complex, but the anterior talofibular ligament, or ATFL, is the most

By Doug Haltom, M.D.



commonly injured, above. This is an inversion injury (with the ankle rolling in) that usually occurs while landing, often on an opposing player's foot, above right. Injury severity can range from stretching to partial tearing to complete tearing of the ligamentous complex.

Treatment of ankle sprains depends on the severity of the injury. A combination of ice, elevation and anti-inflammatories is used to help with swelling and pain control. A brief period of immobilization in a walking boot is used if symptoms are more



severe. Return to play varies, again depending on symptoms. An athlete with a very minor ankle sprain may not miss any time, whereas an athlete with a much more severe sprain may miss several weeks.

In more severe cases or in recurrent cases, physical therapy is prescribed. Surgery is usually reserved for cases in which chronic instability of the ankle develops.

Efforts have been made to prevent ankle sprains through the use of footwear, ankle wrapping, taping or bracing, and ankle strengthening or proprioception training programs. Multiple studies have shown that the biggest risk factor for an ankle sprain is a history of a prior ankle sprain.

The most compelling evidence in the literature supports the use of a stirrup-type brace and a proprioception training program for the prevention of recurrent ankle sprains. This is not to say, however, that other preventive measures, such as footwear and taping, are not effective for certain individual athletes.



Lowell Stonecipher, M.D.



Michael Cobb, M.D.



David Johnson, M.D.



Kelly Pucek, M.D.



Harold Antwine III, M.D.



David Pearce, M.D.



Jason Hutchison, M.D.



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Adam Smith, M.D.



J. Douglas Haltom, M.D.



John Everett, M.D.



Donna Klutts, Practice Administrator

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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