

Keeping you...

# Active



WEST TENNESSEE

BONE & JOINT

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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 Director, at 731.661.9825.

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## Athlete headed for Alabama after successful senior season

To prepare for his senior season of football at Trinity Christian Academy, Jabriel Washington was focused throughout the preseason camps, scrimmages and workouts — determined to be in his best condition. He was looking forward to playing his best at quarterback, safety and cornerback for the Lions.

Following a scrimmage game, he began to notice that pressing his left arm above his head caused pain in his shoulder and that he had trouble making the pressing motion. He and his parents turned to Dr. Mike Cobb at West Tennessee Bone & Joint Clinic for answers.

An MRI indicated that Jabriel had a torn labrum in his left shoulder. Dr. Cobb told the Washingtons they had two options: surgery at the beginning of the season, which would mean Jabriel would be out for at least half of his senior season, or wait and have the surgery at the end of the season. Knowing he wanted a full season to impress the college scouts who were looking to recruit him, Jabriel took the second option and put off surgery.

"I played football all throughout high school, and I knew I really wanted to play at the college level," said Jabriel.

"Dr. Cobb understood my desire, and based on the MRIs I had done, he gave me an option that I could live with, wait until after the season to have the surgery. My preseason workouts became limited because of my shoulder, but I

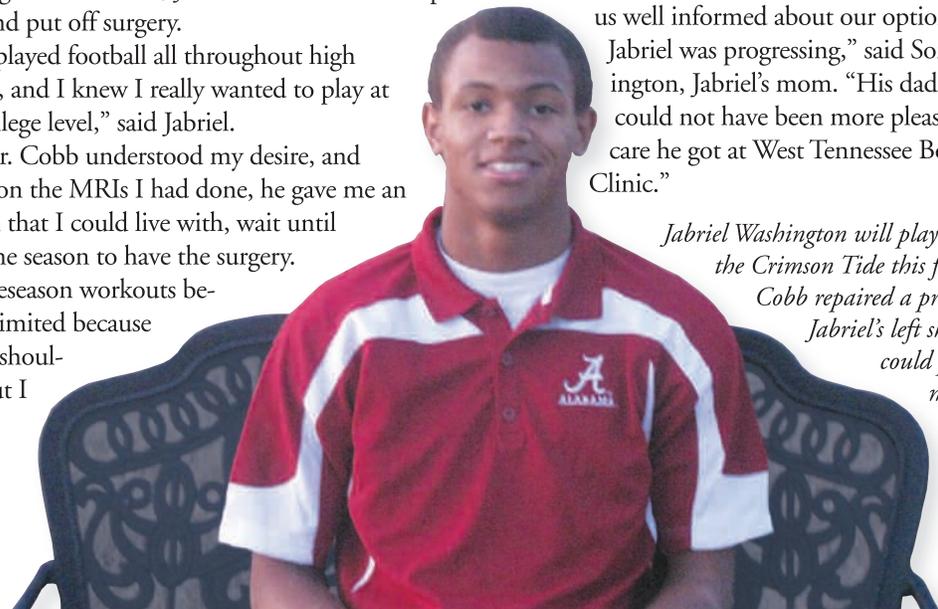
was determined to have a successful season."

He did. The Lions finished as state runnerup champions. In early December after playing in the state championship game, Jabriel underwent arthroscopic surgery on his shoulder. Once in the operating room, Dr. Cobb discovered that the injury was not as extensive as he had first suspected. Rather than having to repair the labrum in Jabriel's left shoulder, Dr. Cobb did a less complex procedure by shaving a flap tear that was causing the pain and limiting Jabriel's ability to move his arm above his head.

By mid-January, Jabriel was back to working out without the pain he had been experiencing. He was selected to play in the USA versus The World all-star game in late January. He had a great game and was pain free with full mobility. In February, Jabriel signed to play with the University of Alabama. On May 31, he began working out and practicing with the Crimson Tide and is looking forward to playing cornerback for Alabama this fall.

"Throughout the entire process, Dr. Cobb kept us well informed about our options and how Jabriel was progressing," said Sonya Washington, Jabriel's mom. "His dad, Ray, and I could not have been more pleased with the care he got at West Tennessee Bone & Joint Clinic."

*Jabriel Washington will play football with the Crimson Tide this fall. Dr. Mike Cobb repaired a problem in Jabriel's left shoulder so he could play with full mobility.*



# Preventing heat illness and heat stroke

By David Pearce, M.D.

Summertime means heat, particularly here in the South. It also is the time for outdoor activities like baseball and football. While staying active and exercising is a great way to stay healthy, activity in the extreme heat of summer carries some risks. Heat stroke and heat illness are dangerous conditions that can affect athletes who exercise in hot environments.

Heat stroke is defined as a life-threatening illness characterized by elevated core body temperature above 104 degrees associated with nervous system dysfunction. This includes nausea, vomiting, dizziness, fatigue, seizures and unconsciousness.

Heat cramps can be a precursor and often represent a state of inadequate fluid intake or hydration. Heat stroke carries a high death rate if diagnosis and treatment are delayed. The recent deaths of prominent athletes from heat-related illness have generated significant media coverage and a better awareness of this condition. However, heat-related illness and death are on the rise.

## Heat Stroke...

...is a condition where the heat generated by the body overloads the body's ability to dissipate the heat. The body temperature rises, and a point is reached where the internal functions of the body shut down. During exercise, excessive sweating (an attempt to cool the body) and inadequate fluid intake decrease blood volume. Blood circulation to the skin is the primary mode of cooling, and when blood volume is reduced, so is the ability to dissipate heat.

## Diagnosis...

...starts with a heightened awareness when the temperature or heat index climbs above 90 degrees Fahrenheit. Heat stroke is characterized by a core body temperature greater than 104 degrees. The brain is extremely sensitive to temperature. Confusion, one of the first signs of heat stroke, can be associated with dizziness and can progress to delirium, unconsciousness and coma.

## Treatment...

...starts with removing the athlete from the hot environment and starting cooling measures. This consists of removing clothing and equipment, fanning and applying cold or ice packs to the neck, groin and arm pits. If able, the athlete should drink fluids with sodium, such as sports drinks. If symptoms persist, take the athlete to an emergency department as soon as possible.

## Prevention...

...is the most effective treatment for heat-related illnesses.

- At the beginning of a strenuous exercise program or after traveling to a warmer climate, initially limit the intensity and duration of exercise, gradually increasing it over 10-14 days to allow time for acclimatization. When this period of time is not available, the length of practice sessions and competition should be shortened.

- Check environmental conditions before and during practice and adjust schedules accordingly. Avoid practice times during the hottest part of the day, typically

10 a.m. to 5 p.m. Use caution and adjust practice intensity when temperature or heat index rises above 90 degrees. Incorporate rest breaks into practice, making them more frequent as temperature rises. During this rest time, rehydrate and remove participants from radiant heat sources, such as direct sunlight. Use the Wet Bulb Globe Temperature, an index of climatic heat stress, as a guide for exercising in the heat.

- Begin hydration before the exercise period. Consume 500 ml of fluid two hours before exercise to ensure hydration. Allow time for excretion of excess ingested fluid. Consume another 200-300 ml of fluid 30 minutes before exercise. The recommended fluid intake during exercise is 200-300 ml of cold tap water or a flavored salted beverage every 20 minutes.

- The type of fluid replacement is dependent on the duration of the event. Plain water is adequate for events lasting less than one hour. For longer events, however, the replacement fluid should contain carbohydrates, sodium and potassium — standard components of commercial sports drinks.

- **Avoid caffeine**, particularly in hot weather. Sodas, tea and energy drinks typically contain caffeine or caffeine type products. They increase heart rate and act as a diuretic, which leads to or worsens dehydration.

- Clothing should be light-colored and limited to one layer of absorbent material to facilitate evaporation of sweat. Replace sweat-saturated garments with dry garments if possible during competition.

- Weighing athletes before and after practice (particularly during two-a-day football season) to estimate amount of body water lost during exercise is beneficial. This can be used to ensure return to near prepractice weight before next practice. The goal should be to lose no more than 2-3% of body weight during each practice. After exercise, athletes should consume 500 ml of fluid for every pound lost.

Again, the key is prevention. This always begins and ends with hydration.





## Beat the Heat!

Summer brings extreme heat and humidity. According to the Centers for Disease Control, more than 300 Americans die every year from heat-related illnesses. When exposed to excessive heat, the body can be unable to properly cool itself, leading to dangerously high body temperatures and medical conditions, such as heat exhaustion and heat stroke. Here are tips to help you avoid a heat-related illness...

- People 65 and older, children, infants and those with chronic medical conditions are the most vulnerable to heat stress.
- Air conditioning is the best protection from heat. During peak sun hours, try to stay indoors. If

your home is not air conditioned, visit public facilities, such as shopping malls, libraries or movie theaters to stay cool.

- When outdoors, drink plenty of water to stay hydrated, seek shady areas and take frequent rest breaks from your activity.
- Avoid coffee, alcohol and tea — all contribute to dehydration.
- Wear a hat and loose, light-colored clothing to dissipate heat.
- Recognize the signs of heat stroke: high body temperature, rapid pulse, difficulty breathing, the absence of sweating with hot red and flushed skin, hallucinations, confusion and disorientation.

By Jesse Gatlin, Physical Therapist



### Let's get physical

Dr. Michael Cobb gives Andrew Macdonald, a Jackson Christian soccer player, a physical. West Tennessee Bone & Joint Clinic offered complimentary athletic physicals to area schools so teams could meet TSSAA guidelines. About 1,000 athletes had a free physical.



### Fifth Quarter Clinic

West Tennessee Bone & Joint Clinic offers its Fifth Quarter Clinic on Friday nights during football season at its main clinic, 24 Physicians Drive in Jackson. An injured athlete can be seen by a clinic physician for a specialty consultation instead of going to the emergency room. Athletes must be accompanied by a parent or coach and arrive immediately after the game.

## Karen Britt's knee replacement

For years, Karen Britt put off knee replacement surgery on her left knee. She and Dr. Trey Antwine were worried how the surgery would react with lupus, a disease she has where the body attacks its immune system.

Occasional steroid injections would relieve the pain, but her knee continued to deteriorate year after year, partly because of her lupus medications. When Dr. Trey Antwine did arthroscopic surgery last year on her knee, her recovery went well, despite her lupus. It was time to replace her knee.

Then she put off the surgery one more time because she was determined not to miss any of her son's football games last fall. Luke David, her son, was a senior at University School of Jackson and a team co-captain.

"I was not going to

miss a game," Britt said. "The end-of-the-season football banquet was February 2, and Dr. Antwine did the knee replacement on February 8."

She was amazed at how quickly she recovered. "The next morning, the hospital staff had me up, trying to walk. I never used a cane or a walker. After four nights in the hospital, I went home and started outpatient physical therapy. I was discharged from therapy after six weeks."

She credits Dr. Antwine; his nurse, Laura; Physical Therapy Director Tom Johnson; and the physical therapy staff for being able to achieve her excellent outcome.

Five weeks out of surgery, she was in San Diego as part of her duties as a patient ambassador for an



Karen Britt and Tom Johnson, Director of Physical Therapy

Continued...

# Alice Wright's knee replacement

Three years ago, Alice Wright's life was pretty challenging. The pain in her left knee made it impossible for her to play with her grandchildren, work in her garden or just go places. At Jackson-Madison County General Hospital where she worked as director of case management and social work, she used a scooter to get around.

"I was just miserable with my left knee," she says. Her life changed dramatically in

## Karen Britt

Continued from inside ...

experimental lupus drug she takes. (The trip included touring a submarine.) Seven weeks after surgery, she toured Murray State's college campus with Luke and her husband, Andy.

"My knee is awesome," she says. "I'm walking in the neighborhood and increasing my other activities. I can't believe how well I'm doing. If I had known I would do this well, I would not have put off surgery."

October 2008 after Dr. David Johnson did a total knee replacement. The day after surgery when the hospital staff got her up to walk, the pain was already better.

"For years I had been putting off surgery," Wright says. Her problems with her knee started with an injury about 15 to 20 years ago. The chronic pain started about 10 years ago and worsened in 2006. She tried cortisone and other injections to relieve the pain, but finally had the knee replacement. Now she can't believe she put it off. When her right knee needed replacement, she had it done in March 2010.

Both times, she had inpatient rehab at the hospital for about a week, followed up with about six weeks of outpatient rehab.

She encourages people to go to an outpatient rehab center for physical therapy rather than have a therapist come to their home. "It helps to see other people with the same surgery go through rehab. You push yourself more, and it helps you avoid post-operative depression," says Wright, who retired from the hospital in March.



*Alice Wright walks in the park.*

She calls Dr. Johnson her hero. "I can't sing his praises enough. He is so patient and kind. He got my life back for me."

Riding her scooter is a thing of the past. "I can take care of my flowers and play with my grandkids. I even took a trip to France with my daughter and son-in-law to spend the Christmas holidays with his family."



*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.*



*Adam Smith, M.D.*



*J. Douglas Haltom, M.D.*



*John Everett, M.D.*



*Donna Klutts, CMPE 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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