

Keeping you...

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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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Unstable shoulder causes problems

By Doug Haltom, M.D.

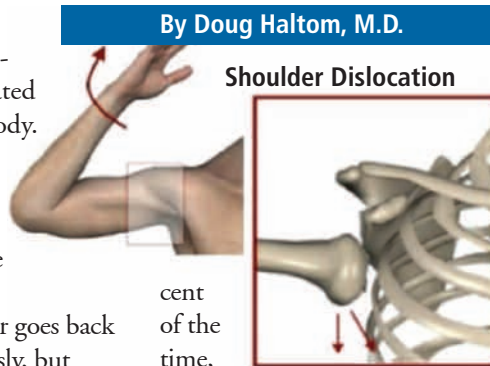
The shoulder is the most commonly dislocated joint in the human body. It happens when the ball (humeral head) loses its articulation momentarily with the socket (glenoid).

Often, the shoulder goes back into place spontaneously, but sometimes it has to be slipped in place in the emergency room. In more than 95 percent of cases, the direction of dislocation is to the front of the body. The shoulder is usually in an abducted and externally rotated position, as shown in the figure, at above right. The shoulder also can dislocate or slip towards the back. This might be more common in football offensive linemen and swimmers.

The problem

When a shoulder dislocates or slips out of place, the joint lining is stretched and the labrum (cartilage bumper) is often torn. The first time this happens, treatment often is conservative, consisting of a period of immobilization followed by physical therapy. The athlete may return to play, sometimes braced, and finish the season without any other significant problems with that shoulder.

However, because the joint lining is stretched and the labrum often torn, the problem can recur. The reported recurrence rates vary, but anywhere from 25 to 90 per-



cent of the time, the shoulder dislocates again, oftentimes with much less force than with the initial injury.

When this happens, the athlete may opt for surgical repair. Surgery consists of repairing the labrum (cartilage bumper) and tightening the joint lining, if needed. This type of surgery has a 90 to 95 percent success rate.

The rehab

If surgical repair is chosen, what happens after surgery and in rehab is very important. The exact post-operative regimen is dependent on each patient and the nature of the repair.

In general, the arm is left in a sling for three to four weeks with "thigh to face" activities, such as eating, writing, bathing and working on the computer, allowed. Physical therapy usually starts when the sutures are removed.

The sling is removed at about four weeks and cautious use of the arm for normal daily activities is encouraged. Range-of-motion exercises and some light strengthening

are started at this time.

Regaining shoulder range of motion is the primary goal at this point. At the two- to three-month period, as long as shoulder range of motion has been restored, progressive resistance exercises are increased. Generally speaking, full activity returns in about four to six months.

A throwing progression for dominant-arm athletes will not begin until six months after surgery. Bracing is usually recommended for athletes returning to contact or collision sports for up to 12 months after surgery.



Every injured athlete has one main goal

At West Tennessee Bone & Joint Clinic, we are committed to getting you back in the game. The goal of any athlete is to get the okay for “return to play.”

This refers to the point in recovery from an injury when a person is able to go back to playing his or her sport or participating in an activity at a level close to where he or she participated before.

No one likes to be sidelined with an injury. One of the goals of sports medicine is to try to get an athlete back into action as soon as possible. Returning too soon, before adequate healing or recovery, can put you at risk for re-injury and possibly an even longer down time.

With the right game plan for sports injuries, from early diagnosis and treatment to full functional rehabilitation, you can often safely accelerate your return to play.

A Lesson From The Pros

Why does it seem that professional athletes return to play so much faster? Profes-

By David Pearce, M.D.

sional athletes are usually in tremendous physical condition at the time of their injury. This fitness level helps them in many ways because studies have shown that good conditioning can not only prevent injuries, but also can lessen the severity of an injury and can speed recovery.

Professional athletes also get prompt treatment when an injury occurs, and this lessens the acute phase of the injury. Early treatment means less swelling, stiffness and

loss of muscle tone. Professionals also are able to work extremely hard with a physical therapist and/or certified athletic trainer during their recovery.

Sports is their job, and they are able to dedicate more hours to physical therapy and rehabilitative exercises.

In addition, they bring to their recovery what they bring to their sport — a positive

attitude. While you may not have access to many things professional athletes have, you can harness the power of a positive attitude for your own benefit during recovery.

Your Recovery Plan

Recovery from an injury involves a series of logical steps from the time of the injury until you are able to be back on the field or court. Your physician and physical therapist should outline and monitor each step.

During the acute phase, the focus should be on minimizing swelling. This involves the RICE formula: Rest, Ice, Compression and Elevation, along with a limitation of activities. Depending on the type and severity of your injury, treatment also may involve surgery, bracing or even casting.

During this period, it is important to maintain overall conditioning while the injury heals. Creative techniques can be used to safely work around the injury. For example, a runner with a leg injury can often run in water or use a stationary bicycle to main-

Tips from the pros to speed your recovery

- Maintain year-round balanced physical conditioning.
- Make sure that injuries are recognized early and treated promptly.
- Participate in a full functional rehabilitation program.
- Stay fit while injured.
- Keep a positive, upbeat attitude.



Ralphie Runners

West Tennessee Bone and Joint employees donned special sweatshirts and rabbit ears, called themselves the “Ralphie Runners” and then raised more money than any other group in the Arthritis Foundation’s Jingle Bell Walk/Run.

The group poses for a picture, above. At above

left, Morgan Smith, Mallory Griggs and Kari Pendergrass hold the special companions they took on the walk. Near left are Adam Kelley and Trish Pearson receiving the trophy for first place – the most money raised for the Arthritis Foundation.

The walk was November 20 at Union University.

: Returning to play his or her sport



tain conditioning. Even if one leg is in a cast, the rest of the body can be exercised by performing strength-training exercises. Do not wait until your injury is healed to get back into shape.

In the next phase of recovery, you should work on regaining full motion and strength of the injured limb or joint. Your physician, therapist or certified athletic trainer should outline an exact plan.

For most injuries, gentle protective range of motion exercises can be started almost immediately. Muscle tone can be

maintained with the use of electrical stimulation or simple strengthening exercises.

When strength returns to normal, functional drills can be started. This may include brisk walking, jumping rope, hopping or light jogging for lower extremity injuries and light throwing for upper extremity injuries. Specific balance and agility exercises can bring back coordination that may have been lost in the injury.

Once you have progressed with motion, strength, endurance and agility and are tolerating functional

drills, you can try higher levels of functional tests and drills that incorporate sport specific movement patterns on the field or court. This is monitored by your physical therapist or certified athletic trainer. You may find that tape, braces or supports help during this transition time.

You are ready to return to play only when you are practicing hard without significant difficulty and the healing has progressed to the point where the likelihood of injury or harm is low.

During these final phases of recovery,

you should be closely monitored and special attention should be given to adequate warmup before and icing after activity.

A Word Of Caution

Following the rational progression of recovery not only lessens the chance of re-injury, but also assures that you will be able to perform at your best when you return to play. All too often, athletes think they are ready to return as soon as the limp or the swelling subsides. They may feel good, but they are probably only 70 to 75 percent recovered. This invites re-injury.

Sports medicine experts are working on ways to help athletes get as close to 100 percent recovery from injuries as possible, as quickly as safety allows. There is often tremendous pressure to get the athlete back as soon as possible, but the athlete's health and safety must be placed above all other concerns.

A systematic recovery plan is successfully used every day, at all levels of play, from the recreational athlete to the elite professional or Olympic athlete.

At West Tennessee Bone & Joint Clinic, we believe in that systemic recovery plan so that each patient achieves "return to play."

A few tips on proper posture

One leading cause of back and neck pain is the accumulation of poor postural habits. Proper posture helps maintain proper body alignment, reduces the strain on muscles and ligaments and helps the body operate more efficiently. On the other hand, chronic bad posture leads to aches and pains, inflexible joints and muscles and spinal problems, such as bulging discs. Here are some quick tips that will help you maintain proper posture throughout your day.

- When sitting, your buttocks should touch the back of the chair, and feet should rest comfortably on the floor.

- When driving, make sure the

seat is close enough to the steering wheel to prevent reaching forward and straining. Your feet should reach the pedals with your knees bent.

- Try using a lumbar support to maintain the natural curve in the low back. A small towel roll or pillow can be a cheap and simple option.

- Sleep in a position that keeps your spine in a neutral position. Lying on your side with a pillow between your knees will decrease the strain on the pelvis and lumbar spine.

- Select a good, supportive pillow and replace it regularly. A flat, worn out pillow does not adequately support the head and neck.

By Jesse Gatlin, Physical Therapist

Union provost

Continued from back cover ...

"My 12 weeks with you was an endearing time. Yes, my shoulder works, and I thank you for showing me wellness. But more than anything, you make me very proud to be a member of the health care professions, in general, and the health care community in Jackson, in particular. In fact, you have made me long for patient care in a way I haven't for many years. Watching you has only served to inspire me more in making sure our health professions students at Union learn to do things right in the same way you do things right. Patients matter most, and you know that."

Today, she can laugh about how her aging chocolate lab was on the floor in a place she didn't expect him to be. Her experience also cemented her admiration and respect for the health care professionals at West Tennessee Bone & Joint Clinic, and, in particular, Dr. Johnson: "It's a blessing," she says, "to be in the care of a man of God whom you trust."

Union provost praises her excellent care

Two years ago, in January 2009, Carla Sanderson's shoulder was in pain. She had ripped the labrum in her shoulder and was trying physical therapy to get her motion back and lessen the pain.

Today, the pain is long gone. In its place, she's got a couple of stories to tell. The first is how she had tripped over her chocolate lab, Montana, while taking Christmas decorations down on New Year's Eve, which made her fall and cause a tear in her shoulder. The second is how she feels completely healed — pain gone and range of motion back — after seeking help from Dr. David Johnson, an orthopedic surgeon at West Tennessee Bone & Joint Clinic, and the clinic's physical therapy staff.

"I'm a success story," says Sanderson, provost and executive vice president at Union University. "I have no difficulty with my arm. I am totally healed."

Sanderson, who has a Ph.D. in nursing, started at Union 29 years ago as a nursing instructor. She and her husband, Larry,

have three sons, Clayton, 26; Cody, 25; and Cullen, 18.

When physical therapy wasn't working after her injury, her first choice for an orthopedic surgeon was Dr. Johnson. Years before, a Union student who was living with her was in a serious car accident; Dr. Johnson stabilized the student before she was sent on to Memphis. The doctors there, who had worked with Dr. Johnson when he was a resident, told Sanderson that Jackson had gotten the best resident in their program.

"I already knew Dr. Johnson by reputation," she said. "I knew I would go to him." She also thought highly of the West Tennessee Bone & Joint Clinic because of the excellent care the physicians and staff routinely give Union athletes, she adds.

When she saw Dr. Johnson that March, he told her that surgery was her only op-



Carla Sanderson

tion. The surgery was set up the next month at Jackson-Madison County General Hospital where Dr. Johnson performed arthroscopic surgery to anchor the torn labrum back to the joint.

"Within two and a half weeks, I started physical therapy at West Tennessee Bone & Joint," Sanderson said. "I slowly progressed from light exercises to full range of motion over a 12-

week period." Scar tissue had developed in the extra time between her accident and the surgery, making recovery a little harder.

The physical therapists released her after 12 weeks and gave her exercises to do at home. Two months later, Sanderson wrote the physical therapy staff a letter, delineating what made each staff member special. She ended the letter by saying ...

Continued inside ...



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.



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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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