

# Keeping you... *Active*

Summer 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 Director, at 731-661-9825.

## Check out [www.wtbjc.com](http://www.wtbjc.com)

We've updated our clinic website, making it easier for patients to access information and contact us online.

For example, you can go online to request an appointment or a prescription refill, make a billing inquiry, fill out forms before your first clinic visit, download TSSAA sports physical forms and much more.

You'll also find past editions of the "Keeping You Active" newsletter and other information about our clinic.

## Young football player:

### "I am so grateful that I still have my leg"

The world for 13-year-old Kesley Kirk almost changed drastically one rainy Tuesday night last October.

Kesley, now a rising eighth grader at University School of Jackson, was playing the last game of the season on USJ's Middle School football team. USJ had the ball. During the last play of that last game, Kelsey was accidentally knocked down by a defensive player trying to tackle Kesley's teammate, who had the ball.

Kesley cried out in pain and could not get up. Neither could he feel his foot.

Doctors later said he had a "pulseless leg," meaning no blood was flowing in his leg. The femur in his right leg had broken at the growth plate, and the shaft of the femur had slid behind his knee, against the nerve and compressing the blood flow. He had a five-hour window of returning blood flow or he faced amputation, said his mom, Tracy Kirk.

The first doctor on the scene was Dr. Trey Antwine from West Tennessee Bone & Joint Clinic, who was watching the game from the sidelines. An ambulance was called, and the family soon was on its way to Regional Hospital of Jackson where Mrs. Kirk is a registered nurse. It was in the ambulance that Kesley told his parents that he couldn't feel his foot.

Trying to be calm, Mrs. Kirk and her husband, Craig,

*Dr. Adam Smith  
with Kesley Kirk*

who owns his own roofing company, could only think of a friend who had lost his leg after an injury while playing softball. Meanwhile, they comforted Kesley, who was scared and in a lot of pain.

Dr. Adam Smith, the orthopedic surgeon on call at West Tennessee Bone & Joint Clinic, arrived ready to do surgery, but because of possible complications with Kelsey's blood vessels, he needed a vascular surgeon in the operating room as backup. Minutes ticked away as the hospital searched for a vascular surgeon and debated whether to send Kesley to Jackson General or LeBonheur. Surgeon Dr. Tom Edwards, who was not on call, agreed to come to Regional to provide vascular assistance, if needed.

About 11 p.m. that night, nearly five hours after he was injured, Kesley arrived in the recovery room. Dr. Smith had reset the bones in Kesley's leg. Once he pulled the bone into place, blood flow resumed in his leg. "Dr. Smith was awesome in how he took care of Kesley," Mrs. Kirk says. "We are also so grateful that Dr. Edwards came in."

The crisis was over, but the healing process was starting. After three days in the hospital, Kesley arrived home with a long-leg cast. The pins Dr. Smith put in Kesley's femur to stabilize the bone came out in November; the cast was removed in December.

Active in sports, Kesley arrived in Dr. Smith's examining room that day discouraged about missing the basketball season and worried whether his leg would return to normal.

Sensing Kesley's fear and discouragement, Dr. Smith called in Tom Johnson, director of West Tennessee Bone & Joint's



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## R.I.C.E.

### An effective treatment for minor injuries

As a physical therapist, one of the most common questions I am asked is: "Should I use HEAT or ICE for my injury?" My response is always to ask "WHEN did the injury occur?" If the injury is acute, meaning that it occurred in the past 48 hours, then my answer is that ICE is the preferred treatment, and if it has been more than 48 hours then heat and/or ice may be used.

However, ice alone is not the only way to treat an acute injury. I also recommend the use of the R.I.C.E. method of treatment for minor, acute injuries such as sprains or strains.

R.I.C.E. is an acronym for Rest, Ice, Compression and Elevation.

**R.** REST: Reduce or stop using the injured body part immediately after injury, and avoid any activity that causes increased pain.

**I.** ICE: Apply ice to the injured area for 10 to 15 minutes every three to four hours. Ice can be applied using either a plastic bag filled with ice cubes, a commercial gel-filled cold pack, or even a bag of frozen peas.

**C.** COMPRESSION: Wrap the injured area with a compression bandage. The bandage may be applied over the ice/cold pack to hold it in place. Be careful not to apply the bandage too tight. If you feel numbness or tingling, then the bandage should be loosened.

**E.** ELEVATION: Elevate, or raise, the injured area or limb above the level of the heart. Use pillows or couch cushions to prop up the injured limb.

When used properly, R.I.C.E. is an effective treatment for acute injuries because it helps to decrease pain, inflammation, swelling and further tissue damage. However, if your symptoms persist over 48 hours, or if your symptoms cannot be controlled using the R.I.C.E. method, it is important to consult a physician in the unfortunate event that you may have a more serious condition.

*By Shea Cooper, Physical Therapist  
West Tennessee Bone & Joint Clinic*

## Dr. Doug Haltom joins our clinic

Dr. J. Douglas Haltom, a Jackson native, is joining West Tennessee Bone & Joint Clinic, P.C., in the practice of orthopedics and sports medicine.

Dr. Haltom recently finished his Fellowship in Orthopedic Sports Medicine at the Indiana University/Methodist Sports Medicine Center where he worked with the Indianapolis Colts. He completed his orthopedic residency at University of Missouri-Columbia.

He received his Medical Degree from the University of Tennessee-Memphis College of Medicine and had his general surgery internship at the University of Tennessee at Chattanooga.

Dr. Haltom, a 1994 high school graduate of the University School of Jackson, will have privileges at Jackson-Madison County General Hospital and Regional Hospital of Jackson.



*Doug Haltom, M.D.*

## Dr. Cobb attends masters course

Dr. Michael Cobb recently attended the Oxford Partial Knee Replacement Masters course in Charlotte, North Carolina. The purpose of the course was for orthopedic surgeons who are already experienced in the Oxford uni-compartmental knee system to discuss technique and ideas involving the Oxford system.

The Oxford uni-compartmental knee system is less invasive than regular knee implants, reduces recovery time and improves mobility after surgery. The Oxford knee system also is the only FDA-approved, free floating, meniscal uni-compartmental knee system available in the United States.

Dr. Cobb is a board-certified orthopedic surgeon and a member of the American Academy of Orthopedic Surgeons. He has practiced orthopedics and sports medicine in Jackson for the past 25 years.



*Mike Cobb, M.D.*

## Young football player ... Continued, from front

Physical Therapy Department. "They immediately started working with Kesley to improve his leg," Mrs. Kirk says.

Over the next three months, the physical therapy staff worked around Kesley's school schedule as he came in for therapy three times a week, his mom says. "He was usually the last one to leave at night."

Just as she praises Dr. Smith, she praises the work of the physical therapy staff: "They pushed him hard and really worked him. They also helped rebuild his confidence. The whole physical therapy department is wonderful."

When the last day of physical therapy came, Kesley looked close to tears,

she said. "I'm just going to miss all of them," he told her.

Whether Kesley returns to the Middle School football team is still in question. Dr. Smith wants him to not stress his leg for a year while he monitors the progress the leg is making.

Kesley, meanwhile, is lifting weights with his teammates this summer. He's working out and swimming.

"You wouldn't know about the injury if you saw him walking," Mrs. Kirk says. "Both legs look the same."

Added Kesley: "I appreciate all of the staff who have helped me and encouraged me. I am also grateful that I still have my leg."

# Comments on the lost art of 'sportsmanship'

I believe there has been a lost art in sports, particularly for young players, ages five to 17.

Yes, this is when we (me included) coach our sons and daughters in the various sports in which they choose to participate ... soccer, baseball, softball, basketball and football.

That lost art is not a physical part of the game. It is simply **sportsmanship**. And when we, as coaches, are trying to teach the fundamentals of the game and tell young athletes to "charge the ball," "don't step out of the box," "stay with your man," etc., some of us miss the boat on the very reason we should all be out there on the field, court or track in the first place.

That is, we should be emphasizing: Win or lose

By Harold M. Antwine III, M.D.

graciously. Honor your opponents, whether they won or lost. Don't "rub it in."

After a game, lining up both teams so the athletes can shake hands does not nullify what happens from the start until the end of the game. It is the content of the game itself that truly matters. It is the way

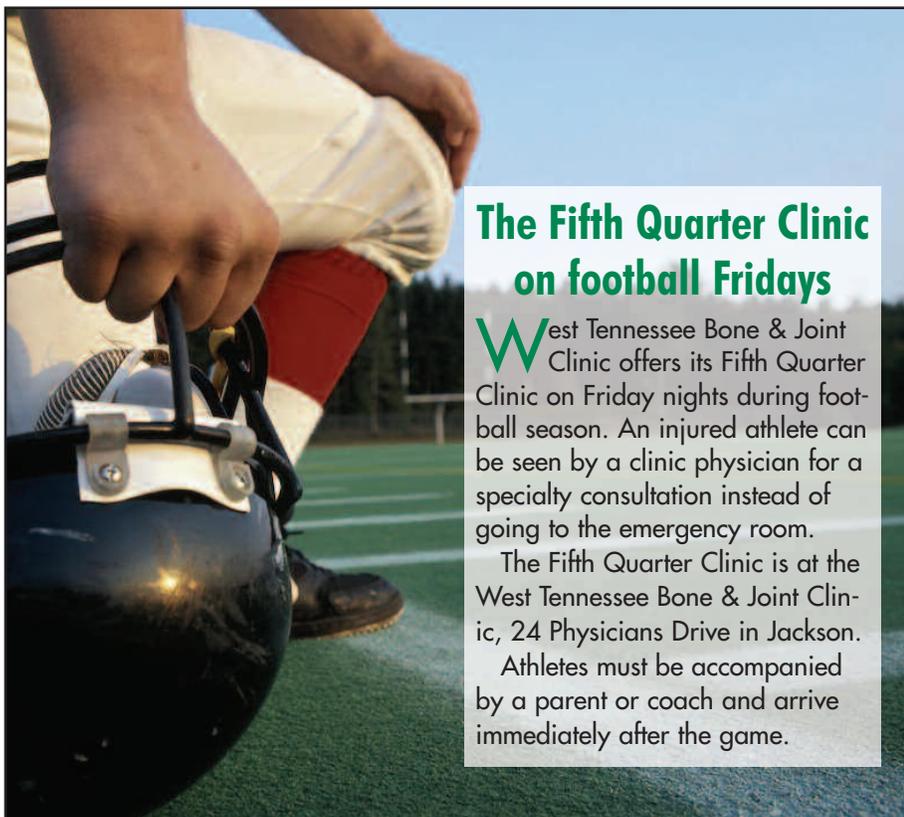
we as coaches respond to different situations in the game.

So here is one request for all of you out there. Try not to live vicariously through your children. Your time has come and gone. Teach them values not only off the field, but on the field during the game. When your team is trouncing the other team, take out your first string.

When the catcher can't "catch a cold" behind home plate, don't steal home when you are up 12 runs.

I challenge all of you out there to practice good sportsmanship. You know who you are. If you are going to talk the talk off the field, then walk the walk on the field. Set a good example for our sons and daughters so that they may do the same for theirs.

*"Good Game!"*



## The 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.

## Running, excellent exercise, has risks

... Continued, from back

and no one shoe is perfect for everyone. Some people have high arches and some flat, some have sensitive feet and need cushioning, while some want stability.

Consult with a good running shoe store or visit online shoe suppliers for suggestions on which shoe is best for you. Depending on your body weight and running style (a glider versus a pounder), shoes should be replaced before they appear worn out. Sixty percent of a shoe's shock absorption is lost after as little as 250 miles! Many lower extremity pains can be prevented or treated by replacing your running shoes.

While running carries risk of injury, the rewards it can give in your cardiovascular fitness, weight control, overall sense of wellness and confidence that comes from "being an athlete no matter what your age" makes it a popular form of exercise for many people.

# Running, excellent exercise, has some injury risks

Running is a popular form of exercise

By David Johnson, M.D.

the cooler times of the day and avoid slippery surfaces

enjoyed by men and women of all ages. Most communities support running enthusiasts by hosting races with distances varying from 5K (3.1 miles), 10K (6.2 miles), half marathons (13.1 miles) and full marathons (26.2 miles).

Running can be an excellent form of exercise for cardiovascular fitness and weight control. It does, however, carry a risk of injury, especially to the lower extremities. One study showed that about one third of all serious runners (those who run at least 25 miles per week) will experience an injury in a given year.

Most injuries can be managed with conservative treatments, including rest, medications, bracing and physical therapy, and many injuries can be prevented by following several simple guidelines:

- Be flexible to weather conditions and temperature. Avoid the intense heat and midday sun exposure by training in

caused by rain.

- Remember to hydrate well, especially in the summer. Six to 12 ounces of fluid can be lost every 20 minutes of running. Replacing these fluids is especially important for runs in excess of 30 minutes.

- Consider weighing yourself before and after a run. For every pound lost, drink one pint of fluid.

- Plan a progressive running program that is appropriate for your fitness level. Plan a warm-up period followed by stretching and finish every run with a few minutes of stretching. Build up your running distances and intensity gradually. I'll repeat: Build up your running distances and intensity gradually. Many injuries occur from trying to do too much too fast.

- Use good equipment that is appropriate for your body. For running, this primarily means shoes. We are all different,



Stephanie Johnson runs in a Memphis event.

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Lowell Stonecipher, M.D.



Michael Cobb, M.D.



David Johnson, M.D.



Kelly Pucek, M.D.



Harold Antwine III, M.D.



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Jason Hutchison, 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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