

*Keeping you...*

# Active

WEST TENNESSEE



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JOINT

Winter 2010

Sports Medicine • Orthopedic Excellence

## Arthroscopic hip surgery relieves pain; puts off hip replacement surgery

**A**t times the pain in Amanda Cotton's right hip would be so bad, it would take her breath away. A nurse on the orthopedic floor at Jackson-Madison County General Hospital, Cotton toughed it out as long as she could.

Moving patients around, working 12-hour shifts and the other chores of daily living had made the pain in her hip worsen over time. After an MRI, she tried steroid injections, but that just seemed to make it worse. "I finally got to where I couldn't stand it anymore," said Cotton.



*Amanda Cotton*

She turned to Dr. Adam Smith, an orthopedic surgeon at West Tennessee Bone & Joint Clinic, for help.

The 37-year-old Cotton had a torn labrum in her right hip. To repair the damage, Dr. Smith did arthroscopic hip surgery, a less-invasive technique that would speed up Cotton's recovery and get her back to work quicker. (Her surgery was similar to the surgery performed on Alex Rodriguez, the

New York Yankee who also had a torn labrum.)

The labrum is cartilage that adds stability to the hip joint. With a torn labrum, Cotton could feel her hip pop at times, causing the intense pain.

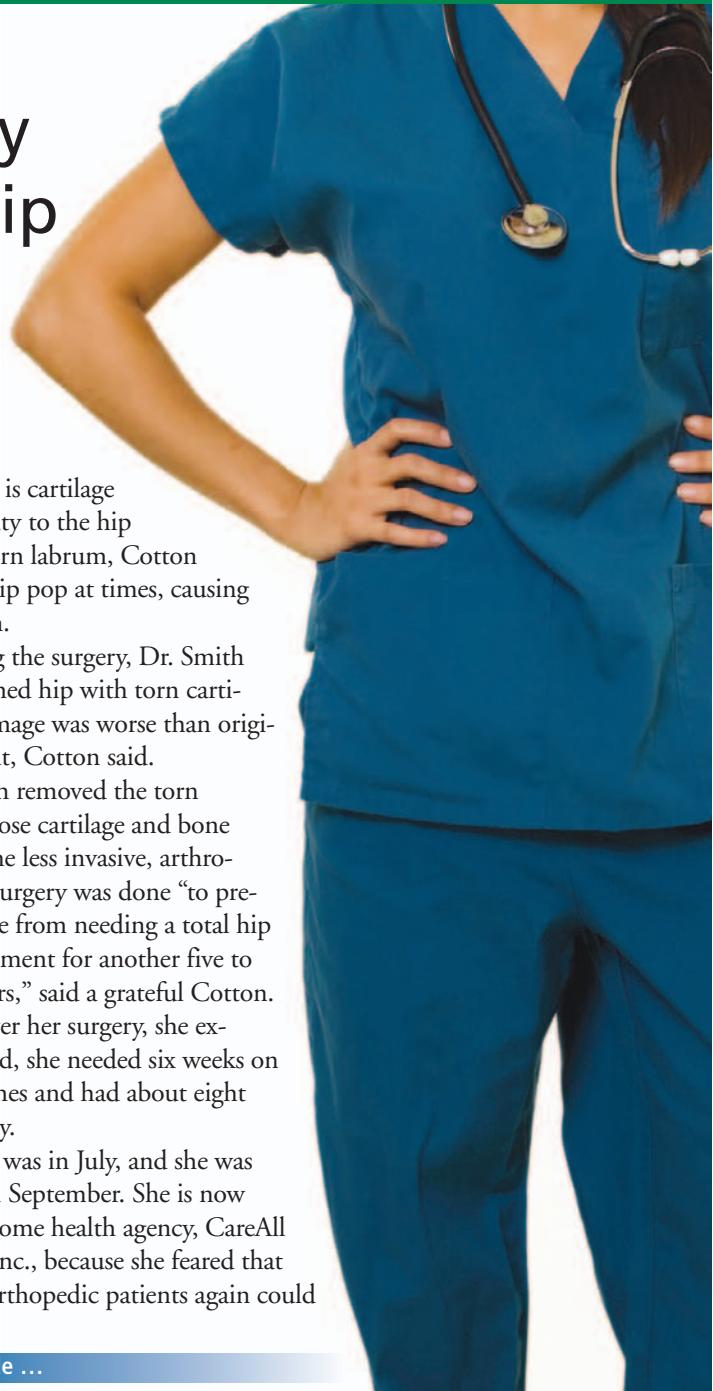
While doing the surgery, Dr. Smith found an inflamed hip with torn cartilage. The damage was worse than originally thought, Cotton said.

Dr. Smith removed the torn labrum, loose cartilage and bone spurs. The less invasive, arthroscopic surgery was done "to prevent me from needing a total hip replacement for another five to 10 years," said a grateful Cotton.

After her surgery, she explained, she needed six weeks on crutches and had about eight weeks of therapy.

Her surgery was in July, and she was back to work in September. She is now working for a home health agency, CareAll Home Health Inc., because she feared that working with orthopedic patients again could stress her hip.

**Continued inside ...**



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... 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.

## Arthroscopic hip surgery

Continued from front ...

Cotton, who moved to Jackson three years ago, has a two-year degree in nursing from the University of Arkansas Community College. She is close to finishing a bachelor's degree in nursing.

Turning to Dr. Smith for help was easy to do, she said. "Jackson has a lot of good orthopedic surgeons, and I worked with a lot of them. Dr. Smith builds rapport with the nurses, and one day we just got to talking about my hip."

These days, she's back to her daily activities and even is working out again like she was doing before the arthroscopic surgery. "I still get sore on occasions," she said, "but I am very glad that I did it."

## Antwine's Corner: *In my opinion*

One of the difficulties in today's world is having positive role models for our children to look up to. Clearly that begins in the home with the mother and father, but for me growing up, it was also sports figures.

These were larger than life characters who had accomplished amazing feats in their respective sports, and yet when the game was over, carried themselves with honor, class and dignity as well. They were true role models or "heroes" as I referred to them.

What I didn't realize was how these individuals truly affected my life. For me, it was Roger Staubach, a Naval Academy graduate and Heisman Trophy winner. He was "Captain America" to me as he served as captain or quarterback of American's team, the Dallas Cowboys. Many may not know that after his college playing days and before his illustrious pro career, he served four years in the Naval forces that included a tour in Vietnam. It was a selfless act of duty, honor and commitment. No scandals, no affairs, no drug rehab, just pure hero.

Just before that time, a popular song by Simon & Garfunkel asked the question "Where have you gone Joe DiMaggio, our nation turns its lonely eyes to you?" Translation... with all the turmoil in America and around the world, that generation needed positive role models to look up to and admire like DiMaggio or, in my case, Staubach.

Now fast-forward 35 years. I am a father of four boys. Other than my wife and I, who do my children have to look up to as I once did?

The sports world is littered with many

By Trey Antwine, M.D.

self-absorbed individuals who have been blessed with God-given talent but choose **self** over being **selfless**. They don't understand the platform that has been given to them and how positively they could use that platform to affect children's lives.

One individual that seems to be swimming against the current of self-absorption is Florida's Tim Tebow. Now, here is an individual who at 22 years of age has impacted many lives in a positive way. When most athletes today are one dimensional (athleticism only), Tebow is two dimensional.

We, the general public, know as much about his personal convictions as we do his athletic accomplishments. Love him or not, he is a genuine role model for our children. From his mission trips to the Philippines to his prison ministry work, he is not afraid to let the general public know through the media where he stands on his faith.

Throughout his college career he could be seen using his platform to send a message to all. It was on his eye black tape. Under the right eye, it said "Phil;" under his left eye, it said "4:13." It referred to Philippians 4:13: "I can do all things through Christ who strengthens me."

Now to me, as a father, that is a positive role model. *Good Game!*



### The Ralphie Runners!

Staff members of the West Tennessee Bone & Joint Clinic participated as a team in the Jingle Bell Walk, a fund-raiser for the National Arthritis Foundation. They could be identified by their rabbit ears during the walk. They called themselves, "the Ralphie Runners," named after Ralphie Parker in the popular holiday movie, "The Christmas Story."

# Do you live outside of Jackson?

Our physicians treat patients in satellite clinics in nine communities. For an appointment at one of these clinics, call our main appointment number: 731.661.9825 or 888.661.9825. For directions, visit [www.wtbc.com](http://www.wtbc.com).

## Bolivar

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*Dr. Adam Smith*



## Lexington

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## Ripley

Ripley Medical Clinic  
202 Tucker Ave.

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## Brownsville

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## Milan

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## Dyersburg

Med-South Clinic  
1700 Woodlawn Ave.

*Dr. Jason Hutchison & Dr. John Everett*



## Parsons

Decatur County Hospital Outpatient Department  
969 Tennessee Ave. South

*Dr. David Johnson*



## Union City

Doctor's Clinic of Union City  
1020 E. Reelfoot Ave.

*Dr. David Pearce*



## Answers about frozen shoulder

**Q. Should I use my arm while suffering with a frozen shoulder?**

**A.** Yes! Maintaining as much shoulder joint mobility as possible is crucial to recovery from frozen shoulder. Problems often arise when the shoulder is immobilized due to the pain that is experienced with movement, but immobilization is contraindicated with a frozen shoulder.

**Q. Is a frozen shoulder caused by an injury?**

**A.** This condition can result from injury; however, most cases arise without an apparent cause.

**Q. Can physical therapy help with a frozen shoulder?**

**A.** A frozen shoulder will often recover spontaneously without treatment, though it will likely take several months or even years to fully recover. Formal physical therapy, along with compliance with a home exercise program, will usually significantly reduce recovery time. Physical therapy can also assist with pain management with various modalities.

**Q. After recovery, could the frozen shoulder come back again?**

**A.** Frozen shoulder usually doesn't reoccur in the same shoulder and very rarely in the other shoulder.

*Answers by Marty Grooms, Occupational Therapist, OTR/L*

## Frozen shoulder

**Continued from back cover ...**

be used for short periods of pain relief.

Steroid injections have been shown to be beneficial and are particularly helpful at relieving pain at night. These injections can be repeated at intervals to maximize their effect.

Physical therapy is the mainstay of treatment. Patients can be taught specific exercises and stretches to gradually help increase motion. Physical and occupational therapists are helpful in this phase of treatment and offer expertise on proper technique and different approaches to maximizing pain relief and motion.

### How successful is nonoperative treatment?

At least 90 percent of patients can be treated successfully with a non-operative approach. Symptoms usually resolve by six months, but may take as long as 12 months for full recovery.

### What if the shoulder remains "frozen?"

Patients with continued stiffness and pain despite an adequate trial of nonoperative treatment may be candidates for surgery. Surgery is usually outpatient with a goal to restore as much motion as possible. Following surgery, a vigorous therapy regimen is used to maintain and maximize long-term function.

# Thawing a painful frozen shoulder

Frozen shoulder is a relatively common problem affecting up to two percent of the population. It is defined by significant limitation of active and passive motion in an otherwise normal shoulder.

Patients with frozen shoulder often have intense pain, as well as loss of motion that is often severe. These patients have no other causes for



By Adam Smith, M.D.

stiffness, such as rotator cuff tearing or osteoarthritis, that would limit motion or function.

## What causes "frozen shoulder?"

While the cause of frozen shoulder is not known, the lining of the shoulder, called capsule, becomes thickened and stiff. Several systemic diseases have been associated with frozen shoulder, including diabetes, heart disease and thyroid disorders. Diabetics are at highest risk, with up to three in 10 patients experiencing frozen shoulder in their lifetime.

Imaging studies, including X-rays and MRI, can be helpful to rule out other causes of shoulder stiffness. Laboratory tests

also may be useful.

Frozen shoulder goes through three basic stages: The inflammatory stage with acute pain, followed by severe stiffness, and, finally, recovery. In the acute pain phase, patients often have disabling night pain that makes sleep difficult.

## How is "frozen shoulder" treated?

Pain may be difficult to control with oral medications, including nonsteriodals or narcotics. As the acute pain phase diminishes, patients are left with a stiff shoulder with pain at the endpoints of motion.

Medications can be useful to control pain in the short term. Over-the-counter medications, such as Tylenol, Aleve and Ibuprofen, can be helpful. Narcotics can

**Continued inside ...**



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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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