

# ORTHO CONNECT

THE ORTHOPAEDIC AUTHORITY - HAND & WRIST REPORT



**SPRAIN OR FRACTURE? YOU NEED TO KNOW.**

## DOCTOR'S SPOTLIGHT

**Thomas M. Due, M.D.**  
Hand & Wrist Surgeon



**H**AND SURGEON THOMAS M. DUE, M.D. has practiced in Northern Kentucky for nearly 27 years. Inspired by his family physician, Dr. Bob Smith, Dr. Due decided in junior high school that medicine was his future. He spent nine years at the University of Kentucky where he earned his B.G.S. degree, M.D. degree and finished his surgical internship. He completed his orthopaedic residency at Albany Medical Center Hospital in Albany, N.Y., followed by a fellowship in hand surgery at Baylor University Medical Center in Dallas, Texas. Dr. Due was the first fellowship-trained orthopaedic specialist to practice in Northern Kentucky. He was first certified in hand surgery by the American Board of Orthopaedic Surgery in 1992.

Dr. Due treats a variety of hand and wrist ailments, but carpal tunnel syndrome draws many patients to his office. He also treats a number of patients with Dupuytren's disease, an abnormal thickening of tissue beneath the skin seen most often in people of Northern European descent. Other ailments include arthritis, tumors, fractures, and tendon and nerve injuries.

Dr. Due, a Kentucky native and Simon Kenton High School graduate, and his wife Dale are faithful Wildcat fans. In addition to spending time with his two daughters and three grandchildren, he enjoys fly fishing, playing the piano and practicing his most recent musical interest, the guitar.



Matthew S. Grunkemeyer, M.D.

**"IT'S JUST A PINKIE FINGER," IS A** common response to an injury of the littlest hand digit, says general orthopaedic surgeon Matthew S. Grunkemeyer, M.D. But, if that pinkie finger is broken and heals improperly, it can be misshapen forever, he says. In fact, hand or finger injuries, often regarded as inconsequential nuisances by patients, may be more serious.

Sprains and fractures are frequent injuries to the hand and wrist. A sprain is a tear in a joint capsule, ligament or tendon. A fracture is a break in the bone, Dr. Grunkemeyer explains. Although the initial symptoms of sprains and fractures may appear similar, knowing which injury you're dealing with is critical.

### Symptoms to Note

Basketball, baseball, softball, cycling, in-line skating and trampoline injuries account for many sports-related sprains and fractures among youth and, frequently, older weekend warriors, Dr. Grunkemeyer notes. Falls are often responsible for wrist fractures, particularly among elderly patients. Pain, swelling and bruising are shared

symptoms between fractures and sprains, and should be greatly alleviated after 24 hours of rest, ice and elevation. Pain that lasts more than a day or two, however, should be investigated.

### Care and Treatment

Like any medical condition, sprains and fractures can differ in severity so treatment and healing time are varied as well. A sprain, however, heals more quickly than a fracture. "If an X-ray determines there is a fracture, generally you need to have an orthopaedic surgeon determine the proper treatment," Dr. Grunkemeyer says. Common treatments are splints, casts or even surgery depending on the location and type of the fracture.

### Avoid Guesswork

"If there's a doubt, go get an X-ray," Dr. Grunkemeyer urges. Early treatment is critical because after three to four weeks, a fracture mistaken for a sprain may heal in a poor position. "At that point, it may be too late to reconstruct," he says. If that pinkie bone is mal-united and heals improperly, "it's that way for life," he warns.

*Dr. Grunkemeyer is a board-certified orthopaedic surgeon.*



## GET A GRIP ON THUMB JOINT ARTHRITIS



James D. Baker, M.D.

**T**RY TO OPEN A JAR without using your thumb and you'll experience some of the frustration of thumb (or basilar) joint arthritis. This arthritis, which occurs at the base of the thumb, is not only painful, but limiting because the thumb is used every day to complete basic tasks, from eating and dressing to turning a key in the car ignition and gripping a doorknob. While such difficulty may easily be dismissed in its early stages as an annoyance of aging, patients don't have to endure the suffering, says James D. Baker, M.D. Getting help early is easier, but even late-stage disease can be treated successfully, he reports.

### A Tire "Out of Balance"

The thumb is similar to the shoulder in its range of motion. "It requires soft tissue stability rather than bony stability," Dr. Baker explains. As the soft tissue degenerates, the main ligament starts to wear out and stretch, and motion becomes abnormal. "It's like a tire out of balance," he says. "It wears unevenly. That uneven wear is the arthritis that develops."

### Non-Surgical Treatments

A "typical" patient with early basilar joint arthritis is a woman in her mid 40s or 50s, Dr. Baker notes. Symptoms start mildly, and treatment follows a ladder-style progression. "Every rung of the ladder is more and more aggressive," he says, and includes the following:

**1. Supplements:** Dr. Baker recommends a specific brand of glucosamine/chondroitin for early disease. A three-month trial is required to assess success.

**2. Tylenol:** After supplements, treatment with Tylenol is recommended. "This is the most tolerated drug on this planet," Dr. Baker states. Thus, it is present in many other drugs, both prescription and over-the-counter, so there is danger in getting too much. "Current FDA regulation is 4,000 mg a day of oral Tylenol, and I typically recommend up to that limit very safely," he says. Monitoring by a physician is recommended to prevent complications, and individuals with certain underlying conditions, such as severe liver disease, should not take Tylenol.

**3. Anti-inflammatory medications:** The next rung of the ladder involves medications such as Aleve, Motrin (ibuprofen), and COX-2 Inhibitors such as meloxicam (Mobic). Follow-up care by a primary care physician is essential to monitor for potentially harmful side effects.

**4. Soft Brace:** The Comfort Cool Brace™ is a soft brace that can be worn all day, offering a sense of stability without significantly restricting motion. It can be worn even while knitting or performing activities requiring great dexterity.

**5. Rigid Brace:** A sturdy brace may be custom-made by a therapist to hold the thumb in an abducted position (away from the

palm) during the night to help fend off next-day symptoms. This brace also prevents problematic adduction contracture where the thumb draws into the palm, which can occur as the arthritis progresses.

**6. Cortisone Injections:** Cortisone injections are offered in a three-part series, but the best chance of relief is the first shot, says Dr. Baker. They are likely to wear off eventually, leaving patients considering surgical options as a next step.

### Surgical Options for Advanced Disease

Patients who see Dr. Baker with more advanced or severe disease are typically older and have endured years of pain before seeking help. For these patients, surgery offers a fairly good chance of permanent relief. (Younger patients may require repeat surgery, but this situation is rare.) "My chosen technique depends upon findings intraoperatively," Dr. Baker explains. All surgeries essentially remove the impingement between the two arthritic bones. In the majority of procedures, the actual arthritic bone (the trapezium at the thumb base) is removed and replaced with soft tissue spacer. Performed under general or regional anesthesia, these procedures require about 8-12 weeks recovery time and significant hand therapy. At that point, "people start feeling good and the hand is really functional," Dr. Baker notes.

Surgical techniques to resolve basilar joint arthritis include:

- **Hematoma and Distraction Arthroplasty:** This procedure replaces the arthritic bone with soft tissue spacer. A small wire or pins hold the thumb out to length and in a good position. The wire stays in place for about a month. After removal, hand therapy begins.
- **Ligament Reconstruction and Tendon Interposition (LRTI):** This surgical technique is simply the arthroplasty surgery (above), plus a ligament reconstruction created by borrowing one of the tendons of the wrist and transferring it up to the base of the thumb. Hand therapy follows surgery.

### Hope for the Future

Surgery is elective, but it is an option for those in pain. "I've never had a patient come back at the three-month point (post-operatively) and say 'I wish we hadn't done that,'" he says. Surgery for basilar joint arthritis is one of the more successful operations for the hand regardless of the technique used. Good outcomes with happy patients are fairly universal. "You don't have to live with this," Dr. Baker says.

*Dr. Baker specializes in the treatment of hand, wrist and elbow disorders. He is a board-certified orthopaedic surgeon with a certificate of advanced qualification in hand surgery.*



## CONGRATULATIONS!

Dr. James Bilbo was recently inducted into Newport Central Catholic High School's Athletic Hall of Fame and received the Fr. John Hegenauer Community Service Award. Dr. Bilbo has served as the team physician for Newport Central Catholic for 26 years.

## ATHLETE'S CORNER

"OUCH! I JAMMED MY FINGER!"



Matthew T. DesJardins, M.D.

**T**HE "JAMMED" FINGER IS A COMMON INJURY in ball sports such as basketball and football. Many athletes and coaches have followed the time-honored tradition of pulling on the freshly injured finger to straighten or release the finger. While it can be tempting to self-treat these injuries because it is "just a finger," there are several pitfalls of delayed evaluation and treatment.

### Stiffness

The most common complication of finger sprains and fractures, stiffness can even occur in minor injuries and in children. Once a significant fracture has been ruled out with an X-ray, a specialist will generally encourage protected early motion with close follow-up. Treatment may also involve a therapist if motion is not progressing. Having it evaluated within a few days after the injury is key.

### Should I pull on it?

If the finger looks bent or out of socket, it can be hard to resist attempting to pull or correct the deformity. I believe this is best left to the professionals and should be evaluated and treated immediately. Fractures can often

look like dislocations and can be made worse if not treated appropriately.

### Splinting

Most finger injuries that do not require surgery will be treated with splinting. Your orthopaedic surgeon can help you determine which type of splint and how long to wear it. Some injuries may not appear deformed initially—appropriate splinting can help prevent this complication.

### What should I do?

It can be difficult to tell if a jammed finger is sprained or fractured, and whether self-treatment is appropriate. While splinting, icing, or buddy-taping may be appropriate for minor injuries, some will require surgery or other specific treatments. It is important to have the finger evaluated by a specialist and get effective treatment started right away to minimize your risk of complications.

— Matthew T. DesJardins, M.D.

*Dr. DesJardins specializes in non-surgical sports medicine and spine disorders. He is board-certified in family medicine and has a certificate of added qualification in sports medicine.*

## PHYSICAL THERAPY TIPS: TENNIS ELBOW



Do you have stabbing pain on the outside of your elbow that just won't go away? Does this pain get worse when gripping objects or using your hands repetitively? If you answered yes to these questions, you may be suffering from the symptoms of Lateral Epicondylitis, more commonly known as "tennis elbow."

The symptoms of tennis elbow are caused by overuse of the joint, leading to micro-tearing in the tendons of the wrist extensors. Symptoms can initially be treated by putting ice on the affected area for 15-20 minutes to decrease pain. In addition, patients can perform two simple stretches for the wrist to help minimize pain. First, with the elbow straight, pull the hand down with the opposite hand until a gentle stretch is felt on the top of the affected forearm. Second, reverse the position of the affected wrist by pulling up on the fingers until a gentle stretch is felt underneath the forearm. Hold each stretch for 30 seconds and repeat three times. The use of a counterforce brace, fitted by a PT, is also a great initial treatment. If symptoms persist for more than three months, contact your doctor.

— Luke Mehling, Physical Therapist



## AFTER-HOURS INJURY CLINIC

560 South Loop Road, Edgewood, KY 41017 **859-301-BONE (2663)**

**MONDAY–FRIDAY**  
5:30 p.m.–9:30 p.m.

**SATURDAY**  
9 a.m.–1 p.m.

Our Edgewood location features an After-Hours Injury Clinic, open weekday evenings and Saturdays.

- No appointment necessary
- Same cost as an office visit

What we treat at the clinic:

- Fractures and possible fractures
- Sprains and strains
- Sports-related injuries
- Dislocations
- Cast evaluations

### OUR LOCATIONS

- 560 South Loop Road  
Edgewood, KY 41017
- 2845 Chancellor Drive  
Crestview Hills, KY 41017
- 525 Alexandria Pike  
Southgate, KY 41071
- 7388 Turfway Road, Suite 101  
Florence, KY 41042
- 238 Barnes Road  
Williamstown, KY 41097

### OUR ANCILLARY SERVICES

- **MRI**  
560 South Loop Road  
Edgewood, KY 41017  
859-301-0775
- **Physical Therapy**  
560 South Loop Road  
Edgewood, KY 41017  
859-301-0790
- 525 Alexandria Pike  
Southgate, KY 41071  
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## CONTACT US

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