Ortho Connect
Commonwealth Orthopaedic Centers
Fall 2011 • Issue 2

That tingling isn't always carpal tunnel – it could be cubital tunnel

By James D. Baker, M.D.

Not all hand pain and tingling is carpal tunnel. Most people have heard of carpal tunnel, but another very common condition that causes hand pain, tingling and numbness is called "cubital tunnel."

Similar to carpal tunnel, cubital tunnel is a compression of a nerve in your arm (a peripheral nerve). There are three main nerves that provide function to the hand: median, ulnar and radial. Carpal tunnel is compression of the median nerve at the wrist, while cubital tunnel is compression of the ulnar nerve at the elbow.

Both conditions can cause pain, numbness and tingling. Typically, carpal tunnel syndrome causes symptoms in the thumb, index and long fingers. In contrast, cubital tunnel syndrome causes symptoms in the small and ring fingers

Other common complaints with cubital tunnel include grip weakness and loss of dexterity, which can cause difficulty in tasks such as buttoning a shirt. Both conditions, if ignored, can sometimes lead to permanent nerve damage and loss of function.

In the vast majority of cases, doctors don't know what causes cubital tunnel. We do know certain activities and postures are risk factors. These include any activity where there is direct compression on the inside of the elbow along the nerve, such as driving or placing the elbows on a desk or arm chair while working. Additionally, extreme flexion of the elbow causes the nerve to stretch across the backside of the elbow; holding this position too long will cause symptoms. This is most common at night, when it is human nature to sleep with the arms and wrists in a flexed position, resulting in symptoms at night or upon waking.

Initial treatment focuses on avoiding these aggravating positions. Patients are encouraged to be aware of their elbows and avoid any direct contact, including arm rests while driving, sofas, arm chairs, desks and tabletops. At night, to keep the elbow mostly straight, two over-the-counter tricks are recommended. A bath towel can be fashioned into a soft tube using tape to secure the outside and placing the arm inside.

Continued. See Cubital, page 3.

Doctor spotlight:

James. T. Bilbo, M.D.

Sports Medicine Person of the Year

Dr. James Bilbo has been named Sports Medicine Person of the Year by the Kentucky Athletic Trainers' Society. He accepted the honor at the group's annual meeting in June. The award is the highest honor presented by this organization, which oversees athletic training and sports medicine in the Commonwealth of Kentucky. The honor came as a surprise to Dr. Bilbo. "It's satisfying to have made a difference in the care of athletes and in the education of many of my peers in athletic training and sports medicine, and to be recognized for my expertise and contributions," he says.

Continued. See Doctor Spotlight, page 2.

In this issue

Welcome to *Ortho Connect.* The goal of this newsletter is to keep you up to date on current issues in orthopaedics. If you have suggestions or questions, please contact us at 859-301-0702.

After Hours Injury Clinic:

Avoid the emergency room – come see us about your injury when it happens

by Nicholas Mai, APRN, Director, After Hours Injury Clinic

June marked the 18-month anniversary of Commonwealth Orthopaedic Centers After Hours Injury Clinic (AHIC). Our mission is to provide immediate evaluation and treatment of orthopaedic and sports related injuries. Thanks to referrals from local health care providers and athletic trainers, and word of mouth referrals, the volume of patients in the clinic has steadily grown to an average of more than 200 per month.

Not familiar with the clinic? Here are some details about the hours and services. The AHIC is located conveniently within Commonwealth Orthopaedic Centers' Edgewood office on South Loop Road, and is open six days a week. The After Hours Injury Clinic is staffed with orthopaedic care professionals who are able to provide radiologic imaging as well as splinting or casting when indicated. The typical emergency department or urgent care center visit can be expensive and time consuming. The AHIC is available to patients at the cost of their normal office visit co-pay, without the long wait.

Hours of Operation
Monday-Friday:
5:30 pm to 9:30 pm
Saturday:
9:00 am to 1:00 pm

The AHIC is equipped to see a variety of patients. It is important for you to know as a provider which of your patients should be sent here. The most appropriate are those with minor acute musculoskeletal injuries. Broken bones, contusions and sprained ankles are just a few of the injuries seen on a regular basis. We welcome children and adults of any age.

Just as important as what to refer is what not to refer. We do not treat patients with chronic complaints; head, neck or back pain; or complicated lacerations; and we do not refill narcotic pain medication through the clinic.

After a patient has been evaluated and the appropriate treatment initiated, staff will help the patient schedule a follow-up appointment with an orthopaedic physician within a few days.

For primary caregivers who find themselves faced with patients that need to be seen urgently, the AHIC is available, and there is no need to make appointments. If you have questions, the direct line to the AHIC is 859-750-4119. This phone is answered only during injury clinic hours. Or you may call our main number 859-301-2663 and ask to leave a message for the clinic.

▶ *We see bumps, bruises, broken bones, sprains and strains*

Doctor spotlight (continued)

A native of Syracuse, New York, Dr. Bilbo received his undergraduate education at Colgate University, and received his Doctorate in Medicine at the State University of New York, Upstate Medical University. His post-doctoral education included two years of general surgery residency and four years of orthopaedic surgery and sports medicine residency at the University of Cincinnati Medical Center. He is board certified by the American Board of Orthopaedic Surgery with Sports Medicine specialization. He is also a Fellow in the American Academy of Orthopaedic Surgeons.

Dr. Bilbo initially pursued graduate education and a career in Biochemistry, but realized that he was more interested in a career in medicine as a physician. A multisport high school athlete and college wrestler, his interest in orthopaedics developed during his general surgery residency and he then completed a residency in orthopaedic surgery. Once in orthopaedic surgery, his interests and training gravitated towards sports medicine, especially that of the knee and shoulder. His specialization in treatment of knee and shoulder problems includes state of the art techniques in arthroscopic surgery and ligament and cartilage reconstructive surgery, knee replacement surgery, nonsurgical injury care and preventive care and rehabilitation. The minimally invasive techniques that are now available "definitely help the success and speed of recovery" he says, "I find it challenging and satisfying to treat athletes devastated by their injuries and often quickly and safely returning them to their sport, particularly when the injury occurs during a season." Those same techniques, initially developed for the care of athletes, are of great benefit to the non-athlete as well. He sees a rise in overuse injuries in athletes of all ages and levels. "Regardless of age and skill level, there needs to be a balanced approach to lifestyle, sports training, and exercise to become stronger and better conditioned which will minimize the risk of injury."

Since 1986, Dr. Bilbo has been head team physician for Northern Kentucky University's sports teams. He also serves as medical director of the Athletic Training and Sports Medicine Education Program at NKU. In addition, Dr. Bilbo is team physician for Newport Central Catholic High School and consults for many other sports teams locally – high school, college and professional.

When talking to patients about surgery, Dr. Bilbo can speak with authority – both as a clinician and as a patient. "I have had my share of orthopaedic injuries and surgeries including two knee replacements at a young age because of arthritic damage." He says that patients are sometimes certain that an early knee replacement will solve their problems. He advises caution. "You want to maximize non-operative care and less invasive procedures before you rush to the most extreme surgery, because there's no turning back once you've done that." He adds, "To get a successful result, you must follow surgery with diligent rehabilitation and exercise over a prolonged time period. There is no quick fix."

Dr. Bilbo and his wife Rebecca have been married for 35 years. Their son is a senior at Denison University and their daughter is a graduate of Pratt Institute of Art and Design in New York City in jewelry design. She now lives in New York City where she started her own custom jewelry company. Dr. Bilbo is an avid snow skier, and enjoys gardening, fly fishing, and exercise. His wife chairs the Art Department at Thomas More College, so it is not surprising that they are also immersed in the arts.

Athletes' Corner: *Tips for Golfers with Low Back Pain*

by Matthew T. DesJardins, M.D.

Lower back pain is the most common golf-related symptom. It affects one out of three adult amateur golfers. In fact, amateurs are more likely to develop low back pain than professional golfers who hit hundreds of shots daily. Even though professionals hit the ball more often and further than the rest of us, amateur players have more muscle activity, lateral bending and twisting during the golf swing. Why? Amateur players' swing patterns are inconsistent, and they try to hit farther by swinging harder.

Here are some tips to help golfers play with less low back pain. They may even improve scores:

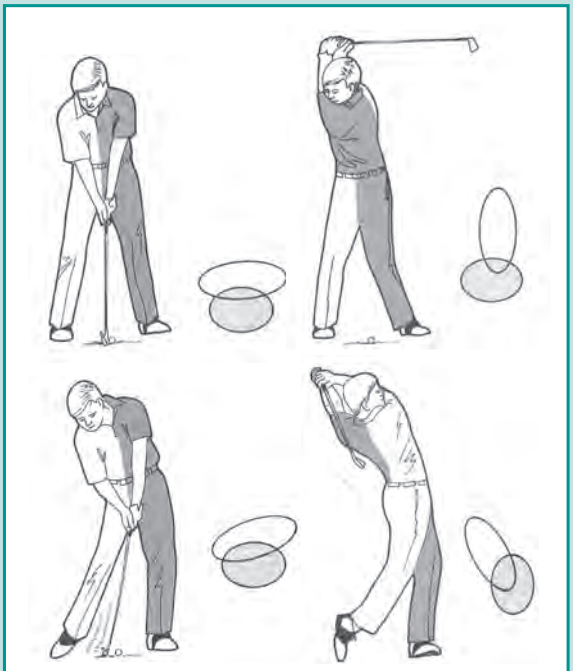

Figure 1. Modern Golf Swing. (From Stover CN, McCarroll JR, Mallon WJ, editors. *Feeling up to par: medicine from tee to gree*n. Philadelphia: FA Davis; 1994. p. 100; with permission.)

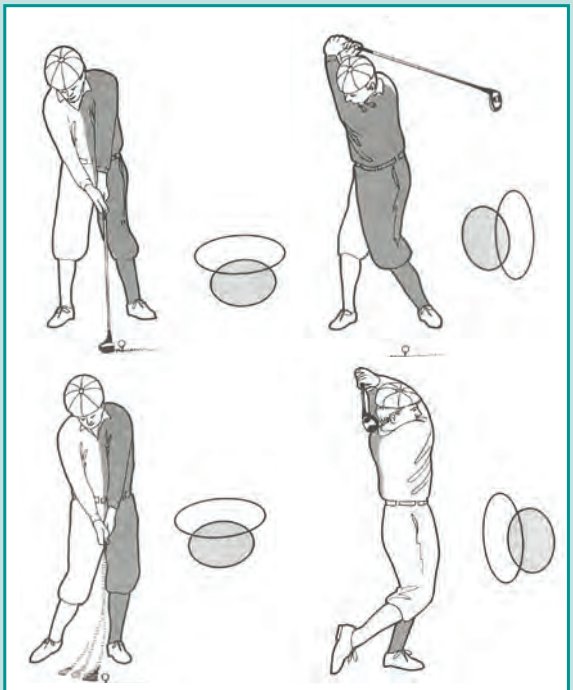

Figure 2: Classic Golf Swing. (From Stover CN, McCarroll JR, Mallon WJ, editors. *Feeling up to par: medicine from tee to green.* Philadelphia: FA Davis; 1994. p. 99; with permission.)

Warm-up. Athletes perform better and get hurt less if they warm up their muscles before activity. In general, amateur golfers should spend 10-15 minutes exercising their muscles (calisthenics, jogging in place, stretches) followed by a series of golf swings with progressive increases in the range of movement and vigor.

Swing technique. There are two options: *The "modern" swing* (Figure 1) is recommended for maximum power and distance. This is generally what is taught and seen on television: large shoulder turn, minimal pelvic rotation, finishing in a reverse "C" position. This creates significant torque, lateral compression and hyperextension forces on the lower spine. *The "classic" swing* (Figure 2) is characterized by large upper body rotation, large pelvic rotation and left heel lift, finishing with a straight spine or "walk thru" position. While this swing is older in style, the forces on the lower back are less, and it may be a preferred swing to decrease lower back symptoms. Whichever method you use, focus on athletic posture, smooth rhythm and not over-swinging.

Conditioning. Strong muscles are less prone to injury. In addition, strong muscles will support the deep spinal structures including joints, ligaments and intervertebral discs. Not only will increasing strength likely decrease low back injury, it also will improve club head speed and distance. Strengthening of the "core" muscles including transversus abdominis and multifidi muscles can be done by following an exercise program to condition this area.

Cubital (continued)

Alternatively, an elbow pad can be purchased and worn backwards, such that the padding is in the front. Finally, if neither of these is successful, there is a lightweight spring brace than can be fitted in the office.

If after approximately three months, symptoms continue, often a nerve conduction test is performed. If the diagnosis of cubital tunnel is confirmed, surgery may be offered. There are several surgical options with pros and cons to each. They fall into two general categories: releasing the tissue that is compressing the nerve versus moving the nerve to the front of the elbow along with the release. Most often, I recommend releasing the nerve but leaving the nerve in its natural bed. This allows a much faster recovery after surgery while minimizing disruption to the nerve.

Additionally, using a new surgical technique, a scope can be used to visualize the nerve and perform the outpatient operation through a less than one-inch incision. This allows an even faster recovery. Patients often return to normal activities, including work, within a few short days.

If you have a patient with these symptoms, give us a call; we'd be happy to consult with you on available options.

Dr. Baker specializes in hand, wrist and elbow surgery.

After Hours Injury Clinic

560 South Loop Road, Edgewood, KY 41017

Monday-Friday 5:30 p.m. to 9:30 p.m.
Saturday 9:00 a.m. to 1:00 p.m.

▶ *No appointment necessary*

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

Ortho Connect is published throughout the year by Commonwealth Orthopaedic Centers for physicians, referral sources and the community.

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Our Ancillary Services

- **MRI**
  560 South Loop Road
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  859-301-0775
- **Durable Medical Equipment**
  560 South Loop Road
  Edgewood, KY 41017
  859-301-BONE (2663)
- **Physical Therapy**
  560 South Loop Road
  Edgewood, KY 41017
  859-301-0790

  2845 Chancellor Drive
  Crestview Hills, KY 41017
  859-426-5888

  525 Alexandria Pike
  Southgate, KY 41071
  859-441-0534

Commonwealth
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▶ **To make an appointment or reach a physician:**
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▶ **Urgent referral line for physicians:**
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Our physicians

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Board Eligible

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Board Certified, Orthopaedic Surgery

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Adult Reconstructive Surgery, including Joint Replacements
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Board Certified, Orthopaedic Surgery

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Spine Surgery
Interests: *Minimally invasive spine surgery, image-guided spine surgery*
Board Eligible

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Shoulder and Knee Injuries, Arthritis and Reconstructive Total Knee Replacement and Work Related Injuries, Cartilage Repair and Transplantation
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Board Certified, Orthopaedic Surgery