

ORTHO CONNECT

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Getting back in the game after an ACL tear

Most people can do it with the right treatment



Bruce Holladay, M.D.

One moment he was baseball's greatest closer. The next, he lay crumpled on the ground, his stellar career likely over. Mariano Rivera, an All-Star relief pitcher for the New York Yankees, had torn his anterior cruciate ligament, or ACL, when he caught his foot in the space where the grass ended and the warning track began while chasing down a fly ball during batting practice.

Whether you're a Major League Baseball player, a high school or college athlete or a weekend warrior, nothing can sideline you faster than an ACL tear. (The ACL connects the femur to the tibia in the center of the knee.)

"But with time and the right treatment, most people are able to return to an active lifestyle and get back in the game," says Bruce R. Holladay, M.D., a fellowship-trained orthopaedic surgeon with Commonwealth Orthopaedic Centers.

Ortho Connect sat down with Dr. Holladay to talk about ACL tears and the latest treatment options. According to Dr. Holladay,

there are about 200,000 new ACL injuries a year in the U.S. Approximately 50 percent of patients, including Rivera, also suffer a torn meniscus; and 30 percent, an articular cartilage injury.

Who is likely to tear an ACL?

People of any age who play sports like football, basketball, volleyball and softball are at higher risk for an ACL tear. Females are four to five times more likely than males to tear an ACL.

What causes them?

The majority of ACL tears are non-contact injuries, involving twisting, deceleration or hyperextension. They can also be caused by contact injuries; for example, a football player gets hit by another player in the knee.

What are the symptoms?

These may include a popping sound at the time of injury or a "giving way" sensation, pain, swelling and difficulty walking. Some people experience instability of the knee; that is, they will feel their knee slip in and out when they try to walk. *(continued on page 3)*

Doctor spotlight

Michael D. O'Brien, M.D.

Dr. O'Brien has seen dramatic changes in 30+ years in practice



The year was 1980, and Michael D. O'Brien, M.D. was a newly minted orthopaedic surgeon. Patients routinely spent a day or longer in the hospital for even the most minor orthopaedic procedures. With arthroscopy in its infancy, knee surgery was an open procedure requiring a large incision.

During his training, patients undergoing total hip or total knee replacement – which was also new – could expect to spend a week in bed in the hospital.

Times – and his profession – have changed, says Dr. O'Brien, now a respected partner of Commonwealth Orthopaedic Centers and on staff at St. Elizabeth Healthcare.

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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, contact us at 859-301-0718.

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PT at Commonwealth Orthopaedic Centers

Convenience, communication & continuity combine for great care

The physical therapy department at Commonwealth Orthopaedic Centers is dedicated not only to treating the patient, but also to building a strong relationship with the physician to create a continuum of care. "The one-on-one, direct communication with the physicians is what makes physical therapy at Commonwealth different from other facilities," says Becky Jehn, PT, MPT, MHSA, OCS, FAAOMPT, a physical therapist at the Southgate location. "With this approach, we know the physician's expectations and protocols, and can provide a personal approach to care."

Physical therapy, often abbreviated as PT, is a health care profession concerned with the promotion of mobility, functional ability, quality of life and movement through evaluation, diagnosis and physical intervention. The physical therapist works with patients to restore original function and to help them through the recovery process.

Commonwealth Orthopaedic Centers offers physical therapy services at three of its five locations. Each location is staffed with several physical therapists, physical therapy assistants and athletic trainers. The therapists treat a variety of conditions, ranging from athletes who need to return to sports after an injury, to patients recovering from spine surgery. "Our patients always see the same physical therapist during each visit," says Jehn.

"Convenience is important to both our patients and their referring physician," says Jill Goodwin, MSPT, physical therapy manager at the Edgewood location. "It's all right here; you can see an orthopaedic specialist, have an MRI and receive therapy all in one place. This helps ensure the best possible treatment to get you back to where you need to be."

The physical therapists are always striving to be on the cutting edge of new techniques and treatments. They continue their education by observing the physicians in surgery and in the clinic; this in turn helps them adjust their models of rehab to provide the best all-around care.

"Thanks so much for such a good place to do PT after a total knee replacement. All the workers are excellent, and the facility is clean and has well-maintained equipment. Becky Jehn did a wonderful job getting me through the ordeal. She is well-trained and very caring."

– Annette, Former Patient



"I would like to let you know that you have two outstanding employees, Laura and Tessa. Laura is the queen of case management and really knows her stuff. Tessa can walk the fine line helping the patient progress in the rehab program while being sensitive to physical limitations. Together, they both got me to full motion recovery of my right shoulder, and for that I will be eternally grateful."

– Mike, Former Patient

Doctor spotlight (continued)

Dr. O'Brien specializes in general orthopaedics, with an interest in arthroscopic knee surgery, adult reconstructive surgery (total hip and total knee replacement), and treatment of fractures and knee injuries.

Today, he says, most orthopaedic surgery is performed on an outpatient basis. And most patients are enjoying faster, less painful recoveries, with less scarring and fewer complications, thanks to new tools like the arthroscope, which allows knee surgery to be performed through tiny punctures.

"Even those undergoing total hip or total knee replacement are benefiting from smaller

incisions and recuperating much more quickly," Dr. O'Brien says. Most are out of bed and walking the day after surgery and are able to leave the hospital in two or three days. What's more, their implants generally last a lot longer, thanks to new and improved materials.

Lifelong Kentuckian

A native of Dayton, Ky, and a graduate of Newport Catholic High School, Dr. O'Brien has lived in the Bluegrass State for most of his life, leaving only to complete an internship in internal medicine at Baptist Memorial Hospital in Memphis. He attended the University of Kentucky, received his M.D. degree from the

University of Louisville and completed his orthopaedic surgery residency at the University of Cincinnati Medical Center. Dr. O'Brien and his wife Jan, who have two daughters, live in Edgewood. Their older daughter is in her final year of medical school at the University of Louisville, and her sister is pursuing an MBA at the University of Alabama.

"Since I graduated from medical school, new tools and techniques have transformed the practice of orthopaedic surgery, to the benefit of most patients," Dr. O'Brien says. "The future promises to be even more exciting."

ACL tear (continued)

How is an ACL tear diagnosed?

The first step is a thorough patient history followed by a physical examination. Diagnostic tests like X-rays and MRI scans are often recommended as well.

What should I do if I think I may have an ACL tear?

An ACL tear is not an emergency, but you should see your physician within a few days if you experience any of the symptoms described above. In the meantime, ice your knee. In addition, some people may benefit from wearing a hinge brace to partially immobilize it. It is important that you not participate in sports until you have had a thorough examination.

How are ACL tears treated?

Most active people with an ACL tear will have better results with surgical reconstruction. A graft from the patient's patellar tendon or hamstring or from a cadaver is used to replace the damaged ligament. Any meniscal or articular cartilage damage will be repaired at the same time. This is an outpatient procedure, performed arthroscopically (through small incisions), and usually takes less than an hour. Most patients will need to use crutches for two to four weeks afterward.

Following surgery, most patients undergo progressive physical therapy to restore range of motion (phase one); strengthen (phase two); and finally, return to normal function. During this last phase, they will learn specific maneuvers (such as cutting, jumping and twisting) for the sports they wish to resume. It typically takes from 6 to 12 months for the patient to return to sports and other physical activities.

Will I recover completely from my ACL tear?

Most people enjoy a complete recovery, but 5 to 10 percent will experience a recurrence of their ACL tear or knee instability.

How can I lessen my chances of injuring – or reinjuring – myself?

One way is to be in very good shape. There are specific exercises that can help players in high-risk sports reduce their risk of an ACL tear. Learning to jump and land properly, and to play in a lower, squatting position, can also reduce risk. Fortunately, preventive programs aimed at reducing risk are becoming more and more popular, especially for youngsters, females and others at high risk.

Bruce R. Holladay, M.D., is a fellowship-trained sports medicine and arthroscopic surgery specialist whose focus is knee and shoulder arthroscopy and reconstructive procedures. He served as a team physician for the 2007 Pan American Games USA men's and women's basketball teams, and as a USOC team physician for the United States Olympic Training Center. He has also worked with the Cincinnati Bengals. Dr. Holladay is joined in practice by other surgeons with advanced training in injuries of the foot and ankle, elbow, wrist and other types of sports injury.



Athletes' Corner

by Matthew T. DesJardins, M.D.

Back to school: Preparing student athletes for fall sports

It's that time of year again – kids coming in droves to their primary care physician's office for sports physicals before they embark on their athletic passions. While this can seem a formality for young, healthy and already active children, it is also an opportunity to connect with parents and students about some important sports medicine topics. Below are some tips to make your sports physicals up to date and more meaningful.

It's all about the history. Just as we were taught in medical school, sudden cardiac death in student athletes is rare but real. Unfortunately, physical exam findings are commonly normal. While screening with EKGs may become a future reality, currently a suspicious history is the best indication for further workup and should be taken both from the athlete and a parent. Ask the athlete about exercise-related chest pain, tightness, syncope, near-syncope, shortness of breath, palpitations. Ask the parent about family history of sudden death prior to age 50, heart rhythm disorders and specific inherited cardiac problems such as Marfan's syndrome, hypertrophic cardiomyopathy and long QT syndrome. These have a low threshold for further workup.

Acclimate. Just as an athlete can train to run faster, he or she can also train to function better in the heat. One to three athletes will likely die this year due to heat stroke. Have your athlete prepare for practice this summer by doing moderate intensity activity outdoors for 1-2 hours per day with plenty of fluids two weeks prior to the start of practice. The activity doesn't even have to be related to the sport. This conditions the body, decreases salt loss, improves cooling and improves heart function.

Review of Systems: Headaches. Specific screening questions for head injuries and headaches can uncover a previously undiagnosed concussion. Since there appears to be a cumulative effect of multiple concussions, we are taking a more conservative approach regarding return to play and treatment. Any athlete with persistent post-concussive headaches, poor concentration, sleeping difficulty or memory problems should not be cleared to play and should be evaluated by a specialist.

It's okay to take a break. Along with trauma, overuse injuries are the most common problem that we see in adolescents. Kids these days are at higher risk due to earlier sport specialization, 12-month sport seasons and the ability to play on multiple teams. In addition to physical injury and pain, we see young athletes suffering from "burnout." It's okay to encourage parents and youth athletes to take some time off. Their performance and passion for their sport may actually improve, and their college and pro career aspirations will be unharmed.

Matthew T. DesJardins, M.D. specializes in non-surgical sports medicine, orthopaedics and spine disorders.



After-Hours Injury Clinic

560 South Loop Road, Edgewood, KY 41017

Monday-Friday

Saturday

5:30 p.m. to 9:30 p.m.

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

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
- 2845 Chancellor Drive
Crestview Hills, KY 41017
859-426-5888
- 525 Alexandria Pike
Southgate, KY 41071
859-441-0534

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Editor: Matthew T. DesJardins, M.D.

560 South Loop Road
Edgewood, KY 41017

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859-301-9510

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Our physicians



James D. Baker, M.D.
Hand, Wrist and Elbow Surgery
Board Certified, Orthopaedic Surgery



Nicholas T. Gates, M.D.
Orthopaedic Surgery and Sports
Medicine of the Foot & Ankle
*Interests: Sports injuries, ankle arthroscopy,
Achilles tendon reconstruction and total
ankle replacement*
Board Certified, Orthopaedic Surgery



Bruce R. Holladay, M.D.
Sports Medicine, Knee, Shoulder
and Elbow Arthroscopy and
Reconstructive Procedures
Board Certified, Orthopaedic Surgery



John D. Bever, M.D.
Adult Reconstructive Surgery, including
Joint Replacements; General Orthopaedics
and Fracture Management
Board Certified, Orthopaedic Surgery



Michael A. Grefer, M.D.
General Orthopaedics
*Interests: Treatment of neck and
spinal disorders*
Board Certified, Orthopaedic Surgery



Matthew T. Hummel, M.D.
Adult Reconstructive Surgery,
including Joint Replacements
*Interests: Total hip replacements, total
knee replacements and sports medicine*
Board Certified, Orthopaedic Surgery



James T. Bilbo, M.D.
Sports Medicine and Orthopaedic Surgery
*Interests: Advanced arthroscopic surgery of the
knee and shoulder, sports injuries, and injury
prevention and rehabilitation. Head Team
Physician at Northern Kentucky University*
Board Certified, Orthopaedic Surgery



R. Michael Greiwe, M.D.
Shoulder Replacement, Sports Injuries,
Rotator Cuff Pathology and ACL Injuries
*Interests: Tommy John surgery, advanced
arthroscopic surgical techniques and shoulder
reconstruction*
Board Certified, Orthopaedic Surgery



Raj V. Kakarlapudi, M.D.
Spine Surgery
*Interests: Minimally invasive spine
surgery, image-guided spine surgery*
Board Eligible, Orthopaedic Surgery



Matthew J. Connolly, D.P.M.
Non-Surgical Foot Care
*Interests: Diabetic foot care and
sport-specific orthotics*
*Board Certified, Podiatric Orthopaedic
and Primary Podiatric Medicine*



Matthew S. Grunkemeyer, M.D.
General Orthopaedics
*Interests: Fractures, sports injuries, joint
replacement, carpal tunnel and hand disorders*
Board Certified, Orthopaedic Surgery



John J. Larkin, M.D.
Shoulder and Knee Injuries, Arthritis,
Reconstructive Total Knee Replacement,
Work-Related Injuries, Cartilage Repair
and Transplantation
Board Certified, Orthopaedic Surgery



Matthew T. DesJardins, M.D.
Non-Surgical Sports Medicine and Spine
*Interests: Pediatrics, ultrasound applications,
platelet-rich plasma and spinal injections* *Board
Certified, Family Practice, Certificate
of Added Qualification in Sports Medicine*



Forest T. Heis, M.D.
Advanced Arthroscopy of Knee and
Shoulder, General and Complex Sports
Medicine and Hip Fractures
Board Certified, Orthopaedic Surgery



Michael D. O'Brien, M.D.
General Orthopaedics
*Interests: Sports medicine, treatment
of fractures and knee injuries, adult
reconstructive surgery, total hip replacement,
total knee replacement, arthroscopic knee
surgery*
Board Certified, Orthopaedic Surgery



Thomas M. Due, M.D.
Treatment of Hand and Wrist Injuries
and Disorders
*Board Certified, Orthopaedic Surgery
and Hand Surgery*



Richard M. Hoblitzell, M.D.
General Orthopaedics, Adult Reconstructive
Surgery including Joint Replacement, Sports
Medicine, Fracture Repair and Evaluation,
Management of Spine Disorders
Board Certified, Orthopaedic Surgery