

Ortho Connect

Commonwealth

Orthopaedic Centers

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Shoulder pain? It could be a rotator cuff tear



by R. Michael Greiwe, M.D.

Rotator cuff tears affect all age groups and can be very painful. The rotator cuff is a group of muscles and tendons that stabilize the shoulder and assist in lifting the arm. Tears typically happen in two ways – a traumatic injury, such as a fall, or with overuse, which causes wear and tear.

Younger “overhead athletes,” players who throw or raise their arms repeatedly, are susceptible. Baseball players – especially pitchers, tennis players and volleyball players are the athletes most commonly treated for rotator cuff tears.

The older the individual, the greater the likelihood of a rotator cuff tear. Those with jobs that require repetitive lifting and overhead activity should be especially careful. Studies show the chances of a rotator cuff tear for those over age 50 are almost 50 percent. For those over age 60, the chances are about 60 percent.

Those who have tears may not even realize it, because rotator cuff tears are not always painful.

Rotator cuff problems can be very debilitating. Patients will come into my office and tell me they’ve had shoulder pain for a long time, six or seven months, and it

really hasn’t gotten any better. Or they may say that they recently injured the shoulder in a fall or a work accident. They tell me that every time they raise the arm, they feel pain down the side of the arm, such as when they reach up to grab something from a shelf. Sometimes they feel weakness, such as when taking the milk out of the refrigerator with that arm.

In degenerative tear patterns, before tearing the rotator cuff, young athletes and older individuals may start to feel tightness in the shoulder or arm. At that point, I advise them to do a physical therapy program and to make sure they get into a good stretching and strengthening routine so they can avoid a tear in the future.

Occasionally, patients have no pain, and yet they have a large rotator cuff tear. These patients have learned to manage their symptoms without a functional rotator cuff.

In these patients, surgery is not indicated unless they later develop pain. This is why a course of physical therapy may be suggested for a rotator cuff tear. Sometimes, physical therapy can change a symptomatic rotator cuff tear to an asymptomatic one.

Continued. See Shoulder, page 3.



Doctor spotlight:

Raj V. Kakarlapudi, M.D.

Dr. Kakarlapudi attended medical school at Creighton University in Omaha, Nebraska. He participated in the Orthopaedic Surgery Residency Program at the University of Missouri-Columbia School of Medicine. He participated in the prestigious Spine Fellowship program at Indiana Orthopedic Hospital, where he learned how to perform image-guided spine surgery. At Creighton, Dr. Kakarlapudi received the William J. Albano Award from the Department of Surgery for outstanding research. Dr. Kakarlapudi has also published several articles in academic publications, including articles in *Spine*, a peer-reviewed medical journal.



Continued. See Doctor Spotlight, page 3.

Welcome to the inaugural issue of Ortho Connect.

The goal of this newsletter is to keep you up to date and informed on current issues in orthopaedics and to stay in touch with your needs. If you have suggestions or questions for us, please contact us by calling 859-301-0702.

Dr. Michael Greiwe talks about rotator cuff injuries and we profile Dr. Raj V. Kakarlapudi..... **Cover**

In the Athletes’ Corner, Dr. Matthew Desjardins discusses precautions for young pitchers..... **2**

Dr. Matthew Hummel shares recent advances and considerations in joint replacements and revisions **3**

All about us **4**

Need a second opinion on joint pain?

We're here to help



by **Matthew T. Hummel, M.D.**

Hip and knee replacements are increasingly common – approximately 200,000 total hip replacements are done in the U.S. each year, and about twice as many knee replacements. The most common reason for joint replacement is arthritis, which can include everything from osteoarthritis to rheumatoid arthritis to arthritis that results from a previous injury and everything in between. Fractures, especially of the hip, are also a common reason for joint replacement. Another factor contributing to the increasing number of joint replacements is the obesity epidemic – not surprisingly, additional weight puts additional stress on joints.

The stereotype, especially for hip replacement, is that joint replacement is for seniors with a less active lifestyle. The recommendation used to be that younger individuals should wait it out. That is much less true today. Newer materials and surgical techniques mean that joint replacement is practical and recommended for younger, active individuals who have joint pain and meet the criteria for surgery. If a 30-year-old has a poor quality of life with terrible arthritis or pain from an injury, replacement should be considered. In addition to newer and better materials, we are developing more minimally invasive techniques that get patients back to a normal activity level more quickly. Replacement joint materials can stand up to the demands of active lifestyles.

Will surgery make the patient completely pain free? Not necessarily, but it eases the mechanical pain and restores quality of life.

If your patients have joint pain, it's better to evaluate them sooner rather than later. If the normal course of anti-inflammatories, therapy or weight loss regimen is not effective, something else may be causing the discomfort, and we can work



with you to evaluate it.

I would also say that hip arthritis is a great chameleon. Patients will come in convinced the pain is caused by their knee or their back, and I find that it's a very arthritic hip. Another reason for early evaluation is that when an arthritic joint becomes bad enough to affect walking, it can directly irritate and inflame other joints.

As surgery is being done on younger patients, and as people live longer, revisions

are becoming much more common; they are a large part of my practice. The length of time a joint lasts depends on the demands of the patient. The majority of joints last 12-15 years, depending on the patient's age and activity level. Chronic swelling, chronic pain consistent with mechanical walking, and other issues such as catching and locking problems with the knees may be signals that

a revision should be considered.

An important consideration of joint replacement is the recovery process. With hips, if all goes well during surgery, patients usually have no precautions. At about six weeks, patients are usually fully recovered and can resume normal activities. Knees

require much more rehab, but if patients make the effort, knee replacement can be an excellent procedure.

If you have questions or concerns about a patient's joint pain, give me a call, and I will be happy to discuss them with you. In our practice, we have experience and expertise to handle everything from the simplest to the most complex cases.

Dr. Hummel specializes in all routine orthopaedic problems with a special interest in joint replacements.

Shoulder (continued)

Unfortunately, research has shown that a rotator cuff tear won't heal on its own, and tears usually get bigger over time. If the tear is ignored, patients may lose the ability to lift the arm or even develop arthritis. That is why I recommend to many of my patients that they have the tear repaired. Occasionally, patients are able to live without significant pain or limitations

If the tear is ignored, patients may lose the ability to lift the arm or even develop arthritis.

despite having a rotator cuff tear. If this occurs, surgery is not necessary. Only the patient and doctor can decide if surgery is right for that individual.

Surgeries are more often now done arthroscopically because of the cosmetic and early functional benefits over open rotator cuff surgery. Whether the surgery is arthroscopic or open, the recovery time can be fairly long, because

tendons, like bones, take a long time to heal. For desk jobs, three months is an expected recovery time, for those who do heavy lifting at work, it will take 4-6 months before they are fully recovered. Athletes can be out for nine months to a year, or less if only a partial tear is encountered.

I always encourage people to listen to their bodies. If they are feeling pain, they should get checked and evaluated by a doctor who can properly evaluate the shoulder.

Dr. Greiwe is an orthopaedic surgeon who specializes in shoulder replacement, sports injuries, rotator cuff pathology and ACL injuries.

While a young student in India, Raj V. Kakarlapudi had an aptitude for math and science, but it was watching his aunt and uncle practice medicine that cemented his career choice to become a medical doctor. “I started thinking about medicine when I was a young boy in a small town in India,” Dr. Kakarlapudi says. “My uncle and aunt were both doctors. They were really well respected leaders in the community. That’s when I decided that I wanted to be a doctor, too.”

When Dr. Kakarlapudi was 11 years old, he came to the United States to live with an aunt and uncle. He decided to become an orthopaedic surgeon because it combined his analytical skills and dexterity with his love of medicine. “I always liked doing

things with my hands,” he says. “I figured out early on that orthopaedics was a field that meshed my personality and my skills. So I knew, even before medical school, that orthopaedics was what I wanted to do.”

Today, Dr. Kakarlapudi is an orthopaedic surgeon and spine specialist with Commonwealth Orthopaedic Centers, where he performs one of the newest procedures in the field – image-guided spine surgery – a minimally invasive surgery that causes less skeletal-muscular damage to patients during surgery, resulting in more accurate surgeries and quicker recovery times.

Dr. Kakarlapudi has a general orthopaedic practice, but he concentrates on medical issues and treatment of the spine.

“The new technology is more accurate, causes less muscle damage and less blood loss, and speeds up the recovery process, often getting the patient out of the hospital one or two days earlier than traditional surgery,” Dr. Kakarlapudi explains.

Dr. Kakarlapudi is married to Sri Divya, a physician specializing in internal medicine. Sri Divya studied medicine in India and attended her medical residency program in New Jersey, where she was introduced to Dr. Kakarlapudi. They have two children. “We fell in love with this area,” he said. “I had looked for jobs in other areas of the country, but I like the different seasons here and the hills and the beauty of this area.”



Athletes' Corner: Tips for young pitchers

by Matthew T. DesJardins, M.D.

The warm spring weather brings enthusiasm among many types of athletes. However, due to decreased activity rates in the winter months, it is common to see a significant amount of overuse injuries in the spring. Youth baseball players are no exception, and pitchers are at the highest risk. The tips below will help you keep young athletes playing all season:

- As always, warm up with calisthenics or jogging, followed by easy, gradual increasing in throwing.
- Pitchers should rotate to other playing positions both in game and on non-pitching days.
- Don't use radar guns. Focusing on speed will get a young pitcher hurt. Focusing on mechanics, control and accuracy will decrease risk of injury.
- Pitchers should get proper rest in between pitching days, usually two to three days.
- Follow pitch count guidelines and age recommendations for throwing different pitches in competition (*see charts*).
- Don't pitch through pain. If your athlete's elbow or shoulder is painful the next day after throwing, it should be treated with rest. Persistent pain or loss of range of motion of the shoulder or elbow joint should be evaluated by a sports medicine specialist.

Maximum Pitch Counts*	
Age	Pitches/ Game
7-8	50
9-10	75
11-12	85
13-16	95
17-18	105

*Source: Little League Baseball

Age Recommended for Various Pitches**	
Age	Pitch
8±2	Fastball
10±3	Change-up
14±2	Curveball
15±3	Knuckleball
16±2	Slider
16±2	Forkball

**Source: From work by James R. Andrews, M.D., and Glenn S. Fleisig, Ph.D., American Sports Medicine Institute

Recognitions & Accreditations



MRI earns accreditation

Commonwealth Orthopaedic Centers' MRI unit has earned three-year accreditation from the American College of Radiology (ACR). Accreditation is granted for facilities who meet all of the testing criteria established by the ACR Committee on MRI Accreditation for clinical image quality and phantom image quality.

Calendar of Events



Mark your calendar for these events sponsored by Commonwealth Orthopaedic Centers

- ▶ **Tuesday, May 24: Florence Freedom Opening Day.**
Dr. Holladay and Dr. DesJardins are team physicians.
- ▶ **Sunday, July 3: Campbell County YMCA Firecracker Run.**
- ▶ **Monday, July 4: Annual Edgewood Tristate Running Independence Day 5K.**
More information is available at www.sprunning.com.
- ▶ **January 1, 2012: Campbell County YMCA Frostbite Run.**

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**

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7388 Turfway Road
Suite 101
Florence, KY 41042

238 Barnes Road
Williamstown, KY 41097

Our Ancillary Services

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859-301-0775

Physical Therapy
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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

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

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To make an appointment or reach a physician:859-301-BONE (2663)

Urgent referral line for physicians859-301-9510

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Our physicians



James D. Baker, M.D.
Hand, Wrist and Elbow 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



Bruce R. Holladay, M.D.
Sports Medicine, Knee, Shoulder & Elbow Arthroscopy and Reconstructive Procedures



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



Michael A. Grefer, M.D.
General Orthopaedics
Interests: Treatment of neck & spinal disorders



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



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



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



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



Matthew J. Connolly, D.P.M.
Non-Surgical Foot Care
Interests: Diabetic foot care and sport-specific orthotics



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



John J. Larkin, M.D.
Shoulder and Knee Injuries, Arthritis and Reconstructive Total Knee Replacement and Work Related Injuries



Matthew T. DesJardins, M.D.
Non-Surgical Sports Medicine and Orthopaedics
Interests: Pediatrics, ultrasound applications, platelet-rich plasma and spinal injections



Forest T. Heis, M.D.
Advanced Arthroscopy of Knee & Shoulder, General & Complex Sports Medicine and Hip Fractures



Michael D. O'Brien, M.D.
General Orthopaedics
Interests: Sports medicine, treatment of fractures & knee injuries, adult reconstructive surgery, total hip replacement, total knee replacement, arthroscopic knee surgery



Thomas M. Due, M.D.
Treatment of Hand & Wrist Injuries and Disorders



Richard M. Hoblitzell, M.D.
General Orthopaedics