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Tendonitis: Don't Let It Keep You Down

A tendon is thick, fibrous cord that connects a muscle to a bone. Tendonitis is inflammation or irritation of a tendon. The condition, which causes pain and tenderness just outside a joint, is most common around shoulders, elbows, knees and ankles. It also occurs in hips and wrists. The pain can worsen if damage progresses because of continued use of the joint.



Causes of tendonitis

The most common cause of tendonitis is repetitive stress, or using the same joint for the same movement over and over. As a result, tendons, which normally are able to take lots of bending, stretching and twisting, become inflamed and painful. Tendonitis occurs in many sports that use repetitive movements. You often hear tendonitis referred to as jumper's knee, golfer's or tennis elbow, or swimmer's shoulder, for example. Tendonitis can also result from jobs that require repetitive movements. Construction workers, painters and factory workers are more likely to develop the problem.

Age-related wear and tear on tendons can also cause tendonitis as muscles and tendons lose their elasticity. In addition, some inflammatory diseases, such as rheumatoid arthritis, can lead to tendonitis pain.

Tendonitis treatments

Depending on the site and severity of tendonitis, treatment may include the use of anti-inflammatory medications, cortisone injections, rest and restriction of movement, and various therapies including ultrasound, massage and carefully prescribed and monitored exercise. Because scar tissue can accumulate around the affected tendons, it is important to utilize one or more of these therapeutic methods to help break down scar tissue to help restore natural flexibility of the damaged muscles and tendons. Timing is critical in determining and administering treatment, depending on the phase and severity of the condition.

The sooner tendonitis is treated, the better. If you are experiencing joint pain, particularly in a localized region such as the knee, shoulder, elbow, ankle, hip or wrist, please call and talk to any of our caring and helpful staff to schedule an appointment.

INSIDE THIS ISSUE

Greeting	1
Artificial Disc Replacement Surgery....	2
Ten Tips For a Healthier Back	2
X-Stop	3
Shoulder Impingement Syndrome	3
Tendonitis	4

Need a lift?
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If you need transportation to our office at Ptak Orthopaedic on the Morton Plant Hospital campus, CareVan has you covered. CareVan operates Monday through Friday, 8am—3:15pm (last departure from Morton Plant is at 3:15pm). Patients must live within the Van Service Area and be able to climb in and out of the van without assistance. **For more information or to schedule your ride, call (727) 461-8548.**

We hope everyone is enjoying this wonderful Florida summer as much as we are here at Orthopaedic Specialties! Whether you like to take a walk on the beach at sunset or enjoy more strenuous activities such as tennis, biking or running, we at Orthopaedic Specialties are devoted to helping you and your loved ones maintain optimal health and mobility so that you can fully enjoy life here on the beautiful Florida Suncoast.



In order to help us fulfill that goal, we stay on the leading edge of the latest orthopaedic techniques and technologies. We are proud to offer our patients with spinal problems such innovative procedures as the X-Stop for lumbar spinal stenosis (see page 3) and Artificial Disc Replacement Surgery (see page 2).

years, we offer specialists in Spine, Foot & Ankle, Sports Medicine and Hip & Knee Reconstruction. Whether it's Shoulder Impingement Syndrome (see page 3), Tendonitis (see back page), or any other ailment in the entire spectrum of orthopaedics, our world renowned staff of specialists has got you covered.

The Orthopaedic Specialties advantage also extends to traditional therapies and the many outstanding specialists on our staff. With a combined experience of over 125

We hope you enjoy this issue of *Health Connect*. As always, please feel free to contact our caring and professional staff with any questions or concerns.

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Artificial Disc Replacement Surgery Can Help You Go with the Flow

When chronic, painful spine disorders—especially those involving degenerative disc disease—do not respond well to non-surgical treatments such as anti-inflammatory medications, physical therapy and injections, surgery may be considered. Traditionally, spinal fusion surgery was performed. However, new techniques and materials have made artificial disc replacement surgery an alternative surgery that is growing in popularity.

What is an artificial disc?

An artificial disc (also called a disc prosthesis or spine arthroplasty device) is a man-made device surgically placed into the spine to replicate the functions of a normal intervertebral disc. The two artificial disc replacement options are:

1. Total disc replacement: All or most of the disc tissue is replaced with artificial materials.
2. Disc nucleus replacement: Only the soft, jelly like material in the center of the disc is removed and replaced.

When is an artificial disc replacement used?

Artificial disc replacement surgery most likely is used to treat the following:

- Degenerative disc disease: Degenerative disc disease occurs when intervertebral discs (the soft, gel-like cushions between the vertebrae that absorb pressure and help keep the bones of the vertebrae from rubbing against each other) lose flexibility, elasticity

and shock-absorbing characteristics. The tough outside covering of the disc can become more easily torn, and the soft center of the disc starts to dry out and shrink.

- Post-discectomy syndrome: This problem sometimes occurs when pain continues following a previous surgery to remove a herniated disc (sometimes called a slipped or ruptured disk).

- Traumatic injury to the vertebrae.

Not everyone is a candidate for artificial disc replacement. Those who generally do not do well with an artificial disc include people whose bones are not strong due to aging, osteoporosis or other bone diseases, and people with a history of slippage of one vertebra on another. There are other conditions that may prevent use of an artificial disc. A surgeon will thoroughly evaluate potential candidates and discuss possible complications and risks.



Advantages and disadvantages

Using an artificial disc instead of spinal fusion can offer several advantages:

- Better long-term motion and flexibility following surgery.
- Reduced degenerative damage to the discs above and below the fused area.
- Quicker recovery time following surgery.

What happens during and after disc replacement surgery?

Unlike traditional lower back spine surgeries, most lower back disc replacement surgery is done through an incision in the abdomen. After making the incision, the surgeon removes the damaged disc and puts in the new, artificial disc.

Recovery after surgery is similar to other surgeries involving the spine. Most patients spend several days in the hospital followed by out-patient physical therapy sessions during which patients rebuild strength and functioning in the back.

Out Patient Minimally Invasive Treatments for Sciatica & Spinal Stenosis

Your spine has a column of 24 bones called vertebrae that extend from your skull down to your hips. Between these vertebrae are discs of very soft tissue. The vertebral column provides support for your head and body while the discs act as cushions between the vertebrae. The spine encloses and protects the spinal cord. Normally, there is a space between the spinal cord and the spinal canal so that the nerves are free and not pinched or compressed.

However, as we age, the ligaments and bony structures that surround the spinal canal can thicken. This thickening results in the narrowing of the spinal canal which is called Spinal Stenosis. In Spinal Stenosis the nerve roots become pinched and crowded resulting in pain and numbness in the back and legs known as “sciatica.”

The X-STOP® IPD® Implant is a titanium metal implant designed to fit between the spinous processes of the vertebrae in your lower back. It is designed to remain safely and permanently in place without attaching to the bone or ligaments in your back. It is designed

to keep your spinous processes open, so that when you stand upright the nerves in your back will not be pinched or cause pain (sciatica).

The X-STOP is performed in the operating room at the hospital. Using local anesthesia and with the help of X-ray guidance, the X-STOP® IPD® Implant is inserted through a small incision in the skin of your back. You will be placed on your side during the procedure so that you can bend your spine when the X-STOP® IPD® Implant is inserted. The procedure to insert the X-STOP® IPD® Implant typically lasts 30–45 minutes.



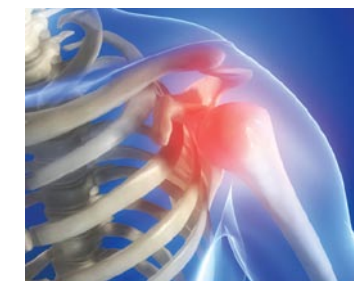
During this time you may be awake and able to communicate with your doctor. Your stay in the recovery room is usually around one hour, then you are discharged home!

BENEFITS: The X-STOP IPD procedure offers new options and benefits compared to traditional lumbar spinal stenosis including:

- the option of local anesthesia
- the potential to be an outpatient procedure
- usually no removal of bone or soft tissue allowing for quicker recovery. A quicker recovery will get the patient back to living a life that is full and rewarding!

Shoulder Impingement Syndrome

Shoulder impingement is one of the most common reasons adults have shoulder pain. It occurs when certain structures of the shoulder—particularly the rotator cuff and surrounding soft tissues—are irritated or “pinched.” If pain becomes chronic, a patient is diagnosed with shoulder impingement syndrome.



Commonly caused by overuse, shoulder impingement syndrome can affect young people as well as older adults. Athletes who use repetitive overhead movements, such as swimmers, pitchers and tennis players, are susceptible to shoulder impingement. However, anyone who performs repetitive overhead activities like weightlifting, painting, wallpaper hanging or construction work, can develop the problem.

Usually, the symptoms associated with shoulder impingement syndrome begin mildly and increase over time. In its early stages, the achy pain goes away within a day after the activity is finished. However, as the syndrome progresses, the condition can become chronic until something as simple as reaching up into a kitchen cabinet can cause pain.

Non-surgical treatments

Preferred treatment for shoulder impingement begins with a non-surgical approach, such as:

- Rest and avoidance of overhead and repetitive activities.
- Oral anti-inflammatory medications.
- Cold therapy.
- Ultrasound therapy to stimulate the tissues and improve blood flow.
- Physical therapy, including stretching and strengthening exercises.
- Steroid/cortisone injection.

Surgical treatments

If, after several weeks to several months, the non-surgical treatment options don't help, an orthopaedic surgeon may recommend sur-

gery. The goal of surgery for this syndrome is to remove the impingement and create more space for the rotator cuff. This allows the ball on the end of the upper arm bone to move freely so the arm can be lifted without pain. This form of surgery is called subacromial decompression or anterior acromioplasty.

The arm may be immobilized after surgery for the initial healing process. Soon after, a physical rehabilitation program will be used to regain range of motion and strength in the shoulder and arm. It may take several months to rehabilitate the shoulder and have pain subside.

For more information about shoulder impingement syndrome, please call and talk to any of our helpful and caring staff.

Ten Tips For a Healthier Back Source: North American Spine Society website (www.spine.org)

Standing—Keeping one foot forward of the other, with knees slightly bent, takes the pressure off your low back.

Sitting—Sitting with your knees slightly higher than your hips provides good low back support.

Carrying—Two small objects (one in either hand) may be easier to handle than one large one. If you must carry one large object, keep it close to your body.

Moving Heavy Items—Pushing is easier on your back than pulling. Use your arms and legs to start the push. If you must lift a heavy item, get someone to help you.

Lifting—Kneel down on one knee with the other foot flat on the floor, as near as possible to the item you are lifting. Lift with your legs, not your back, keeping the object close to your body at all times.

Reaching—Stand on a stool to reach things that are above your shoulder level.

Sleeping—Sleeping on your back puts 55 lbs. of pressure on your back. Putting a couple of pillows under your knees cuts the pressure in half. Lying on your side with a pillow between your knees also reduces the pressure.

Weight Control—Additional weight puts a strain on your back. Keep within 10 lbs. of your ideal weight for a healthier back.

Quit Smoking—Smokers are more prone to back pain than nonsmokers because nicotine restricts the flow of blood to the discs that cushion your vertebrae.

Minor Back Pain—Treat minor back pain with anti-inflammatories and gentle stretching, followed by an ice pack.