

The Orthopaedic and Sports Medicine Center, L.L.C.

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OSMC

Hours of Operation

Mon.-Fri.- 8:00- 5:00

Appointments
410-268-8862

Saturday- Emergency

Walk-in Clinic

8:00-11:00

Marshall K. Steele, M.D.
(Emeritus)

Stephen E. Faust, M.D.

Robert M. Verklin, M.D.

Thomas J. Harries, M.D.

Edward S. Holt, M.D.

Thomas R. Dennis, M.D.

Christina M. Morganti, M.D.

Peter N. Ove, M.D.

Rochelle D. Shin, M.D.

Jeffrey Gelfand, M.D.

D. Varquez-Hoffman, D.P.M.

Marc F. Brassard, M.D.

Alessandro C. Speciale, M.D.

Cyrus J. Lashgari, M.D.

Justin L. Cashman, M.D.

Parineet Bambrah, M.D.

James H. MacDonald, M.D.

Marc R. Chevrier, M.D.

Welcoming Remarks: On behalf of all the physicians and staff at Orthopaedic and Sports Medicine Center, I would like to welcome you to the premier issue of our newsletter. We thank you for taking the time to learn more about our practice and also about Orthopaedics and general health-related topics.

This is just a sampling of what we plan to bring you with each issue. Articles featuring innovative procedures such as Kyphoplasty exemplify Orthopaedic and Sports Medicine's commitment to keep up to date on the latest trends in orthopaedic health care. This commitment allows us to provide unmatched patient care and results.

With a wide range of specialists, The Orthopaedic and Sports Medicine Center is a leading provider of comprehensive musculoskeletal care in Anne Arundel and Prince George's County. We look forward to covering the continued advances in orthopaedic treatment and sports medicine as well as future improvements in the ever-evolving arena of patient care.

As always, we appreciate the opportunity to serve you. We hope you find the articles in this issue informative and interesting. We look forward to providing you and your family with excellent orthopaedic services for all your musculoskeletal needs.

Edward S. Holt, M.D.



Keep Your Feet Fit For Life – a Checklist

By Denise Varquez-Hoffman, D.P.M.

Diabetes is an ever-growing epidemic in America, affecting nearly 21 million people. Every 30 seconds a lower limb is lost to diabetes somewhere in the world. The human foot shows initial signs of severe medical conditions, such as diabetes. That is why it is important to be educated about the disease, its symptoms, and have your feet examined regularly.

It is important to have your physician **knock your socks off** and check your feet at every check-up. The following is a list of Do's and Don'ts for you and your family members who have diabetes.

Do's

- ☞ Inspect feet daily for cuts, blisters, scratches, redness and swelling
- ☞ Remember to inform every doctor you visit that you have diabetes
- ☞ Wash feet daily; always dry carefully between toes.
- ☞ Powder feet lightly after bathing.
- ☞ Cut toenails straight across.
- ☞ Keep feet warm and dry.
- ☞ Use a good skin lotion to protect your feet from cracking and drying, but not between toes.
- ☞ Wear loose-fitting socks to bed if feet are cold; never use heating pads or hot water bottles.
- ☞ Wear comfortable, well-fitting shoes.
- ☞ Inspect the insides of shoes for foreign objects and torn linings each time you put them on.

Don'ts

- ☞ **Don't** walk barefoot; even indoors!
- ☞ **Don't** smoke. Smoking reduces circulation.
- ☞ **Don't** cut corns and calluses yourself.
- ☞ **Don't** use caustic chemical agents or any other irritants for the removal of corns and calluses.



Dr. Hoffman graduated from The Pennsylvania College of Podiatric Medicine and is Board Certified. She joined Orthopaedic and Sports Medicine in 1999

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Kyphoplasty by Dr. Alessandro Speciale MD

Osteoporosis is a disease of epidemic proportions in the United States. Commonly an age related weakening of the bones, it is more common in women, smokers, and steroid dependent patients. Vertebral Compression Fractures (VCF's) are the most common type of osteoporotic fractures. More VCF's occur every year than hip and wrist fractures combined. Traditionally, these fractures have been treated with "benign neglect". The misconception that these injuries universally heal without residual pain or other complication was propagated. Fortunately, there is a growing appreciation for the significant personal, social and financial impact of these fractures. VCF's can lead to a downward spiral of pain, immobility, depression and failure to thrive. The risk of recurrent fracture increase by a factor of 3 and 5 with each fracture. Up to one third of fractures fail to heal properly, leading to chronic pain and disability. The direct and indirect costs associated with treating patients with these fractures runs into the billions of dollars.



VCF's can occur with even trivial activities such as getting something out of the refrigerator or taking out the trash. It typically manifests itself as severe back pain that is typically worse with bending and rising from a seated or recumbent position. It is not typically associated with leg pain, numbness or tingling. This may be a sign of a more severe fracture that is putting pressure on the spinal cord or nerves. Initial treatment includes pain medications, rest and bracing. In many cases, the pain diminishes over the first few weeks. However, many patients have persistent pain, are unable to tolerate the medications and/or find the braces ineffective. In the past, these patients had few options to consider. Traditional surgical techniques would necessitate very invasive surgeries with high risks.

Vertebroplasty and **Kyphoplasty** are technologies that have been adapted to the treatment of VCF's. Vertebroplasty was first performed in the 1980's for the treatment of tumors of the spine. In the late 1990's it was first utilized to treat osteoporotic compression fractures. The technique involves inserting a needle, under x-ray guidance, into the vertebra through a structure called the pedicle. Once the needle is placed, bone cement (polymethylmethacrylate) is injected into the bone to stabilize or stiffen up the fracture. **Kyphoplasty** is a similar procedure performed with a balloon. The balloon is inserted through the same needle tract and then inflated to restore the normal shape of the compressed vertebra. The goal is to correct the mal-alignment that occurs with these fractures and create an empty space to place the cement. Both procedures are effective at stabilizing the fractures and controlling pain, however, the balloon-assisted procedure has been shown to have a lower rate of complications.

The outcomes of both **Vertebroplasty** and **Kyphoplasty** have been extensively studied over the past few years. Pain reduction and improvement in quality of life is reported in up to 85-90% of patients. Unfortunately, some patients can still experience recurrent fracture. Aggressive non-surgical management of osteoporosis with medications, exercise, and restrictions on heavy lifting and bending is the best way to counter this risk. Residual pain can be the result of arthritis, pinched nerves or spinal deformity. Further treatment may be necessary to address these issues.

While most patients with VCF's will heal without surgical intervention, any patient with recent onset back pain and an acute compression fracture who is not improving with conservative treatment should be evaluated as a candidate for **Vertebroplasty** or **Kyphoplasty**. Patients with a history of chronic back pain, old healed fractures or fixed spinal deformity are not likely to be candidates. A brief evaluation by your Orthopaedic surgeon can determine if this procedure may be an option for you.

Dr. Speciale graduated from Georgetown University and did a fellowship at Duke University. Dr. Speciale's interests lie in full spectrum care of the spine and its disorders. He joined OSMC in 2000.

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ATHLETIC TRAINERS

Providing healthcare for the professional athlete to
the weekend warrior!



You have watched the Super Bowl at one point or another. Have you ever noticed when an athlete was injured and a bevy of people came to his rescue? Well, those professionals are **certified Athletic Trainers**. Recognized by the American Medical Association as allied health professionals, athletic trainers specialize in the prevention, assessment, immediate care, and rehabilitation of injuries resulting from physical activity. My name is **Dan Mahoney**. I am a certified athletic trainer working with the Orthopedic and Sports Medicine Center and The Severn School. I help a myriad of people ranging from middle school and high school athletes to adults with injuries requiring rehabilitation.

As an athletic trainer, my responsibilities begin with injury prevention. My job is to educate student athletes and parents about what they should do to prevent injury. I also advise my athletes about the proper use of equipment and may apply protective devices such as tape, braces, and bandages. When someone is injured at a sporting event, I am usually first on the scene. I must be able to recognize and evaluate the situation, treat the problem, and make the appropriate referrals. I am also involved in the athlete's treatment and rehabilitation post injury.

In addition to working with Severn School athletes, I collaborate with the physicians at **The Orthopedic and Sports Medicine Center**. I assist the physician in treating an athlete by discussing treatment options, rehabilitation programs, injury-preventative practices, and other health related issues. By having this relationship with physicians, I am able to treat an injury and promote a safe return to play.

Athletic trainers also do more than injury prevention. We may also act as strength and conditioning coaches, facility directors, or athletic directors. All athletic trainers must have at least a bachelor's degree and pass a nationally certified exam, as well as state licensure.

My job as an athletic trainer brings many new and exciting challenges to the table everyday. From injury evaluation to taping and bracing, I am faced with the task of helping a student-athlete perform his or her best on the field. I also have the ability to help the student-athlete off the field and in their daily lives. This is why I became an athletic trainer, to have a beneficial influence on the people I interact with on a daily basis.



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Don't Let Winter Set You Back !!!!!

By Lee Cardwell M.S., P.T.

It's time to enjoy the transition from the beauty of fall to wintertime, with crisp mornings, and the coming holidays. Unfortunately, along with the pleasures of the changing seasons, come chores that include disposing of leaves and removal of ice and snow. Many injuries are associated with these tasks. **Especially prevalent are back injuries.**

Poor body mechanics are a major factor in the development of preventable back pain. Improper lifting, twisting and bending add unnecessary force and strain to the spine. These coupled with the repetitive nature of raking and shoveling set up the potential for injury. In addition, falls pose another risk for injury. There are things that can be done to decrease the potential for back problems with these tasks:



1. Warm up for five to ten minutes before starting the activity to warm up muscles and promote blood flow. You can march in place, take a short walk, or walk up and down the stairs.
2. Keep your back as straight as possible and keep your head up as you rake or shovel. Bend at the hips and knees.
3. Tighten your abdominals to "brace" your back when you pull the rake towards your body or when you lift the shovel.
4. While performing the task, stand in a "scissors" position with one foot forward and one foot behind. Switch this position to the opposite leg forward and backwards every few minutes.
5. Bend at the knees to lift, not the waist.
6. Face the task you are working on and do not rotate your body at the waist. Instead, turn your entire body. Don't throw leaves or snow over your shoulder or off to the side as this encourages twisting at the waist that will strain your back. Be careful with the use of a leaf blower. With the side to side motion, too much rotation can occur at the spine.
7. Make small piles of leaves to bag and lift smaller shovels full of snow to decrease chance of back strain.
8. Consider using ergonomic tools. They are designed to protect you from back injury if they are used according to directions.
9. Wear good footwear to prevent falls or slipping.
10. Remember to pace yourself and take frequent breaks. Raking and shoveling are aerobic activities.
11. Make sure not to overfill leaf bags so they can be comfortably carried to the curb. Carry two equally filled bags on each side or your body or one bag in front close to your body to prevent undue stress to the back. The bags should be able to be easily lifted and carried.
12. Remember, it is easier to push snow than lift it or throw it.
13. Keep an eye on ice. Falls can cause serious injuries. Products such as sand, salt and melting products are available to give slick surfaces more traction that will reduce the chances of slipping and falling.
14. Keep up with raking and snow fall. Removing small amounts on a frequent basis is easier than doing the entire task at one time.

If an injury does occur, stop the activity and apply ice and rest in a comfortable position for the first 48-72 hours. You can try lying on your side with a pillow between the knees or on your back with a pillow under your knees. Ice can be changed to heat after the third day. Resume gentle activity and try to get back to normal activities as soon as possible. Let pain be your guide. Bed rest for more than one or two days can lead to muscle weakness and actually make your back problem worse. If your pain is severe or lasts more than two weeks, please consult your physician

Lee Cardwell M.S., P.T. is a physical therapist with The Orthopaedic and Sports Medicine Center. She graduated from Thomas Jefferson University, in Philadelphia, in 1992.