



ARE WOMEN MORE LIKELY TO SUFFER A TORN ACL THAN MEN?



Microdiscectomy Helps Patient Get Back to Doing What He Loves

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What You Need to Know About Arthritis of the Hand

PAGE 14

Ask any athlete if they are familiar with anterior cruciate ligament (ACL) injuries and most will just cringe.

For female athletes, the problem ACL has been a particular source of issue with recent research finding that women are more susceptible to tears than men. But why do females suffer four to five times more ACL tears than male athletes do?

First, it's important to understand what the ACL is.

WHAT IS THE ACL?

The ACL is one of the ligaments used to help stabilize the knee. It is an important ligament

that runs through the mid-section of the knee joint. In most instances, it tears due to jumping or when there is a sudden landing or quick change of direction. A great majority of ACL tears are noncontact injuries.

An ACL tear is one of the most common injuries to sideline athletes every year.

Tears can occur with or without contact and approximately 1 in 3,000 athletes will experience a torn ACL in any given year.

WHY ARE WOMEN MORE LIKELY THAN MEN TO TEAR THE ACL?

"There are many different theories that have been generated as to why women have more ACL tears than men," says Randy S. Schwartzberg,

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ARE WOMEN MORE LIKELY TO SUFFER A TORN ACL THAN MEN?

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M.D., a board certified sports medicine specialist at Orlando Orthopaedic Center. “While there is not one iron clad reason that explains it all, the current widely accepted explanation has to do with neuromuscular differences between males and females.”

When compared to men, the female body responds differently to certain maneuvers such as jumps, sudden stops, pivoting and cutting. Females are also shown to land with less knee flexion (bend in the knees) and valgus (meaning their knees angle in and touch one another when the legs are straightened – a term often called “knock knees”).



An MRI of a torn ACL.

ACL TEAR TREATMENT OPTIONS

There are both nonsurgical and surgical treatment options depending on the severity of the ACL injury. Nonsurgical treatments include physical therapy and rehabilitation, which can help restore the knee while improving stability in the region. In many cases, there are other areas, such as the meniscus and surrounding cartilage, that are injured along with the ACL and those injuries must be evaluated and treated as well.

“Unfortunately for most all athletes, surgery is the treatment choice for complete ACL tears. These modern, often minimally invasive procedures allow the patient to regain full function and return to the sport they love in most instances,” says Dr. Schwartzberg. “In many cases, when the ACL is reconstructed through surgical means it typically has a long term success rate and patients report a satisfactory outcome.”

When surgery is required, the goal is to restore stability of the knee by restoring the function of the torn ACL.

Grafts to replace the ligament and stabilize the knee may come from the patellar tendon, the hamstring tendon or the quadriceps tendon. Grafts can be taken from two

sources: autografts (from the patient’s body) or allografts (from a cadaver). The surgeon will decide upon the type of graft depending on the patient’s lifestyle needs and expected sizes of potential autografts.

Even though women are more likely to sustain this type of injury to the knee, there is no major difference in the surgical procedures for males and females. In most cases, after physical therapy and rehabilitative services, women can return to their normal sporting activities.

What this means for female athletes like McKenzie Clark, a former patient of Dr. Schwartzberg’s, is that they can return to the sports they love after a successful rehabilitation course.

Clark had ACL reconstruction surgery and was back on the soccer field playing within five months. After surgery, she underwent physical therapy and was able to meet her goal of being ready for the Olympic Development Program first round tryouts less than six months later. Clark says that she is stronger both physically and mentally after the surgery and she no longer worries about her knee.

“I have a lot more confidence in my ability to do these things, even if my mind tells me I can’t, I know my body can,” she says.



“Validated ACL and lower extremity programs emphasize training athletes on proper ways to perform various athletic maneuvers,” says Dr. Schwartzberg. “Such examples include training proper mechanics for jumping, landing from jumps, pivoting and cutting.”

The prevention plan involves using a program that addresses those differences and can be executed before games and practices.

“By training appropriate motions and doing them properly and repetitively, we hope that we can reduce the risk of injury in female athletes,” says Dr. Schwartzberg.

“Proper conditioning is a well-established general principle that may help prevent many types of injuries.”

PREVENTING ACL TEARS IN FEMALE ATHLETES

There are some ways that female athletes can help prevent ACL tears.

“Proper conditioning is a well-established general principle that may help prevent many types of injuries. It is important to train the body year-round, not just during specific sports seasons,” says Dr. Schwartzberg. “We believe injury prevention education and training is vital to help reduce the risk of sports injuries in both male and female athletes throughout Central Florida.”

In fact, one of the main goals of Orlando Orthopaedic Center’s 501(c)(3) nonprofit is funding orthopaedic injury prevention programs to reduce the risks of injuries on the field and on the job.

When training, specific attention should also be paid to strengthening of the hamstrings and quadriceps, which directly influence the mechanics of the knee.



Randy S. Schwartzberg, MD
Orlando Orthopaedic Center
Sports Medicine Specialist

To watch a video featuring a patient discussing her ACL reconstruction surgery with Dr. Schwartzberg, visit OrlandoOrtho.com.



Orlando Orthopaedic Center IN THE COMMUNITY

We pride ourselves on being active members of the Central Florida community. Here are just a few photos from some of the many events we've organized and attended throughout the past several months.



In March, several of our physicians provided medical services at the Arnold Palmer Invitational. From left: Travis B. Van Dyke, M.D., G. Grady McBride, M.D., Alan W. Christensen, M.D., Eric G. Bonenberger, M.D., Bryan L. Reuss, M.D., and Bradd G. Burkhardt, M.D.



Director of Ancillary Services Ron Esteban handles hosting duties at the 10th Annual Cutting Edge Concepts in Orthopaedics and Sports Medicine Seminar.



Several of our managers took part in the Pinz 4 Kidz Bowling Tournament benefiting the Children's Home Society of Florida.



Some of our docs helping collect sports balls to donate to local schools in need. From left: Matthew R. Willey, M.D., Bradd G. Burkhardt, M.D., Bryan L. Reuss, M.D., Travis B. Van Dyke, M.D., and Lawrence S. Halperin, M.D.



Orlando Orthopaedic Center staff and volunteers administered pre-participation sports screenings throughout the summer at 15 local high schools.



Erwin Greene, our Lake Mary location branch manager, at the Casselberry Senior Health Fair with some of the wonderful attendees.



Director of Marketing & Professional Services Development Marisa Brunett handed out workplace safety materials at the Frito Lay Employee Health Fair in April.



Several Orlando Orthopaedic Center physicians, staff and a few hundred friends pose for a FloridaMD Magazine cover photo at our 10th Annual Cutting Edge Concepts in Orthopaedics & Sports Medicine Seminar.



Michael D. Rigenbach, M.D., honorary medical chair, and members of Team Orlando Orthopaedic Center after crossing the finish line at the 2014 Walk to Cure Arthritis.



G. Grady McBride, M.D., gives a presentation on sacroiliac joint discomfort and treatment options.



Randy S. Schwartzberg, M.D., (center) and Foundation Director Jennifer Taggart (left) present UCF Student Physical Therapy Association (SPTA) students with a \$2,500 scholarship.



Team Orlando Orthopaedic Center Foundation participated in the 2014 Walt Disney World Marathon Weekend to raise funds used to send underserved local children to youth sports programs.

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The Orlando Orthopaedic Center Foundation is a 501(c)(3) nonprofit organization dedicated to making Central Florida a safer place to call home. All donations are tax deductible.

MICRODISCECTOMY SURGERY HELPS PATIENT GET BACK TO DOING WHAT HE LOVES

Young. Healthy. In good shape. Those aren't words you'd associate with your typical spine surgery patient. At just 31 years of age, Ben never thought he would have to consider having spine surgery either. In fact, he had never even experienced a broken bone; so when the hip pain he was feeling continued to worsen, the U.S. Coast Guard Reserve decided it was time to see a specialist.



Ben, a member of the U.S. Coast Guard Reserve, says 16 days after his minimally invasive microdiscectomy surgery he is back at work and "feels like a new man".

"Every step I took it felt like a screwdriver was digging into my hip," he says with a grimace.

Eventually he was directed toward the care of Stephen R. Goll, M.D., a board certified orthopaedic spine surgeon specializing in cervical and lumbar spine surgery at Orlando Orthopaedic Center. Although the duo tried conservative, nonsurgical methods to treat the pain, his daily discomfort did not improve.

As Dr. Goll explained the remaining options, both surgical and nonsurgical, Ben says he felt that the best chance for a full recovery was to have a *lumbar microdiscectomy surgery* under the guidance of Dr. Goll.

"He didn't pressure me into the surgery or anything," recalls Ben. "He did a really good job of prepping me for what to expect and getting me ready for it. He let me know it was going to be OK."

Just 16 days later, Ben was back at work, cooking at home and taking daily walks with his wife.

"It's just been an incredible change," he says. "I was walking the first day and ...it's like I'm a new man."

WHAT IS A MICRODISCECTOMY?

Microdiscectomy surgery is performed to repair a herniated disc in the lumbar, or lower back region. The minimally invasive outpatient spine surgery only requires an incision only about 1 to 1.5 inches long close to the midline of the back.

"Today, the back muscles are simply moved out of the way instead of being cut like in years past in order to perform the procedure," says Dr. Goll. "Once we have access to the nerve root we remove the disc material that has been causing the patient discomfort."

Dr. Goll notes the benefits to performing the microdiscectomy procedure this way include *less pain for the patient and a faster recovery time following surgery.* Because most of the joints, muscles and ligaments are left intact during a microdiscectomy, the mechanical structure of the lower spine remains unchanged. This is another reason why the procedure helps patients get back to work and to enjoying their daily lives much faster.

RECOVERING FROM A MICRODISCECTOMY

Recovery time for a microdiscectomy varies, but most patients can expect to be *walking later the same day* and can begin physical therapy just a few weeks after surgery. Full recovery typically occurs within two or three months following surgery.

"If patients follow the prescribed rehabilitation protocol, they typically see excellent long-term results with the microdiscectomy procedure," says Dr. Goll.

For Ben, he has continued to take walks with his wife and is looking forward to beginning physical therapy.

Now that he is back at work, Ben says he looks forward to becoming more active in the coming weeks – even getting back in the gym when he is cleared to do so.

"Next up is physical therapy and then I'm hopefully on the fast-track to full recovery," he says with a smile.



Stephen R. Goll, M.D.
Orlando Orthopaedic Center
Spine Specialist

To watch Ben discuss his experience with Dr. Goll and Orlando Orthopaedic Center visit OrlandoOrtho.com.

5 THINGS TO KNOW BEFORE BUYING YOUR NEXT PAIR OF RUNNING SHOES

When shopping for running shoes, it's easy to make a decision based on the look of the shoe alone – however, it's important to know that you shouldn't sacrifice safety and support for style. Running shoes that are too tight, too loose, or lacking support can lead to unwanted stress on your bones and muscles, especially during those long runs. Thankfully, many orthopaedic injuries in the feet, ankles, lower leg, hip, and spine can be prevented if you take these simple steps to choosing the right pair of running shoes.

1

KNOW YOUR FOOT

Is your foot curved or straight? Is it flat or arched? Are some toes longer than others? The right pair of shoes perfectly hugs every length and curve of your foot. Shoes that are too tight or that squish your toes can cause blisters. That snug fit in the store isn't necessarily a good thing. When you start running, the friction can cause a lot of damage to your feet, so be sure to allow up to ½ inch of space between your longest toe and the front of the shoe.

2

CONSIDER THE TYPE OF RUNNING YOU WILL DO WITH THE SHOES

Do you usually run on a treadmill, asphalt or in the grass? Is it for 5 miles or 20 miles? These are things you should consider when choosing new running shoes. Not all running shoes are created equal – especially when it comes to varying terrains and distances. For long distance runners, heavier shoes are a better choice as they absorb more of the shock. Lightweight shoes offer less support, but are more helpful for quick sprints.

3

SHOP AT THE END OF THE DAY

Did you know your feet swell up to 8 percent of their original size throughout the day? That's why it is important to try on shoes at the end of the day when your feet are as big as they will be when you're wearing them.



4

DO NOT BUY SHOES THAT NEED TO BE "BROKEN IN"

Shoes that need some wear before they feel comfortable are not right for your feet to begin with. It means they do not correctly fit your feet. If you try to break them in, you will be causing more damage to your feet and you ultimately won't benefit from the 'broken-in' pair of shoes.

5

TRY THEM ON

Sizes tend to vary from brand to brand, so don't just assume that your size is the same in every brand. Try the pair on and walk around in them to ensure they are comfortable. Make sure to wear socks or insoles that you regularly wear to make sure they'll still fit.

Now that you're informed, it's time to head to the shoe store for your brand new running shoes. Remember these tips and you'll help avoid common running injuries.

For more running tips and resources, visit OrlandoOrtho.com.

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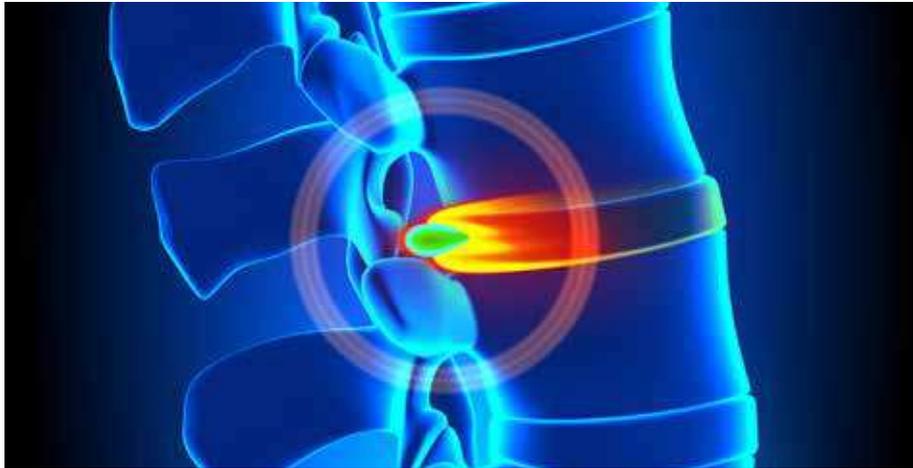
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WHAT IS A HERNIATED DISC?

If you have ever seen an image or an x-ray of a spinal column you probably noticed that it is comprised of numerous discs. If you look closely, you'll see the discs are all connected and appear to be stacked on top of each other.



For a better idea of what a disc actually is, picture a jelly donut. It has a very soft middle, or center, that is encased by a harder outside layer. This is similar to a disc in your spine. The jelly-like substance on the inside acts like a cushion to provide protection. A herniated disc occurs when this soft, jelly-like interior pushes through to the outside of the disc – like jelly that has escaped the center of your donut.

Most herniated discs occur in the lower back, although can also occur in your neck. You can have a herniated disc without knowing it. Only a physician can diagnose a herniated disc. If you suspect you are suffering from this condition, visit an Orlando orthopaedic surgeon for treatment options.

SYMPTOMS OF A HERNIATED DISC

For many people, there are no apparent symptoms associated with a herniated disc. But if the disc begins to put pressure on a nerve, then there can be any number of symptoms. Some of the possible symptoms include:

- Lower back pain
- Pain that shoots down the hip and leg; even to the ankle or foot
- Numbness or a tingling feeling in one leg
- Muscle spasms or deep muscular pains
- Weakness in one or both of the legs

WHAT CAUSES A HERNIATED DISC?

A herniated disc occurs when a spinal disc loses elasticity & ruptures, expanding beyond its intended boundary. A herniated disc is most often a result of a gradual age related wear and tear commonly referred to as *disc degeneration*. This means the

discs lose some water content (jelly) thus losing flexibility and are more likely to tear or rupture – even under minor pressure. Most of the time, people do not know exactly when the disc became damaged. For some, herniated discs occur with improper lifting or twisting the back when lifting an object. Very rarely a herniated disc can be the result of a traumatic event like a fall.

CAN HERNIATED DISCS BE PREVENTED?

One of the primary causes of herniated discs is the loss of water content as we age. This shrinkage of discs is part of the natural aging process, which cannot be prevented. However, there are a few things that can be done to help prevent herniated discs in some people.

- Always lift properly using the legs and not the back, and do not hold your breathe with lifting
- Avoid smoking altogether
- Maintain a healthy weight
- Avoid performing strenuous activities on a regular basis

HERNIATED DISC TREATMENT OPTIONS

Treatment options are varied depending on the nature of the herniated disc and its severity. Physicians may recommend either surgical or non-surgical treatment options depending on your individual diagnosis.

Non-surgical treatment options for herniated discs may include:

- Rehabilitation to work on pain control, strengthening exercises, flexibility and proper body mechanics
- Various medications to help decrease pain and inflammation, muscle relaxants and analgesics.
- Use of ice or heat throughout the day

It is highly likely that the surgeon or physician will ask a patient to limit physical activities requiring bending or lifting. A patient may also be instructed on how to sit, stand and lift properly; or they may also learn some exercises that can help strengthen the muscles in the back and abdomen. In some cases, spinal surgeons may inject cortisone-type drugs to help alleviate nerve irritation.

In cases where a disc is fragmented and a piece becomes lodged in the spinal canal, surgery may be required to remove it. Depending on the severity, position and size of a herniated disc, surgeons may choose a variety of operations ranging in complexity. Many of these surgeries are minimally invasive and patients are back to work within just a few weeks.

EXPECTED RECOVERY TIME

Recovery time can vary from one patient to another and it depends largely on some specific factors including:

- Location of the herniated disc
- Severity of disc degeneration
- Severity of nerve compression
- Longevity of symptoms
- Specific treatment plan

In mild cases, symptoms can be alleviated within weeks with ice or heat, over-the-counter pain medications, flexibility exercises and proper lifting techniques. Some minor adjustments such as using good posture, using proper lifting techniques and ergonomic chairs can help reduce or eliminate the pain. For moderate cases, recovery can take quite a bit longer, up to six weeks or longer. In these cases, the physician may prescribe rehabilitation, medicines to control pain, steroid injections and rest. For more severe cases, recovery can take much longer since they require surgical interventions. Orthopaedic surgeons utilize minimally invasive procedures to help shorten recovery time for most individuals.

REHABILITATION

Rehabilitation may be an option used prior to surgery as it can be beneficial for decreasing pain, increasing flexibility and muscle strength, and educating patients in proper body mechanics /lifting techniques for activities of daily living. Rehabilitation may also be required after the procedure to help strengthen the spine, increase flexibility and regain mobility. The surgeon may recommend varying lengths of rehabilitation depending on the severity of the condition prior to surgery. How long the condition existed before the surgical procedure can also have a bearing on an individual's recovery time and needed therapy.



BANKART REPAIR A SLAM DUNK FOR PATIENTS

Doug Letourneau is an avid basketball player in his free time. When he dislocated his shoulder during a game, he wanted to treat his injury as quickly as possible and get back on the court. So, Letourneau scheduled an appointment to see Dr. Bryan L. Reuss, a board certified orthopaedic surgeon specializing in sports medicine at Orlando Orthopaedic Center.



Doug Letourneau (right) dislocated his shoulder playing basketball and underwent a left shoulder Bankart repair on his anterior labrum to repair the instability with Dr. Bryan L. Reuss (left). Today he says he is 100 percent back to normal and is even playing the sport he loves again.

After discussing his options with Dr. Reuss, Letourneau decided to treat the injury through rehabilitation at first. But, when treating the injury with conservative measures didn't work, Letourneau opted to undergo a left shoulder Bankart repair on his anterior labrum. Three months later, he feels like his shoulder is back to normal and he's back to playing the sport he loves.

"I was able to rehab my shoulder at first, but I dislocated it again about six months later. That's when I decided to have the surgery," says Letourneau. "My biggest benefit from the procedure was being able to get back to doing all my athletic activities 100 percent – playing basketball, golf – being able to do everything without having to worry about my shoulder being unstable."

WHAT IS A BANKART REPAIR?

The glenoid labrum is a fibrocartilage rim surrounding the edge of the glenoid fossa (shoulder socket). This labrum can be damaged or torn in different ways. When a patient's shoulder is dislocated, the anterior (front) portion of the labrum is often torn. This is called a Bankart tear or lesion, and it is the most common form of ligament injury to the shoulder.

"Prior to surgery, patients report a feeling of pain or instances where the ball may actually

slip out of the joint in certain positions or during certain movements," says Dr. Reuss. "If untreated, this slippage may continue and become more common as the injury worsens."

The Bankart Repair involves re-anchoring and suturing the torn piece of cartilage to restore security and stability to the shoulder. This procedure is typically performed arthroscopically at an outpatient surgery center, meaning patients go home several hours after the surgery has been completed.

"A Bankart repair is one of the minimally invasive, tissue-sparing options we use to treat shoulder instability when an anterior labrum injury has occurred, this is one of the best ways to increase security and comfort of the shoulder," says Dr. Reuss.

The goal of the procedure is to re-attach and tighten the torn labrum and ligaments of the shoulder. To do so, the surgeon inserts an arthroscope into a small incision and uses sutures and small bone anchors to secure the ligaments firmly in place.

RECOVERY EXPECTATIONS

Following surgery, Letourneau remembers the first few days being somewhat difficult on his newly repaired shoulder.

"The first 48 hours were the toughest, but I did feel good every day after that and I got a little bit better every day," he says.

Dr. Reuss adds, as with any surgery,

the effectiveness of the procedure depends somewhat on the health and motivation of the patient.

"Recovering from labral surgery is not an easy thing for many patients; but if the patient is an active and willing participant during this process, there is a very good chance they will return to their earlier range of motion and strength levels," notes Dr. Reuss.

For Letourneau, he started his rehabilitation about three weeks after surgery and began to notice immediate results.

"I noticed it started to get a little bit better after every time I had therapy," he says. "I continued with my home exercises and stretches and I did notice an improvement over the first six weeks."

Completing rehabilitation, both at the clinic and at home, is key to making a full recovery when a labrum tear is concerned. Still, recovery time for each patient will vary. According to Dr. Reuss, many patients report feeling they have regained full use of their shoulder and arm anywhere between three to six months after surgery. In some cases, however, recovery may last as long as nine to 12 months.

In Letourneau's case, he felt as though he was back to normal at the three-month mark from when he began therapy.

"I felt about 100 percent after my 12 weeks of therapy," he says. "[It] was very helpful and you're definitely going to need it to regain your strength and range of motion."

Today, Letourneau reports improved comfort and function in his shoulder no matter what he is doing in his daily life.

"All in all, I'm very glad I decided to have my surgery with Dr. Reuss. I can get back to the basketball court and not have to worry about dislocating my shoulder anymore. I'm back on the golf course, no problem. Even something as simple as opening a cabinet or getting dressed, I don't have to worry about my shoulder popping in and out," he says. "I'm glad I had it 100 percent and there's no regrets as far as having surgery goes."



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Bryan L. Reuss, M.D.
Orlando Orthopaedic Center
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To Watch a Video Testimonial
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Quick Facts

Arthritis strikes more than **50 million** Americans

YES, the weather forecast can make you ache. Research has shown changes in temperature & barometric pressure can trigger joint pain.

There are **100+** types of arthritis.

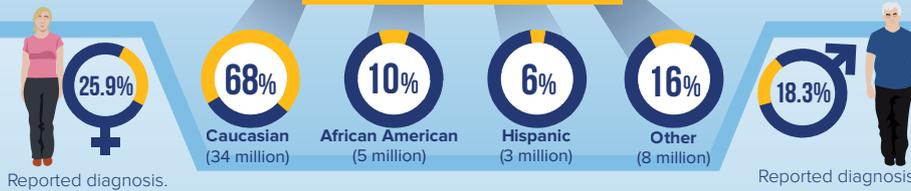
Kids get arthritis, too. Over **300,000** of the 50 million Americans with arthritis are children.

Arthritis costs **\$128 billion** annually in medical care and other costs and is the leading cause of disability in the United States.

People 65 or older have arthritis.

Adults with arthritis are more likely to be obese.

Who is Affected?



What May Cause Arthritis?



GENETICS

The gene link with rheumatoid arthritis is to an immune system gene which is found in 70% of people with arthritis.



AGE

Added pressure and weight on the joints speeds up the process of deterioration and increases discomfort.

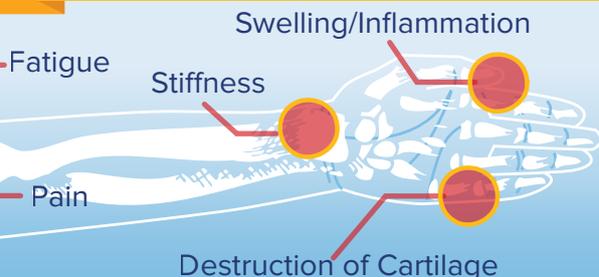


BEING OVERWEIGHT

As we get older, the cartilage that protects our bones begins to deteriorate.



Common Arthritis Symptoms



Do you Experience Joint Pain?
Same day, next day appointments available.

Call 407.254.2500 to Schedule Your Appointment

KNOW ABOUT ARTHRITIS

How Can You Treat Arthritis at Home?

One of the primary concerns of arthritis sufferers is to reduce or eliminate the symptoms. Luckily there are ways to start treating your symptoms at home before entering a doctor's office.



OTC Joint Supplement

Can be purchased at any drugstore.

They are not drugs, but are dietary supplements that promote healthy joints.

May include: Chondroitin sulfate, Glucosamine sulfate, Calcium, or Vitamin D3.



Change Your Diet

Some foods have been shown to trigger arthritis symptoms.



Lose Weight

This removes excess stress from your joints.



Exercising

Regular exercise strengthens joints supporting structures & improves flexibility

Walk, Bike, Swim.

Physician Treatment Options



MEDICATIONS

Although medication cannot restore joint cartilage or reverse joint damage, they can be used to control the inflammation that causes pain & stiffness.



INJECTIONS

There are several different injections available. Injections will reduce swelling, inflammation and pain and will encourage more normal joint lubrication and increase mobility.



SPLINTING

Splints may be used in conjunction with injections to limit the amount of stress that is on the joint. Your doctor will regulate how long you should wear the splint because wearing the splint for too long can lead to muscle deterioration.



SURGERY

As a last resort, your doctor may suggest surgery. There are several options, but if there is any way the joint can be preserved or reconstructed, this option is usually chosen. If the arthritis has become so severe that that is not possible, a joint replacement or a fusion can be performed.



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SOURCES:

<http://www.arthritis.org/facesofarthritis/faces-learn/10-things-you-should-know/>

http://www.arthritis.org/files/images/newsroom/Arthritis_Prevalence_Fact_Sheet_5-31-11.pdf

<http://www.orlandoortho.com/may-is-national-arthritis-month/>

ARTHRITIS OF THE HAND: WHAT YOU NEED TO KNOW

The hands and wrists are made up of several small joints that work together to produce motion. Arthritis of the hand occurs when one or more of these joints succumb to inflammation. Many times arthritis is the result of disease or trauma that leads to cartilage loss, but it can be a result of aging. Arthritis can occur in multiple areas of the hand and wrist, and if left untreated, joints can begin to lose their shape, resulting in extreme discomfort and loss of mobility.



Dr. Riggenbach explains to a patient that arthritis of the hand is a progressive and painful condition that should not be left untreated for an extended period of time.

WHO IS AFFECTED BY ARTHRITIS?

It is estimated that nearly 50 million Americans suffer from painful arthritis symptoms. Here is the breakdown of people affected by arthritis:

- 50% of people 65 or older
- Two-thirds of people with arthritis are under the age of 65
- 34 million Caucasian, 5 million African American, and 3 million Hispanics
- 25.9% of women and 18.3% of men report diagnosis
- Adults with arthritis are 54% more likely to be obese

SYMPTOMS

The first step to treating arthritis is being able to identify it. As the disease progresses, symptoms become more apparent. Common symptoms related to arthritis include:

- **Pain**
In the early stages of arthritis, pain may occur after periods of increased joint use and be coupled with a “dull” or “burning” sensation. The depletion of your cartilage supply means that there is less material to provide shock absorption.
- **Swelling**
With more stress on the joint, swelling is common. Your joint may swell in an attempt to prevent further joint use.
- **Warmth**
When any part of the body becomes inflamed, warmth is usually also a symptom. This is due to your body’s natural inflammatory response and increased blood flow.
- **Grinding Bones**
Also known as crepitation, this painful symptom includes the sensation of grating or grinding in the affected joint. This is the result of damaged cartilage surfaces rubbing together.
- **Cysts**
Arthritis in the end joints of your fingers may result in the development of small cysts. The cysts may then cause ridging or dents in the nail plate of the affected finger.

ARTHRITIS TREATMENT AT HOME

The choice of treatment options depends on several factors including: how far the arthritis has progressed, how many joints are involved, your age, activity level, other medical conditions, if the dominant or non-dominant hand is affected, and your personal ability. In the beginning stages, there are ways you can treat your arthritis at home to reduce the symptoms; these include:

- Allowing your joints to rest
- Taking an OTC anti-inflammatory medication like, acetaminophen or ibuprofen
- Performing range-of-motion exercises
- Applying heat to relieve pain

Arthritis can occur in multiple areas of the hand and wrist, and if left untreated, joints can begin to lose their shape resulting in extreme discomfort and loss of mobility.

WHEN TO SEE A PHYSICIAN FOR ARTHRITIS TREATMENT

When your arthritis symptoms have become so unbearable that it begins to affect your daily life, it is time to schedule a visit with your doctor. From medications to surgical treatments, your physician can offer ways to ease the pain and begin treatment of your arthritis symptoms. Treatment options include:

- **Medications**
Although medication cannot restore joint cartilage or reverse joint damage, they can be used to stop the body from producing chemicals that cause joint swelling and pain.
- **Injections**
Arthritis injections typically contain a long-lasting anesthetic and a steroid that can provide pain relief for up to several months. However, because of possible side effects, like lightening of the skin, weakening of the tendons and ligaments, and infection, you should limit the number of injections you receive.
- **Splinting**
Splints may be used in conjunction with injections to limit the amount of stress that is on the joint. Your doctor will regulate how long you should wear the splint because wearing the splint for too long can lead to muscle deterioration.
- **Surgery**
As a last resort, your doctor may suggest surgery. There are several options, but if there is any way the joint can be preserved or reconstructed, this option is usually chosen. If the arthritis has become so severe that that is not possible, a joint replacement or a fusion can be performed.

Arthritis of the hand is a progressive and painful condition that should not be left untreated. If you have questions or concerns, consider scheduling an appointment to speak with a local orthopaedic specialist.



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HAND CENTER



Michael D. Riggenbach, M.D.,

Specializing in Orthopaedic Surgery
Adult and Pediatric Hand/Upper
Extremity Surgery
Congenital Hand Surgery
Brachial Plexus Surgery

CAN STEM CELL AND PRP THERAPY REALLY HELP YOU HEAL?

We put our bodies through a lot. General wear and tear as we age, sports injuries and even accidents at work can all result in chronic discomfort, taking us away from the activities we love doing most. Recently however, advanced options in the treatment of chronic musculoskeletal conditions have made it possible in some cases to get back to doing what you love faster, safer and without the need for surgery.



How Stem Cells are Obtained:



- 1 Cells are taken from bone marrow, generally in your hip.
- 2 Stem cells are collected in a lab.
- 3 Cultured stem cells are put back into the body. They can become any cell in need of repair.

These advances, called regenerative medicine, include the use of stem cells and platelet rich plasma (PRP) therapy to treat patients of all ages and activity levels.

Stem cell and PRP therapy work to treat a variety of orthopaedic issues including:

- Low back & neck pain due to disc degeneration
- Knee, hip, and other joint osteoarthritis
- Chronic partial Rotator Cuff tears
- Tennis elbow
- Plantar fasciitis
- Partial quadriceps and patellar tendon tears
- Partial muscle tears and joint instability
- Cartilage (meniscal) tears in the knee
- Muscle strains
- Other chronic tendon and ligament problems

So, what are these therapies and how do they work?

WHAT IS STEM CELL THERAPY?

Stem cell therapy is a new form of medicine using healthy regenerative cells found throughout the body to make tissue regeneration a reality.

“These stem cells allow the body to heal on its own without the use of drugs, and in some cases, may reduce or eliminate the need for surgery altogether,” says G. Grady McBride, M.D., a board certified orthopaedist specializing in cervical and lumbar spinal surgery at Orlando Orthopaedic Center. “The use of stem cells is showing promising results in the treatment of painful degenerative disc disease.”

Dr. McBride is one of a handful of physicians at Orlando Orthopaedic Center trained to provide regenerative medicine treatment like stem cell and PRP therapy.

The term “stem cell” actually includes many different kinds of cells. These cells have the ability to make other types of cells with the ability to renew themselves, becoming virtually any cell in the body. These new cells restore

lost, damaged or aging cells and effectively regenerate tissue in the body.

Most patients will see signs of improvement anywhere from 4-8 weeks following completion of the treatment protocol. Benefits for patients include less pain and the ability to do more.

WHAT IS PLATELET RICH PLASMA THERAPY (PRP)?

You may have heard stories of professional baseball and basketball players flying around the globe to receive PRP therapy so they can get back in the game faster. That technology is now offered here at Orlando Orthopaedic Center, and you don't have to be a professional athlete to experience the benefits.

Weekend warriors, recreational athletes and patients of all ages with joint arthritis credit PRP therapy for enabling them to get back to what they love with less pain and increased function.

Platelet-rich plasma is blood plasma that has been enriched with platelets. As a concentrated source of these platelets, PRP contains an abundance of growth factors that can stimulate the healing of soft tissue.

“PRP Therapy involves using a portion of the patient's blood enhanced with platelets to promote the healing of injured tendons, ligaments, muscles, and joints,” says Matthew R. Willey, M.D., a board certified physician specializing in interventional pain management, sports medicine and electrodiagnostics at Orlando Orthopaedic Center. “This process can be applied to various musculoskeletal problems.”

The concentration of platelets — and, thereby, the concentration of growth factors — can be 5 to 10 times greater (or richer) than usual. This promotes healing and helps patients return to normal function quickly and, potentially, without surgery.

IS PRP THE SAME THING AS STEM CELL THERAPY?

No, PRP is the injection or addition of blood platelets to enhance or jump-start the healing of soft tissue. Stem cell therapy is the process of using stem cells to create new cells to promote damaged or lost cells. They are different treatments available under the umbrella of regenerative medicine.

HOW ARE STEM CELLS OBTAINED?

One of the richest sources of stem cells is bone marrow, and the hip (pelvis) is one of the best and most convenient locations for obtaining bone marrow.

During the harvesting procedure, the doctor removes (or aspirates) your cells from the pelvis. A trained nurse or technician then uses specifically designed equipment to concentrate the stem cells in the bone marrow and provides the cells back to the surgeon for implantation at the site of injury.

HOW IS PRP OBTAINED?

To develop a PRP preparation, blood must first be drawn from a patient. The platelets are separated from other blood cells and their concentration is increased during a process called centrifugation.

The increased concentration of platelets is then injected back into the region of the body being treated to promote faster healing.

WILL MY BODY REJECT THE STEM CELLS OR PRP?

No, since they are cells collected from your own tissue, there is little threat of rejection. The same goes for PRP, since it is your own blood there is little to no chance of rejection.

The science of stem cell therapy is constantly moving forward. To learn more about stem cell therapy and what to expect during your initial consultation for treatment visit OrlandoOrtho.com.

SAME DAY, NEXT DAY APPOINTMENTS WITH OUR ORTHOPAEDIC SPECIALISTS

Call 407-254-2500 today and you can be seen either on the same day or no later than the next business day at one of our six locations.



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