

LOCAL **MOTION**

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IN THIS ISSUE



Healthy Alternatives to Steroids Do Exist page 2
Information about steroid use



Ask the Athletic Trainer page 3
Preventing a strained muscle



Heads-up on Head Injuries page 3
Concussion – Getting your “bell rung”



The Right Fit page 4
Get the perfect pair of running shoes

HOA Fosters Community Partnership with New Publication

The physicians and staff of Hinsdale Orthopaedic Associates, S.C. (HOA) are pleased to present their inaugural sports medicine newsletter. HOA has served the Chicagoland community for more than 45 years and is one of the area's most highly respected orthopaedic groups. The combined experience of our physicians amounts to over 200 years, and they perform more than 8,000 surgeries each year. This experience translates into top-quality care and technical expertise.

At HOA, we are staffed and equipped to treat the sports enthusiasts, or “week-end warriors.” Our highly trained team of orthopaedic specialists has extensive experience in the treatment of common overuse and trauma-induced injuries. Our sports medicine team is committed to providing a prompt diagnosis and treatment plan so the athlete can return to sport as soon as possible.

HOA is a total care orthopaedic facility, offering on-site comprehensive

diagnostic services, surgical and non-surgical treatments, as well as physical/occupational therapy and rehabilitation. Our sports medicine program includes injury prevention and athletic trainers at several local high schools. Look for our team physicians, Steven Chudik MD, Michael Collins MD, Geoffrey Kuhlman MD, and Robyn Vargo MD. Additionally our athletic training staff includes Frank Markett ATC, Ted Hirschfeld ATC, Pete Drab ATC, Justine Gaspari ATC, Larana Stropus ATC, Kristen Miller ATC, Jim Ferguson ATC, and Mike Sullivan ATC.

As we strive to be responsive to our patient and community needs, this newsletter is a direct result of such positive dialogue. We are eager to hear your comments and receive your input as a partner in this new endeavor. In addition to this publication, you may find this in an electronic format on our website at www.hoasc.com.

Healthy Alternatives to Steroids Do Exist

by Mike Sullivan MS, ATC

Recently the news has reported concerns extending to the national level regarding the use and abuse of anabolic-androgenic steroids. Even locally, here in Illinois, the General Assembly passed a law mandating steroid abuse education beginning in 2006 in all schools offering interscholastic sports competition.

“Steroids” is the familiar name used to refer to synthetic substances related to the male sex hormones (androgens). They promote the growth of skeletal muscle (anabolic effects) and the development of male sexual characteristics (androgenic effects). When prescribed and supervised by a physician for a medically indicated condition, these substances are extremely beneficial. However, as with most drugs, obtained and taken illegally without medical supervision, these substances become extremely dangerous.

Athletes need to realize that proper nutrition, weight and aerobic training as well as sports injury care are the keys to safe enhanced sports participation. As evidenced

by the national concern with chronic obesity which is occurring at younger ages, over or under eating is not the problem; proper nutrition and exercise are the central components to healthy lives.

It is important to realize that children are not “mini adults”. They have special nutritional needs. Many athletes have either not hit puberty or are beginning the process as they enter the competitive sports realms. Use of steroids can actually prematurely stop this process resulting in stunted growth and increased injury rates.

The most appropriate diet for young athletes includes a diet that is high in nutrient-dense complex carbohydrates; contains moderate amounts of protein, salt, sugars, and sodium; is low in fat, saturated fat, and cholesterol; and provides sufficient calories. Additionally, diet needs to contain variety, moderation and balance. No one food or food group, nor does any one supplement provides all the needs of the growing athlete.



Furthermore, with or without steroids, physical activity is necessary for the muscular development and skills enhancement that result in superior sports performance. A structured and balanced physical conditioning regimen including strength training, cardiovascular conditioning, and sport specific skills instruction are the key components to safe athletic participation.

For more information about steroids and detecting use, you may go to the National Institute on Drug Abuse website at www.nida.nih.gov. For additional sports specific information regarding youth sports nutrition, check out MomsTeam at www.momsteam.com which was linked in articles at the NIDA website. Of course, contacting your local athletic trainer, team physician, or our staff here at Hinsdale Orthopaedics is another local option for additional resources to healthy and safe alternatives to steroid use.



THE SPORTS MEDICINE INJURY CLINIC

We have created the injury clinic on Monday evenings to specifically address the needs of athletes who are injured over the weekend. The clinic offers prompt diagnosis and treatment by a physician specializing in sports medicine so the athlete can return to his or her sport as soon as possible.

Call our 24 hour hotline 630-455-7122
Monday evening appointments starting at 5:00 p.m.

Ask the **ATHLETIC TRAINER**

by Peter Drab, ATC

Dear Athletic Trainer:

I am a high school freshman and recently hurt my thigh in a soccer game when I kicked the ball. My coach said that I probably strained my thigh muscle. What exactly is a “strain” and how can I prevent this from happening again?

~ “Still Limping”

Dear “Still Limping”:

Muscle strains are the same thing as a “pulled muscle”. When a muscle is over stretched it can cause some tiny tears in the muscle tissue. If the stretch is great enough, it can tear through a muscle completely. There are three grades to strains:

- Grade I:** Over stretch of muscle tissue, tiny micro tears in muscle tissue.
- Grade II:** Significant tear in muscle tissue. (Mild deformity is sometimes evident)
- Grade III:** Total rupture of muscle. (OUCH!!)

Prevention starts with a thorough warm-up and stretch in preparation for activity. Any time you feel pain, your body is sending a message.

Acute treatment of muscle strains consists of: Rest, Ice, Compression, and Elevation (R.I.C.E.). An ice bag placed directly over the area of pain for no longer than 20 minutes will decrease the inflammation and much of the pain. Afterward, wrap the area with an elastic wrap to provide compression to control swelling, and support the area involved. When possible, seek an evaluation by a Certified Athletic Trainer (ATC) or physician.



Heads-Up on Head Injuries in Athletes

Contributors: Steven Chudik MD, Justine Gaspari ATC, Ted Hirschfeld MS, ATC, OTC

Many athletes get their “bell rung”. In general terms, what does this mean? The athlete sustains a brain “bruise” or a “concussion”. A concussion is a violent jar or shock to the brain causing an immediate change in brain function, including a possible loss of consciousness. The effects of a concussion are usually temporary, but they may be cumulative; the more often they occur, the more long term effects are likely.

Symptoms depend on the extent of the injury. The presence or absence of swelling at the injury site is not related to the seriousness of the injury.

With a first degree or “mild” concussion, the athlete may be dazed, dizzy or confused momentarily. Symptoms often resolve within 15 minutes. A second degree head injury not only includes symptoms of the lesser injury, but may also include a headache. Symptoms often persist beyond 15 minutes and further medical attention is required. A third degree head injury often includes loss

of consciousness, significant memory loss, and generally requires immediate medical attention and hospitalization.

Though concussions occur in all sports, football contact accounts for a significant amount of risk of head injury. Therefore, proper fitting head gear is essential. Some manufacturers of helmets make instructional videos to aid in the fitting process. It is the responsibility of the coach, equipment manager, or Certified Athletic Trainer (ATC) to ensure each athlete has a customized fit. Periodic checks should be done to maintain proper fit. Helmets should always be fitted and never just handed out.

Head injuries are usually curable with early recognition and medical treatment. Complications can be life threatening or cause permanent disability and brain damage. Return to play is a controversial subject and should be discussed at length with the treating physician. Factors such as the length of unconsciousness, amnesia and other altered brain functions, and whether there has been previous history of concussion, play a role in timing an athlete’s return to sports.





Dr. Michael Collins has written a book, titled, "*Hot Lights, Cold Steel: Life, Death and Sleepless Nights in a Surgeon's First Years.*"

Congratulations to Dr. Zindrick and Dr. Lorenz for "Best Paper Award" at The North American Spine Society meeting for their work on artificial discs and biomechanics.



Ted Hirschfeld MS, ATC served as the head athletic trainer for USA Track & Field at the Pan-Am Junior Championships this past July in Ontario, Canada.



**Hinsdale
Orthopaedic**
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visit us at www.hoasc.com

the Right Fit

By Justine Gaspari ATC

A pair of running shoes is the most valuable piece of equipment for runners when properly fit. When pain is slowing a runner down, chances are shoes are to blame.

A majority of people put more body weight to the inside or outside of their foot. A barefoot wet test is used to assess foot patterns.

This test is completed by wetting the feet and stepping on a sidewalk or construction paper. Then the footprints are examined.

Over-supinators will notice an open area where the arch did not touch the ground. Over-pronators will notice a complete impression of the foot. A neutral impression will show a moderate space visible at the arch of the foot.

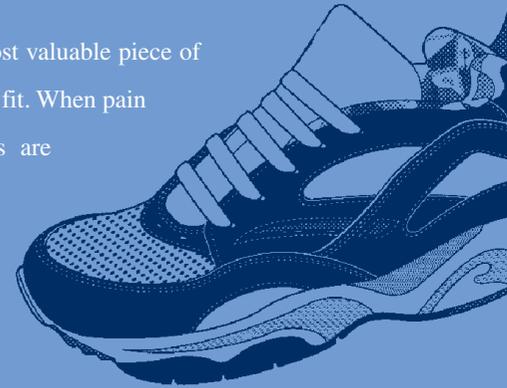
To determine which shoe will best fit the individual's needs, it is essential to know foot type and the three components of shoes. These components, shoe shape or "last", construction, and mid-sole, affect the fit and function of the shoe. It is also important to try on shoes at the end of the day when feet are most swollen.

Over-pronators need a straight or semi-curved last for stability and maximum support. They also benefit from a dual-density midsole for stability and shock absorption. Flexible shoes don't give enough support, so a stiffer board-lasted shoe is recommended.

Over-supinators will benefit from a semi-curved or curved last shoe to encourage foot motion. A single density midsole offers good cushioning. A slip-last will also allow more flexibility.

Neutral feet will benefit from a straight or semi-curved last. A combination-last that allows normal movement of the feet is also used.

Finally, replacing running shoes is as important as buying the correct pair. Replace shoes every 300-500 miles varying on shoe material and body weight. Once shoes start to wear down the body quickly follows.



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