

LOCAL

Winter
2008



keeping you in motion

A HINSDALE ORTHOPAEDIC ASSOCIATES PUBLICATION

IN THIS ISSUE

SNOWBOARDING
ELBOW SURGERY
INFECTIONS

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**Hinsdale
Orthopaedic**

Sports Performance Institute

INTRODUCING...

Hinsdale Orthopaedic Associates Sports Performance Institute

Hinsdale Orthopaedic Associates is proud to announce the opening of the Hinsdale Orthopaedic Sports Performance Institute (OSPI), a new 12,000 square foot sports medicine facility just down the road in Westmont, Illinois.

The Hinsdale Orthopaedic Sports Performance Institute (OSPI) has been designed to provide comprehensive state-of-the-art sports medicine care. OSPI houses expert physicians fellowship-trained in orthopaedic surgery and sports medicine; x-ray; physical therapy; dedicated space for dance medicine, sports performance and injury prevention; as well as an educational conference center, all to help keep you at the top of your game.

The physicians and staff at OSPI are recognized for their leadership in education, state-of-the-art technology and research. Whether you are an athlete, injured worker, weekend warrior, or someone who just enjoys an active lifestyle, the physicians at OSPI treat everyone like a champion (an elite athlete) and are committed to keeping you healthy, active and going strong.

OSPI also hosts the Hinsdale Orthopaedic SPORTS MEDICINE INJURY CLINIC (urgent hotline: 1-877-4HO-SMIC) with available same-day, next-day physician visits with evening and Saturday hours to help get you healthy and back in the game as quickly as possible.

With a sports performance and physical therapy area just a few steps from the physician exam area, physicians can bridge the gap between in-the-office care and on-the-field care and evaluate athletes in action. This allows an entire sports medicine team including physicians, physical therapists, athletic trainers, and strength coaches to work together and meet your every care need.

OSPI offers much more than just physical therapy. Under the direction of your sports medicine physician, therapists and trainers are available to help you naturally enhance your athletic performance and prevent injury with specific programs focused on general fitness, balance, core stability, vertical leap, speed, agility, power, throwing, overhead hitting, or other sport-specific goals.

OSPI also has a conference center to provide lectures and seminars to other physicians, coaches, trainers, athletes, and parents in our community on sports performance (steroids, nutrition, performance training, psychology, etc), injury prevention and safety (ACL, pitching, skiing, etc), innovations and technology in orthopaedic surgery, and research related to sports injuries and their management.

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For map and directions, visit:
www.hoasc.com



**Hinsdale
Orthopaedic**
Sports Performance Institute

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www.hoasc.com**

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Whether you are an athlete, injured worker, weekend warrior, or someone who just enjoys an active lifestyle, OSPI is geared to today's athlete and focused on keeping you healthy, active, and going strong.

HOA Sports Performance Institute Offers:

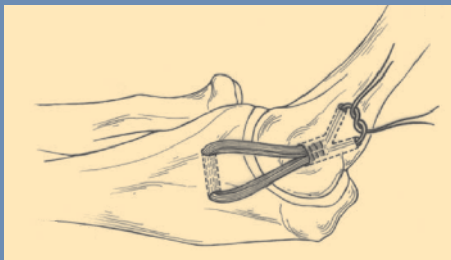
- **Fellowship-trained Orthopaedic surgeons and non-operative physicians specializing in sports medicine care**
- **PT**
- **Sports Performance (general fitness, balance, core stability, vertical jump, speed, agility, power, throwing, overhead hitting, or other sport specific goals)**
- **Injury Prevention (ACL, throwing, long distance training, etc)**
- **Dance Medicine**
- **Sports Medicine Injury Clinics (1-877-4HO-SMIC)**
- **Newsletter**
- **Educational conference center to provide lectures and seminars to other community physicians, coaches, trainers, athletes, and parents on sports performance enhancement (steroids, nutrition, performance training, psychology, etc), injury prevention and safety (ACL, pitching, skiing, etc), innovations and technology in orthopaedic surgery, and research related to sports injuries and their management**
- **Injury surveillance and prevention research**
- **Clinical outcomes and basic science research in orthopaedic surgery and sports medicine**

**Sports Medicine Injury Clinics
1-877-4HO-SMIC**

Baseball "hero" becomes "Surgical Legend"

TOMMY JOHN SURGERY

By Amy Higgins BA and Steven Chudik MD



Many people have heard of Tommy John. This famous Los Angeles Dodger was not only known for his pitching, but also for the surgery he had on his elbow. This surgical procedure, which involves reconstruction of the ulnar collateral ligament (UCL) of the elbow, has been associated with Tommy John since he was the first professional athlete to successfully undergo this particular operation in 1974.

The UCL is the main ligament that attaches the ulna, bone of the lower arm, to the humerus, the bone of the upper arm, at the inside of the elbow and keeps these bones and the elbow joint properly aligned during activity. If this ligament is torn or damaged, the elbow joint can become unstable and painful during throwing. UCL injuries are most prevalent in baseball pitchers, but they can also occur in other athletes such as wrestlers and gymnasts. In pitchers, the UCL is usually partially torn and stretched out from the high forces exerted across the elbow during repetitive throwing. Poor throwing mechanics and muscle fatigue can increase those forces across the UCL of the elbow. The UCL can also be torn from a single event, such as a fall on an outstretched

arm or a single excessively hard and uncontrolled throw without warming up.

The earliest sign of injury to the UCL is pain on the inside of the elbow during throwing which is usually associated with a decrease in pitching velocity and accuracy. If detected early, immediate cessation of throwing followed by proper rehabilitation and the correction of throwing mechanics may save the ligament and allow a gradual return. MRI can be helpful in detecting complete tears or partial damage to the UCL.

Most athletes with UCL injuries, complete and partial, can return to sports and everyday activity without surgery. Typically, only high level throwers or other athletes that place tremendous forces on the elbow require surgery. The surgery is performed by harvesting either the palmaris tendon (extra tendon in the forearm) or the hamstring tendon (at the knee) and reconstructing the ligament on the inside of the elbow. This procedure is successful over 95% of the time in returning the athlete to pitching in 9 months to a year if there are no other injuries in the elbow joint. Because of the long recovery time and risks of complication, many non-professional athletes elect to switch positions or sports rather than undergo the surgery.

There is a big misconception that the elbow is stronger after UCL surgery. The majority of orthopaedic ligament reconstructive surgeries can restore stability to an injured joint and allow return sport; however, the complex anatomy and function of the native ligament is likely never completely restored.

Snowboarding

Growth in Popularity & Injuries



By Larana Stropus ATC

Snowboarding is one of the fastest growing winter sports in the country. It attracts not only the young but also adults. Many of these adults are experienced skiers, but are giving snowboarding a try. With its growth in popularity, health care professionals are seeing a rise in the number of snowboarding-related injuries.

Falls are the leading cause of injury in snowboarding. Beginners are more likely to get injured than advanced snowboarders who typically perform more aggressive and dangerous maneuvers. The reason is that beginners often have not established the ability to maintain a stable stance on the snowboard and fall more frequently. In fact, nearly 25% of snowboarding injuries occur during the first time on a snowboard and almost 50% happen in the first season of snowboarding.



Distal Radius Fracture

Snowboarding injuries typically involve the upper extremity, knee, ankle, or head. The most commonly treated injury in the emergency room is a wrist fracture (break in the bone). This occurs when snowboarders lose their balance, fall and instinctively react by reaching out with their hands to break the fall. The fracture results from the excessive amount of force absorbed by the wrists at the time of impact.

Ankle sprains are the second most common injury seen in snowboarders. They most often occur when a snowboarder loses control of a landing following a jump. A combination of a compressive loading and ankle inversion (rolling in) results in tearing of the ligaments of the ankle, called a sprain. "Snowboarder's ankle," which is a fracture of the lateral process of the talus (a bone of the foot near the ankle joint) may also result from a similar mechanism.

A small percentage of snowboarding injuries (4 to 8%) occur while entering or exiting a ski lift line. Snowboarders release the rear foot in order to propel themselves forward, leaving the lead leg attached to the board at awkward 45-90 degree

angle. Falling with your foot secured to the board in this position can result in a large rotational (twisting) force and injury to the anterior cruciate ligament (ACL) and the medial collateral ligament (MCL) of the knee.

Serious head injuries are seen in association with falls or collisions with obstacles. Snowboarders often and unexpectedly can "catch an edge" resulting in either a forward or backward fall. These types of falls are associated with significant amounts of momentum that slam the head against the ground in a whip-like manner resulting potentially serious head injuries including concussion and intra-cranial bleeding (cerebral contusion, intracerebral hemorrhage, epidural hematoma, subdural hematoma). Early symptoms include headache, nausea, confusion, amnesia (memory loss) or loss of consciousness. Anyone experiencing any of these symptoms following a head injury should seek immediate medical attention.

Minimize Your Risk

Not all injuries can be prevented, but here are a few helpful tips that can minimize your risks and hopefully allow you to safely enjoy rapidly growing and popular winter sport.

- **Get proper instruction.**

Take a lesson with a certified snowboarding instructor to develop proper techniques for riding and falling.

- **Choose equipment that suits your skill level and size.**

An improperly fitted binding may cause an unforeseen fall. If something doesn't feel right, investigate it.

- **Condition your body for the sport.**

Keep your muscles flexible and strong to help you perform better, delay fatigue and prevent injury.

- **Wear a helmet.**

It has been said, "You can hit your head wearing a helmet and walk away. Do the same thing without one and you'll be carried away!"

- **Know your limits.**

Choose runs that are appropriate for your skill level and always stay in control.



MRSA

& Other Skin Infections in Athletes

What are the most common skin infections in young athletes?

RINGWORM (tinea coproris) is the most common skin infection in wrestlers. It is a fungal infection recognized by a reddish brown ring shaped lesion with a raised border that may itch slightly. Ringworm is commonly found in areas of direct contact with other people infected.

IMPETIGO is a bacterial skin infection characterized by small red pustules and scabs that may secrete thin fluid. Skin may be red, irritated, and itchy. It is most commonly found (but not limited to) on the face.

ABSCESS is a bacterial infection which causes a collection of pus under the skin. Skin is red, raised, and tender. Abscesses are most commonly found on the abdomen, pelvis, or low back.

MRSA is a bacterial infection resistant to several common antibiotics. MRSA can be recognized by tender red and irritated skin. It often looks like a pimple or abscess. Most cases heal quickly with the right antibiotic and no complication. The worrisome part is that in a few people the infection spreads rapidly. A small minority of people become so ill they need to be in a hospital. It is rarely fatal. Fortunately, prompt recognition and treatment take care of the problem!

WARTS are caused by a virus. Warts are raised, dry, scaly lesions. They usually do not itch or hurt, unless they are on the feet.

HERPES GLADIATORUM is an infection caused by the herpes simplex virus. It causes red painful blisters that itch. Sometimes fever, swollen lymph nodes, and fatigue occur. It is commonly found on the head, upper extremities, trunk, and other areas of skin contact.

SCABIES is caused by a parasite that is commonly found on fingers, toes, and in folds of skin. Scabies appear as dark lines between fingers and toes, red irritated skin, pimple like rash, sores from scratching, and severe night time itching.

By Cristen Carlson MS, ATC, and Geoffrey Kuhlman MD, CAQSM

Since the Centers for Disease Control's newsletter October 16, 2007, there has been a lot of discussion about Community Associated Methicillin-resistant Staphylococcus Aureus (CA-MRSA). MRSA is one of many contagious skin-infecting organisms. MRSA has been around for years, but it has become popular in the media lately.

Skin infections are spread by direct contact or wounds. Bacteria and fungi live on our skin normally. Infections occur when an organism penetrates the skin, usually through a small wound. Infections also can occur when an organism our body does not recognize attaches to the skin, such as often what occurs in wrestlers.

Treatment for these skin disorders consists of keeping the affected area clean and covered. Athletes should be removed from activity until cleared by their physician. Prevention is key. Inspect your skin regularly. Shower with soap after exercise, and wash exercise clothing often. Don't let infecting organisms remain on your body, your clothes, or your equipment. Report unusual spots to your physician.

Preventive measures also include open communication among athletes, coaches, and trainers on hygiene and skin disorders. Posting an educational bulletin and having weekly skin checks are also great steps in recognizing and limiting the transmission of skin disorders. Taking these steps can help minimize the occurrence of these infectious skin disorders and prevent them from spoiling the winter sports season.

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