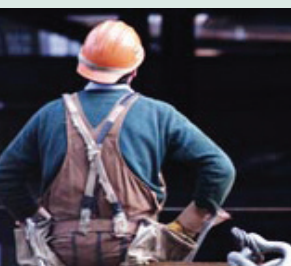


[Active Bones]

JUNE 2011



ORTHOPAEDIC SURGERY AND SPORTS MEDICINE TEACHING AND RESEARCH FOUNDATION

THIS ISSUE
INCLUDES:
Tommy John
Surgery



Upcoming Topics:

Heat Illness • Football Workout
Concussions • Shoulder Dislocations

Dear Reader,

ACTIVE BONES is the official newsletter of the Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation (OTRF). The newsletter is a brief, easy-to-read educational piece that provides continuing education about musculoskeletal injuries, health performance, and new research and development in the field of Orthopaedic Surgery and Sports Medicine.

Please contact us at www.otrfund.org or stevenchudikmd@hoasc.com with any questions, suggestions for any specific topics that may be of interest to you, or if you just wish to be added to the distribution list to receive this publication directly.



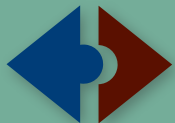
Sincerely,

Steven C. Chudik MD.
Orthopaedic Surgeon
OTRF Founder and President

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Tommy John Surgery

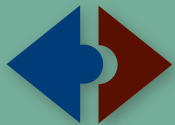


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Many people have heard of Tommy John. This famous Los Angeles Dodger was not only known for his pitching, but also for the surgery he had on his elbow. This surgical procedure, which involves reconstruction of the ulnar collateral ligament (UCL) of 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

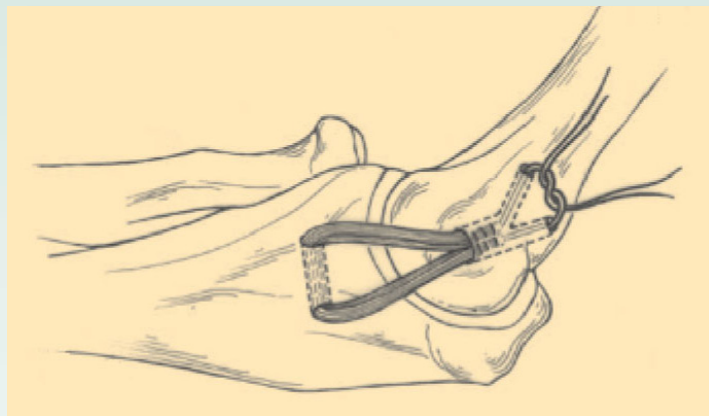
joint properly aligned during activity. If this ligament is torn or damaged, the elbow joint can become unstable and painful during throwing. UCL injuries are most prevalent in baseball pitchers, but they can also occur in other athletes such as wrestlers and gymnasts. In pitchers, the UCL is usually 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.



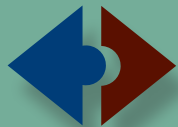
Tommy John Surgery continued

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.

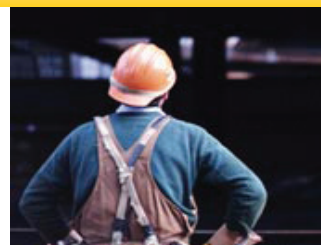


The above schematic illustrates an UCL reconstruction of the elbow where an autologous Palmaris tendon graft is passed through tunnels in the ulna and humerus bones at the elbow joint to reconstruct (replace) the damaged UCL.



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DONATION REQUEST

We Need Your Help

OTRF can't do it without you. There is no question that health-care is expensive and difficult for most to afford; however, to continue to make important advances in healthcare, we need everyone's help to fund research and education. To conduct its work, OTRF has been fortunate to receive large donations from larger, more affluent parties and organizations; but, it still thrives mostly on small donations from many different individuals. Most donations come from the many patients and families that Dr. Chudik directly touches in his practice. Often, it is no more than the price of a Starbucks cup of coffee; but every donation, large or small, makes a difference. Thank you for your support.

**Thank you
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Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation is Committed to Research and Education



ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
TEACHING AND RESEARCH FOUNDATION

OTRF was founded by Dr. Steven Chudik in 2007 and is a non-for profit organization dedicated to funding research and education for the purpose of keeping people active and healthy.

Injury to and degeneration (wear and tear with use and age) of our musculoskeletal system (our joints and cartilage, muscles and tendons, bones and ligaments) threaten our ability to stay active, work, and lead healthy lifestyles. Too many individuals are getting injured or developing arthritis at younger and younger ages. At alarming rates, little leaguers are injuring their elbows, young female athletes are rupturing their anterior cruciate ligaments (ACL), weekend warriors are tearing their meniscus, golfers are missing the season with rotator cuff tears, physical laborers are getting injured and are unable to work, and young adults are unable to stay active because of debilitating arthritis.

There is a great need to disseminate knowledge amongst our community so that we can better prevent these injuries and degeneration (wear and tear) and best preserve our ability to stay active and healthy. We also need to fund unbiased, quality, and cutting edge research to develop better and less invasive methods to prevent and manage these injuries and degeneration.

To meet these needs, OTRF produces the newsletter, "ACTIVE BONES," shares information regarding health performance related issues of nutrition and fitness, hosts Athletic Training educational programs, conducts local educational seminars for health care providers and the community, and most importantly funds research and development particularly in the areas of cartilage injury and repair; sports injury prevention; knee ligament injury prevention and reconstruction; and minimally invasive surgery for fracture, tendon, ligament, cartilage and joint repair.