



Active Bones

August 2012

Dear Reader:

For 17 days this summer, athletes from more than 197 countries are competing in London for the 2012 Olympics. These elite athletes are among the very best in the world and they have trained long and hard to earn this opportunity. During television coverage of the games, we are learning many of the athlete's unique and inspiring stories about their quest to become an Olympian. However as different as each might be, there seems to be a common denominator—they were once young athletes who received the proper coaching, training and motivation to help them realize their Olympic dreams.

As a coach, athletic trainer, or parent you understand the impact you can make on young athletes' lives and futures—Olympic or not. In this capacity, one of the most important parts of your jobs is ensuring these boys and girls receive proper instruction in exercise and conditioning to help prevent injuries. As an orthopaedic surgeon and sports medicine physician, I see a growing number of preventable injuries in young athletes. Proper training and conditioning, as well as avoidance of overuse, can prevent a majority of these injuries. A far too common injury is a rupture or tear of the anterior cruciate ligament (ACL) in the knee. This can end the season, or even an Olympic dream for an athlete. Fortunately, there are ways to decrease the risk for this injury.

Based on research and personal experience in my own practice, Larana Stropus, MS, ATC/L, Keith Tesch, CSCS, CNT, and I developed the **ACL5 Program**. It is a quick and easy ACL injury-prevention program designed to be used in-season when the risk for an ACL injury is the highest in sports such as soccer, lacrosse, field hockey, football, basketball, gymnastics, hockey, volleyball, track and rugby. To receive a copy of the in-season program, call 630-794-8668 or send an email to stevenchudikmd@gmail.com. Please make sure to provide your name and complete mailing address. We hope you will seriously consider incorporating our **ACL5 Program** into your regular fitness and conditioning workouts.

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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
TEACHING AND RESEARCH FOUNDATION

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Our record-breaking summer heat and recent storm-related power outages prompted dietitians Carol Burtnack, RD, LD, and Deborah Ward, MBS, RD, LDN, to remind us about the importance of food safety at home, on the go, and even at an athletic event. Their article is something you will want to print and keep for future reference.

Those of you who pour over every issue will groan when I once again remind everyone about staying hydrated—especially in this extreme heat. We covered it in our February **Active Bones** issue. If you missed it or are a new reader, I strongly encourage you to refresh your memory about how much water you need to stay hydrated and the warning signs of dehydration. This is particularly important since practice has resumed for many sports. To receive a copy of our February issue, call 630-794-8668 or send an email to me at stevenchudikmd@gmail.com. Please make sure to provide your name and complete mailing address.



As always, thank you for your interest in OTRF. Go USA!

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ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
TEACHING AND RESEARCH FOUNDATION

Practice food safety to prevent being sidelined

By Carol Burtneck, RD, LDN, and Deborah Ward, MBA, RD, LDN



Whether you are barbecuing, picnicking, or purchasing prepared foods from a concession stand, mobile food truck or food cart, it is important to be smart about food safety. These situations present challenges for handling food safely because bacteria grows rapidly in warm temperatures and can cause people to become sick. Knowing how to prevent foodborne illness and avoid risky foods will help

keep you from being sidelined. Here are some simple food safety basics to practice:

- Keep cold foods cold, hot foods hot.
- When in doubt, throw it out!
- Wash your hands before cooking or eating foods.

When purchasing prepared foods at a concession stand, mobile food truck or cart, there are a few additional tips to remember:

- Check to see the stand has a current license or permit prominently displayed. This indicates the site has regular health inspections.
- Observe if the food handlers are washing their hands and wearing disposable gloves.
- Make sure the person handling money is first washing their hands or putting on disposable gloves before handling any food.
- Look to ensure those preparing food wear hairnets or hats.
- Be sure food temperatures are what you expect—hot foods hot, cold foods cold. In other words, the potato salad is not warm.
- Take note that the food looks, smells and tastes okay. When in doubt, throw it out!

Although not often thought of as a food safety concern, grocery shopping can unintentionally put food at risk depending upon the amount of groceries you need to purchase, the day and time you shop and what you purchase. Perishable foods, like frozen and refrigerated meats, milk and eggs should be added to your shopping cart last. This way, you will not run the chance of refreezing thawed foods or having foods in an unsafe temperature range by the time you arrive home.

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Another time to be mindful of food temperatures is after a meal. Refrigerate leftover food promptly, especially those that contain meat or dairy products. Food left out for more than two hours is not safe to eat and should be discarded. Leftovers that have been off the grill for less than one hour can be safely refrigerated, or packed in ice if you're not home.

Bacteria multiplies quickly between 41°F and 140°F. Foods kept in this temperature range are considered to be in the “*danger zone.*”

According to the United States Department of Agriculture (USDA) Department of Food Safety, refrigerators should be set to maintain a temperature of 40°F or colder. Some refrigerators have built-in thermometers to measure the internal temperature. Refrigerators without this feature can be monitored with an appliance thermometer available at most hardware and appliance stores. This is especially important in the event of a power outage. If power goes out, **DO NOT** open the refrigerator or freezer door. This will help foods stay cold until the power is restored. Once it is restored, check the refrigerator thermometer. If it is still 40°F or colder, the food is safe. Foods held at temperatures above 40°F for more than two hours should not be consumed.

Potato salad is a favorite American food served at potlucks, tailgate parties and post game celebrations. However, foods made with mayonnaise, tartar sauce, Thousand Island dressing, aioli (flavored mayonnaise) or even added cooked eggs may pose a risk for bacteria and foodborne illness. Also, food at get-togethers is usually set out for everyone to help themselves. This poses a serious risk especially in the warm weather because foods can reach temperatures above 40°F quickly. To be safe, return foods to the refrigerator or cooler filled with ice after foods are prepared or served. If you are unsure how long a food has been unrefrigerated—throw it out! It is better to be safe than risk getting a foodborne illness such as Listeriosis and Salmonella.



Foodborne illnesses can be caused by eating food or drinking beverages contaminated by harmful bacteria or other germs. Foods most at risk include raw or undercooked eggs, raw or rare meat, raw dairy products (raw or unpasteurized milk, some soft cheeses such as Camembert and Brie, raw or undercooked molluscan shellfish (clams, oysters, etc.) and raw fish/seafood (sushi, tuna, carpaccio, etc.). In addition, heat deli meats, hot dogs and sausages until steaming hot prior to eating.

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To avoid spreading harmful bacteria, **ALWAYS** wash your hands with soap before cooking or eating foods, after touching raw foods, after using the restroom and changing diapers, and after handling pets. According to the Centers for Disease Control (CDC), Listeriosis affects some 2,500 individuals each year of which 500 will die. The elderly, young children, pregnant women and immunocompromised individuals are more susceptible or at a greater risk for getting Listeriosis.

Even if you refrigerate your food and take other precautions mentioned earlier, it still is possible for food to develop bacteria and mold if stored beyond a safe length of time. The following guide developed by the CDC is a quick reference to help you know how long you can store food safely in your refrigerator at or below 40°F. This is only a guide so remember, when in doubt—THROW IT OUT!

Safe Storage Times	Foods
1 to 2 days	Ground meats, stew meats, fresh poultry, raw/uncooked sausage, fresh fish and shellfish, leftovers
3 to 4 days	Fresh beef, veal, lamb or pork, ham fully cooked (slices or half) , opened packaged lunch meats, salads (egg, chicken, tuna, ham, macaroni) store cooked dinners and entrees, casseroles, gravy, broth or soup, meats in gravy or broth, patties and nuggets, cooked egg dishes (quiche, strata, soufflé)
1 week	Smoked breakfast links or patties, whole ham fully cooked, opened package of hot dogs,

If you remember to follow these food safety tips, you and your family are sure to enjoy meals at home or away. For more information on storing food safely go to the USDA website at www.fsis.usda.gov/Factsheets/Refrigeration_&_Food_Safety/index.asp#13/ and the DuPage County Health Department website: www.dupagehealth.org/warm-weather-food-safety-tips/.



Research Roundup

Concussion rates increasing in college football

Last month, surgeons from across the country attending the annual meeting of the American Orthopaedic Society for Sports Medicine (AOSSM) heard startling research findings about increasing head injury rates in collegiate football players despite improved protection and 2010 NCAA concussion reporting changes.

The research was presented by Kelly G. Kilcoyne, MD, lead research author from Walter Reed National Military Medical Center, Washington, D.C. According to Dr. Kilcoyne, the purpose of this study was to determine the number of concussions that occurred on three collegiate Division I football teams in the 2009—2010 and 2010—2011 seasons to compare the incidence of concussion before and after the implementation of new NCAA policies. “We saw the combined number of concussion reports increase from 23 to 42 in this time span,” said Dr. Kilcoyne.



The increase comes after the 2010 NCAA concussion management initiative that requires athletic programs to report concussion signs and symptoms and then remove players from play. “The timing of the new NCAA regulations and the increase in reported concussions could certainly be attributed to under-reporting from players and coaches in the past,” Dr. Kilcoyne explained. “Such an increase is still notable and we need continued studies in football and other sports to find out more.”

Researchers also noted another possible cause for the difference could be the new NCAA policy that requires a formalized concussion management plan for each school to be on file for healthcare providers to follow.

The study compiled concussion data from practices and games at the United States Military Academy, United States Naval Academy and the United States Air Force Academy, all Division I athletic programs. All patients were males between the ages of 18 and 22 and rosters had about 150 players for practices and 90 for games.

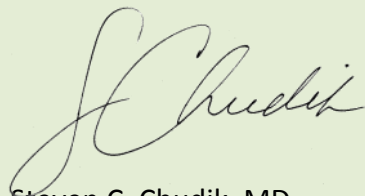
Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation helps people stay fit and healthy

Steven Chudik, orthopaedic surgeon and sports medicine physician with the Steven Chudik Shoulder and Knee Injury Clinic, founded the Orthopaedic Surgery and Sports Medicine Teaching and Research Foundation (OTRF) in 2007. OTRF is a nonprofit, 501 (c)(3) organization dedicated to funding research and education for the purpose of keeping people active and healthy.

Dr. Chudik has seen a growing demand by patients, athletic trainers and clinicians for up-to-date medical information and unbiased research on injury prevention—especially for children—as well as facts on arthritis and wear and tear on joints, cartilage, tendons, ligaments, etc. To fulfill these requests, OTRF produces and distributes this newsletter, shares information about health performance-related issues like nutrition and fitness, hosts athletic training educational programs, conducts seminars for healthcare providers and the community and most important, funds unbiased research and development particularly in emerging areas such as arthroscopic and minimally invasive surgery for injuries to the meniscus, labrum, rotator cuff, ACL and cartilage.

However, none of this is possible without ongoing financial support. We are extremely grateful to all those who have contributed in the past. Many of the donations came from patients or their family members who benefited from Dr. Chudik's orthopaedic and sports medicine expertise. If you might be interested in helping us continue our research, please contact me. Also, many companies sponsor programs that match charitable contributions made by their employees. Some even match donations made by retirees and/or spouses. Matching gift programs are a great way to double your generosity. Regardless of the amount, every contribution helps make a difference.

Thank you for your interest in our newsletter, *Active Bones*, and the ongoing work of OTRF.



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**ORTHOPAEDIC SURGERY AND SPORTS MEDICINE
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Sign Up Today!

Don't miss another issue of **Active Bones**, the monthly email newsletter from OTRF. Each issue contains information to help you stay healthy and live an active life with tips on injury prevention, nutrition, sports conditioning, research and newsmakers.

Simply email us at:
stevenchudikmd.com
to receive the next issue of **Active Bones**.

