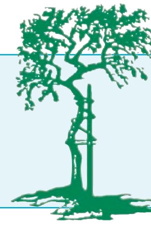
Keeping you...
Active

WEST TENNESSEE BONE & JOINT
Spring 2010
Sports Medicine • Orthopedic Excellence

Keeping you... Active

… is a quarterly newsletter from West Tennessee Bone & Joint Clinic.

The clinic's ten physicians specialize in sports medicine and orthopedic problems.

For copies of the newsletter, contact Adam Kelley, Marketing Director, at 731.661.9825.

Team physicals May 14 & 15

Area coaches can schedule physicals for all sports teams by contacting Adam Kelley, 731.661.9825.

Physicals will be May 14 and 15 at West Tennessee Bone & Joint Clinic, 24 Physicians Drive, Jackson.

Physicals will meet TSSAA requirements.

Saving lives in Haiti. Inside …

Arthroscopic hip surgery gets patient back to his physical activities

Jonathan Pence wasn't ready to give up his physical activities because of the pain in his left hip whenever he exercised or played a game of pick-up basketball.

The medical salesman for Boston Scientific was only 30 years old. "I've been playing sports since I was 10 and never had a problem," he said.

He was playing a lot of pick-up basketball and running. "My hip had a tightness to it. That night and the next day, my hip would throb."

An MRI at a clinic in Memphis where he lives showed that he had an FAI —femoral acetabular impingement or too much friction in his hip joint. Part of his hip bone was covering the hip ball too much and a bony prominence on the hip ball was hitting the cup of the hip above. The result was causing pain and limiting his range of motion.

To correct the problem, the physician in Memphis wanted to do an open procedure, which included a four-inch incision and exposing the hip joint. Pence wouldn't be able to put weight on his leg for six weeks and would be off from work for two months. "It was unthinkable," he said.

Instead, Pence turned to Dr. David Pearce, whom he knew through his job. Dr. Pearce and Dr. Adam Smith at West Tennessee Bone & Joint Clinic have been using an arthroscope in a closed procedure for the last two years to do the same thing.

Instead of a four-inch incision, Dr. Pearce used much smaller incisions in Pence's hip to insert the scope with a small camera at the end and his surgical tools to shave off the bony prominence and reduce the friction.

Dr. David Pearce and Jonathan Pence

The surgery was done the week before Thanksgiving. In two weeks, Pence was back to work on crutches. He had physical therapy for six weeks where he worked on his range of motion and strengthened his hip.

Today, he's back to his active lifestyle, riding 100 miles a week on his bike and helping his wife care for three boys under the age of five. "I have every bit of range of motion that I had before," he said.

Dr. Pearce is at the top of his list. "Dr. Pearce is great," Pence says. "I just wanted to stay active. I didn't want to tailor my activities because of pain in my hip."

Saving lives in Haiti

Orthopedic surgeon Dr. Mike Cobb was in the surgery lounge when he first saw the tragic images of the earthquake in Haiti. Like many Americans, the thought of what he could do to help started tugging at him.

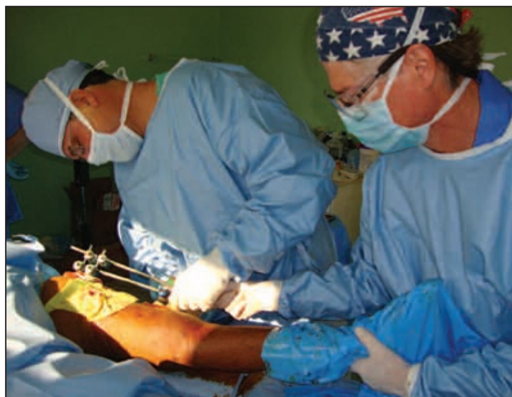
Exactly one week later, Dr. Cobb, who practices at West Tennessee Bone & Joint Clinic, was in a converted hospital on the Haitian border treating orthopedic injuries and saving lives.

"It would have bothered me not to go," he says, when he heard on the radio after the quake that there was a desperate need for orthopedic surgeons to treat the survivors.

"Many of the people who suffered head and thoracic injuries died in the rubble," he said. "Those who survived primarily had injured extremities."

Dr. David Vanderpool, a Nashville general surgeon who used to practice in Jackson, was already in Haiti and arranged for Dr. Cobb and local nurse anesthetist Bill Ragon to be included in a private plane that was flying a medical team from Knoxville to the Caribbean island. They arrived in the Dominican Republic, which shares the island with Haiti.

A bus took them to Jimani, a town just outside the Haitian border and 35 miles from Port-au-Prince, where an orphanage had been converted into a hospital. "On the way, they said we had 150 cases waiting on us," Dr. Cobb said.



Dr. Cobb, above left, and Dr. Ed Landry, an orthopedic surgeon from Missouri, perform surgery on a broken leg.

The "suffering chaos" he first saw when he arrived at the hospital was overwhelming, a situation he had never been in before. "No one has," he says. Too many of the buildings in Haiti were poorly built and crumpled in the earthquake, killing and injuring as they did so.

The orphanage was a two-story, motel-like building. The rooms, hallways and courtyard were filled with people in pain, waiting for treatment for open wounds, broken bones and other injuries. Some had died as they waited for medical care.

Dr. Vanderpool set up the hospital after seeing people getting amputations on the streets without anesthesia. "It was Civil War medicine," Dr. Cobb said, "and David knew we could do better."

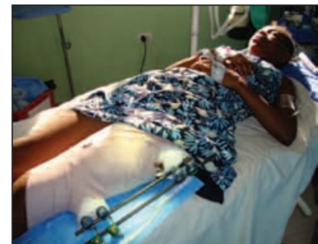
During that week they set to work treating patients and were joined by medical teams from Spain, Puerto Rico, New York, Nebraska and other places.

They spent the first day there, seven days after the earthquake struck, treating critical open wounds and organizing patients. Through a triage system, physicians were treating the most vulnerable patients first.

By the second day, Dr. Cobb and anesthetist Ragon had established themselves in their own "operating room." They used the room during the day; Puerto Rican doctors operated during the night. "I treated mostly femurs, lower legs, ankles and forearms with external fixators and did some amputations," Dr. Cobb said. "It was often lifesaving to amputate an extremity infected with an open wound." One of his patients who refused amputation later died of infection.

Though the medical care at the hospital was much better than what many were getting, Dr. Cobb still had to adjust his medical approach to each problem. He did amputations with a hacksaw he got at Lowe's and brought with him.

Dr. Cobb holds the hand of a grateful patient. Below, a newly applied external fixator helps to stabilize the broken bone and allow the fracture to start healing.



"We did not have the luxury of x-rays," Dr. Cobb said. "We would blindly feel where the fracture was" and then would stabilize the bone in place by inserting pins in the bone above and below the fracture and attaching them to a rod, called an external fixator, outside the limb. The external fixator would stabilize the bone with reasonable alignment, decreasing the pain and allowing the fracture to start healing, he explained.

On the first day in surgery, five surgical

Clockwise, from left, the lawn of the orphanage converted into a hospital is filled with patients and families; the hospital is in Jimani, Dominican Republic, just outside the Haitian border; Dr. Cobb brought many of his medical supplies from his own clinic.

teams had 80 cases. In the first two days, they attached more than 50 external fixators.

Like the Bible story of the loaves and fishes, they watched their supply of external fixators dwindle, but they never ran out. More would be delivered just in time.

Operating out of the Dominican Republic made it easier to get supplies, Dr. Cobb said. Private donors could more easily and efficiently send supplies through the Dominican Republic, while the bureaucracy in Haiti hindered relief efforts, he said.

Dr. Vanderpool would go to devastated areas, find people in need of medical care and bring them to the hospital.

Dr. Cobb was ready to stay a second week, but more orthopedic surgeons were arriving to help. He and the rest of his team had arrived at the most critical time. "It was a blessing to me to be there because of the immediate need," he said. "By the time I left, it was rewarding to look over the multitude of people at the hospital and see that all had been treated."

As he talks about Haiti, Dr. Cobb says he is grateful that his partners at West Tennessee Bone & Joint Clinic made it possible for him to go to Haiti.

He had only two days to get ready once he found out about his spot on the private plane. Dr. David Johnson took care of his patients the day he left. His partners saw his patients and covered for him while he was gone. "I appreciate that," he said. "Being in a multi-partner clinic freed me up to go."

He finds himself blessed in other ways, too. "I got to see how one culture deals with adversity — in this case the toughness and patience of the Haitian people. I was fortunate that what I do as an orthopedic surgeon is what they needed, and that I got to go to Haiti so quickly and help that many people."

A Haitian mother is happy her child received care.

He continues to worry about medical care for the Haitian people. External fixators, for example, usually are removed after six to eight weeks. He wonders how patients will get back to a clinic or hospital to get that done. He also worries about the spread of disease in Haiti, the need for vaccines and other problems.

He's willing to go back if the opportunity arises. His experience, he said, "adjusted my world view of adversity and suffering — and what we have here with our medical care."

Q. & A.

The benefits of icing

Q. What are the therapeutic effects and benefits of icing?

A. Icing can help to decrease inflammation, swelling, pain and muscle spasm.

Q. When is it appropriate to use ice?

- After an acute injury (or one that has happened in the past 48 hours).
- After surgery (as recommended by surgeon).
- In chronic injuries to control persistent swelling, pain, inflammation and muscle spasm.
- After a sporting event or game to control the above symptoms. (For example, pitchers of all ages may ice a shoulder or elbow after a game.)

Q. What is the proper way to apply ice?

A. You may use either a commercial gel/cold pack (found in medical supply and drug stores), or homemade ice packs using crushed ice in plastic bags.

Place a thin towel or pillowcase between the ice/cold pack and the area of skin you are icing.

Leave the ice/cold pack in place for about 10 to 15 minutes and apply every three to four hours as needed to control your symptoms.

Answers by Shea Cooper, Physical Therapist

Young pitchers

Continued from back cover …

Here are a few more factors to consider from the American Sports Medicine Institute survey conclusions …

- A pitcher should be limited to two appearances per week.
- Participation in multiple leagues, playing other positions, and practice should be considered when defining and regulating rest.
- Improper technique is a major factor in injury potential.
- Conditioning of the throwing arm and entire body can reduce a young pitcher's risk of injury.
- While the number of pitches should be limited, the young athlete should be encouraged to throw. This includes playing catch, playing other positions besides pitcher and practicing pitching. When symptoms of arm discomfort or fatigue arise, longer periods of rest are recommended.

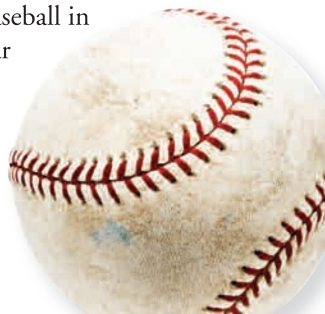
Keeping baseball safe for young pitchers

By David Pearce, M.D.

The question gets asked a lot this time of year: "How much can my child pitch?"

The real question is "How much can a little leaguer pitch and not injure his arm?" That is an arguable point, but one that has been answered many times by experts.

Initially, regulations for youth pitching were based on innings pitched. Anyone who has watched baseball in general and Little League in particular knows that innings are not the same for every pitcher or outing. Some innings are short; some are marathons.



It is widely accepted that pitch counts are a more accurate way to keep track of the "mileage" of a pitcher's arm. The American Sports Medicine Institute in the 1990s surveyed sports medicine experts and published guidelines based on the answers. The survey addressed rest, or the time between pitching outings; the types of pitches thrown; and the age of the pitcher. The charts illustrate the experts' consensus.

Following these guidelines may not prevent injuries to young arms, but not following them puts them at risk for overuse injuries. The question I ask parents frequently is "How often do you see great Little League pitchers become great big league pitchers?" It is all too common to see young arms not hold up to the rigors of overuse. Hopefully, if these guidelines are followed, we will see more good young pitchers continue on to be good young adult pitchers.

Continued inside …

Pitch Counts

Age	Max Pitches Per Game	Games Per Week
8-10	52	2
11-12	68	2
13-14	76	2
15-16	91	2
17-18	106	2

Recovery Time Needed Per Age & Number of Pitches

Age	1 Day Rest	2 Day's Rest	3 Day's Rest	4 Day's Rest
8-10	21 pitches	34	43	51
11-12	27	35	55	58
13-14	30	36	56	70
15-16	25	38	62	77
17-18	27	45	62	89

Appropriate Pitches by Age

Pitch	Age
Fastball	8-10
Change-Up	10-13
Curve Ball	14-16
Knuckle Ball	15-18
Slider	16-18
Fork Ball	16-18
Screw Ball	17-19

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Keeping You Active

The physicians at West Tennessee Bone & Joint Clinic, P.C. specialize in comprehensive orthopedic care. They diagnose and treat diseases and injuries of the bone, muscles, tendons, nerves and ligaments in adults and children. They are Board Certified in Orthopedic Surgery.

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