

CENTERPOINT

A PUBLICATION OF **THE OHIO ORTHOPEDIC CENTER OF EXCELLENCE FOUNDATION**

FALL 2011



IN THIS ISSUE: • Lessons from the Women's World Cup • The Science Behind Golf • Changing the Community, One Child at a Time • Springtime Stress Fractures • 2011 Golf Outing • Research Highlights • When is it time to have a total Hip or total Knee Replacement Surgery?

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Founded 2003, the Ohio Orthopedic Center of Excellence Foundation is an independent, tax-exempt IRS code 501(c)(3) charitable organization. The Foundation is independent from, but associated with the Ohio Orthopedic Center of Excellence and its institutes.

The primary goals of the Ohio Orthopedic Center of Excellence Foundation are:

- Research
- Education
- Outreach

Research is conducted through The Ohio Orthopedic Center of Excellence. The foundation hosts continuing education events throughout the year for physicians, physical therapists, and athletic trainers. Additionally, the foundation provides a variety of forums for community outreach and education including health and wellness series, injury prevention, clinics, newsletters, and active participation in community groups.

For more information or to make a donation, please contact Denise Berry at 614-827-1040 or visit us at www.ohio-ortho.com/foundation.html

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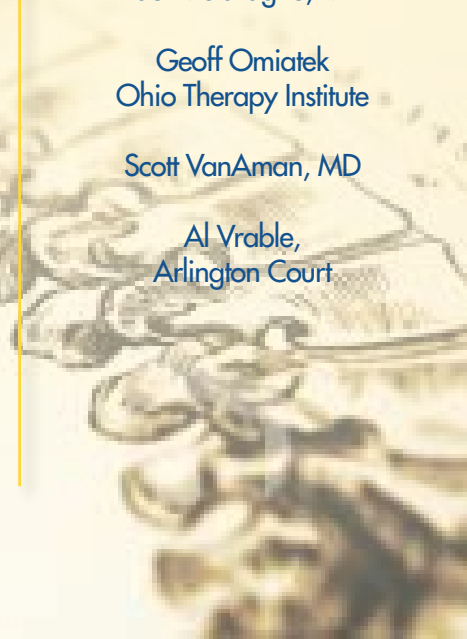
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Giving a Gift that **Makes a Difference**

By Denise Berry, Executive Director

Philanthropy ~ “The Love of Humanity.” Donating to the Ohio Orthopedic Center of Excellence Foundation is the ultimate expression of your love of humanity. With the holiday season fast approaching, now is the perfect time to consider a charitable donation.

Every donation matters ~ every dollar counts! It's the individual donors like you who can and do make a profound difference. Your tax-deductible donation will help fund our mission through these programs & projects:

- Orthopedic & Neurological Research Projects
- The Biggest Winner Youth Challenge Summer Program
- Community Orthopedic Education Series
- Sports Injury Prevention Seminars
- Biannual publication of Centerpoint Magazine
- Various Community Education/Outreach Programs

Become A Donor! Here's how:

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Legacy Planning is a valuable opportunity to invest in the shared vision and importance of orthopedic research and the overall principle of the OOCF Foundation mission. The purpose of legacy planning is to combine your philanthropic goals with your estate planning objectives and obtain both. When you leave a legacy gift, you will make a difference in the lives that follow. Please consult your legal and financial advisors before initiating a charitable gift arrangement. Legacy planning may include, but not limited to:

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The Ohio Orthopedic Center of Excellence Foundation recognizes one person can make a difference. You can make the difference! To donate, please call Denise Berry, Executive Director @ 614.827.1040 or mail donations to:

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Lessons From the Women's World Cup

By Peter H. Edwards, Jr., MD

State of the Art Treatment Can Accelerate Healing

A United States Women's National Team player sustained a high grade hamstring strain in Columbus three weeks prior to the date the final World Cup roster was to be named. With usual treatment, she was unlikely to recover in time to make the team. However, using platelets and plasma isolated from her own blood, the hamstring defect was injected and she had dramatic improvement and was subsequently named to the team. Cutting edge treatment such as platelet injections can truly accelerate the body's healing rate.

Just Because You Can Doesn't Mean You Should

A USA goalie who had major shoulder surgery returned to play in time to star in the World Cup. With the help of frequent treatments, she was able to perform despite her ongoing shoulder problems. At the international elite level, she was able to compete even though most people would have been unable to manage this. As sports orthopedists, we hear young athletes tell us that they want to "play through" the injury. Rarely is that appropriate at less than the most elite level. Young athletes don't understand the long term results of "playing through" an injury and it is the job of the physician and parents to guide them to a decision. Just because you can "play through" an injury doesn't mean you should.



Peter H. Edwards, Jr., MD

"Young athletes don't understand the long term results of 'playing through' an injury..."

These examples illustrate the dichotomy of sports medicine. In some cases speeding up recovery allows players to fulfill their dreams and in others we need to slow down return-to-sports to protect from further injury. In the excitement of last summer's World Cup, both sides of our experience were required while the USA women were in Columbus.



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The Science Behind Golf

By Kyle Anderson, AT, CSCS, TPI-MP2

It used to be that professional and amateur golfers alike thought playing multiple rounds a day, hitting hundreds of balls on the driving range, and taking golf lessons would improve their performance. But since Tiger Woods burst onto the scene at the 1997 Masters Tournament shooting an unimaginable eighteen under par, he has left everyone else trying to catch up. With near perfect swings and top of the line equipment, tour professionals have turned to improving the only thing they have left, their bodies.

In the late 1990's and early 2000's, a chiropractor by the name of Greg Rose began exploring how the body and its limitations affect golf performance. Using 3D biomechanics and a golf specific functional movement screen, Dr. Rose began working with amateur and professional golfers to improve both accuracy and distance by eliminating their physical limitations. Dr. Rose was having so much success he created "Advantage Golf", which later became "Club-golf". As word of his success spread, Titleist came to him with a proposal to create a golf specific fitness academy. Today, Dr. Rose is co-founder of Titleist Performance Institute (TPI), along with top rated golf teaching professional Dave Phillips.

Titleist Performance Institute is now the premier leader in all things golf fitness related. Since forming TPI, they have recruited the top experts from all areas including: medicine,



Kyle Anderson

Golf fitness programs are not just meant for professional golfers and teaching professionals, amateurs may benefit as much if not more.

nutrition, biomechanics, fitness, junior performance, golf, and education. By recruiting the best in each profession, TPI has been able to stay at the forefront of golf fitness. Titleist Performance Institute now offers seminars where golf, medical, and fitness professionals can become TPI certified golf fitness professionals. All professionals go through the same level one fitness seminar. After level one, each professional can attain a level 2 and 3 certification in their designated areas. Level 2 and 3 areas include: junior development, medical, fitness, golf professional, and biomechanics.

Golf fitness programs are not just meant for professional golfers and teaching professionals, amateurs may benefit as much if not more. Not only are they a great way to prevent injury, golf fitness programs have been shown to increase distance and accuracy by improving mobility, core stability, and muscular strength and endurance.

Here at the Ohio Orthopedic Center of Excellence, our Championship Golf Performance program allows our patients, staff, and the surrounding community to get the TPI experience on a smaller scale.



Each participant's swing will be analyzed from a face-on and down-the-line views using Dartfish motion analysis software. The golf fitness instructor will use Dartfish to break down the participant's swing frame by frame and allows them to draw lines in the video. By slowing the video down and drawing lines, the participant will be able to see their swing faults. Also, each participant will be physically evaluated using a golf specific functional movement screen. The screen will look at the participant from head to toe and assess posture, mobility, stability, and strength. Based on the results, each person will be given a home exercise program specifically tailored to his or her needs to address any physical limitations and swing faults.

All the analyses will be conducted by Kyle Anderson who is TPI level 1 fitness and TPI level 2 medical certified. He is also a certified athletic trainer and certified strength and conditioning specialist through the National Strength & Conditioning Association. Prior to working at the Ohio Orthopedic Center of Excellence, he worked at "Clubgolf" in the Washington, DC metro area as a master golf fitness instructor. There, he performed 3D and functional movement evaluations, taught classes, conducted seminars, and worked hand in hand with some of the top golf instructors.

For more information on Ohio Therapy Institute golf fitness program, please contact The Ohio Therapy Institute at 614-827-8700.



4th Annual Chilly Bones 5K Classic & Arthritis Awareness Health Fair

Saturday, October 22, At 10:00 AM

For More Information Contact:

Denise Berry at 614.827.1040 or
dberry@ohio-ortho.com

Visit Ohio-Ortho.com



Attention Ooce Patients! Special Offer Only for You!

Are you a past or present patient of Ohio Orthopedic Center of Excellence who would like to celebrate your health by walking or running in our annual "Chilly Bones 5K Classic"? We would like to help you by offering a discounted admission to the event along with a special "OOCE Victory" shirt to show off your success!

To receive this promotion: Visit <http://www.premierraces.com/2011races/chillybones5k.html> and register for the Chilly Bones 5K. Enter the promo code: "OOCE" and receive \$5.00 off your race registration AND a special "OOCE Victory" shirt the day of the race!

Terms and Conditions:

The first 50 people to register with the code "OOCE" will receive \$5 off the normal registration price and also receive a special Ooce Shirt. Registrations must be received by Friday October 7th in order to use the code and receive the discount and shirt. ONLY the first 50 people to use this code will receive the discount and the shirt.

For more information, please contact Darcy Blessing at 614-827-8672 or email to dblessing@ohio-ortho.com



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The Long Term Use of Fosamax & the Risk of Thigh Fractures

By James Latshaw, MD

In The 1990's a new class of medications to treat osteoporosis was brought to the market with the introduction of Fosamax. Fosamax is in the class of medications called bisphosphonates that treat osteoporosis by slowing down the breakdown of bone. By all accounts they have been remarkably successful at decreasing the incidence of fractures. Specifically, treatment of osteoporosis with bisphosphonates demonstrates a 70% decrease in vertebral compression fractures, a 40% decrease in hip fractures and a 25% decrease in all non-vertebral fractures. With the ageing of the population, these numbers are and will be significant.

Over the past decade, the orthopaedic surgery community has recognized that an unusual fracture of the femur (thigh bone) was becoming more common. This fracture occurs in the top 1/3 of the femur in an area of bone that is very strong. Fractures in this region of the bone are typically associated with high energy mechanisms like car accidents and falls from height. What made these fractures interesting is that they were happening with very low energy mechanisms like falls from standing height or simply twisting. As these fractures began to show up more and more, an association between bisphosphonate use and these atypical fractures (specifically atypical subtrochanteric femur fractures) was seen. The theory was that long term use of bisphosphonates (greater than 5 years) can increase the brittleness of bones by blocking the body's capability of remodeling bone.

As these reports became more frequent (I have personally treated at least 6 of these atypical fractures), the manufacturing companies began to look over their data looking for these particular fractures. A large study published in the prestigious New England Journal of Medicine (and spon-



James Latshaw, MD

The orthopaedic surgery community has recognized that an unusual fracture of the femur was becoming more common.

sored by Merck, who manufactures Fosamax) demonstrated no increased risk of these atypical fractures in people taking Fosamax. The criticism of this article stems from the fact that most of the patients were taking Fosamax for less than 5 years. More recently, an independent study of 205,000 women in Ontario, Canada who were taking Fosamax produced some interesting results.

First and foremost, continued use of bisphosphonates significantly decreased the rate of "typical" hip fractures (the kind that we as orthopaedic surgeons treat most often).

Second, the risk of a typical femur fractures increases only in patients taking bisphosphonates for greater than 5 years. The data suggests that in the between years 5 and 7 of bisphosphonate use, 1 in 500 women (0.2%) will suffer an atypical fracture (for comparison, elderly women with osteoporosis have an 8% chance of having a typical hip fracture in the same time frame).

Third, because these atypical fractures are so uncommon and the decrease in typical fractures is so substantial, the balance of the risks and benefits of bisphosphonates favors their use in general.

Several general conclusions can be drawn from the current data that we possess. First, bisphosphonates reduce the risk of fractures. Second, after 5 years of use, a small number of patients will experience atypical femur fractures. The good news is that nearly all of those patients will have symptoms of thigh pain before the fracture occurs.

Therefore it is imperative to investigate, with x-rays, thigh pain in patients who are taking bisphosphonates for more than 5 years. Finally, because so much good comes from using bisphosphonates, patients taking them should not stop without first discussing with her physician the risks and benefits of continued use so that an individualized decision can be made.

Case example: A 62 year old female who had been taking fosamax for a number of years presented to the office complaining of hip and thigh pain. X-rays taken at that time showed evidence of weakened bone in the area of atypical femur fractures (figure 1). Six months later she came to the emergency room after experiencing a “pop” that caused her to fall. She was diagnosed with an atypical femur fracture (figure 2). She underwent surgery to fix the fracture and it healed uneventfully (figure 3).

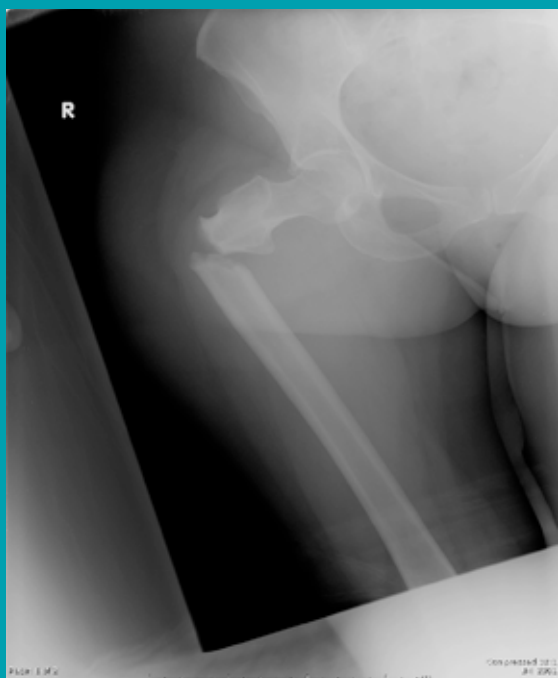


Figure 2: Atypical subtrochanteric femur fracture



Figure 1: Early signs of impending atypical femur fracture.



Figure 3: Healed fracture after surgery

Changing Our Community, One Child at a Time...

By Darcy Blessing

Biggest Winner Youth Challenge 2011 Recap

Summer 2011 signified the third year for the Ohio Orthopedic Center of Excellence Foundation summer program entitled "Biggest Winner Youth Challenge", the signature outreach event for the 501 (c) 3 nonprofit whose main objective is to bring an interactive program of fitness and nutrition to local area youth and join in the fight against Juvenile Obesity and Injury Prevention.

The program came from humble beginnings as an idea for the physicians and staff of Ohio Orthopedic Center of Excellence to reach out into the community, utilizing their knowledge and expertise to spread a message of health and wellness to community youth. At first, the summer program included a total of ten local youth and ran for six weeks in the summer. The free program provided one on one instruction in areas of fitness, injury prevention and nutrition and was offered to a select group of youth who via a hand written application demonstrated why they wanted to be a part of that program.

Upon being selected, the youth would meet twice a week for 6 weeks in a local park system and work with physical therapist, athletic trainers, and nutritionists. Pre and post testing were done to measure fitness and nutritional improvements. By summer end, it was clear that the program was beneficial to the participants as proven by their posi-



tive outcomes; however the Ohio Orthopedic Center of Excellence Foundation desired a way to reach even more youth in an even more meaningful way.

Two years later, a synergistic partnership with the City of Columbus Recreation and Parks Department has enabled Ohio Orthopedic Center of Excellence Foundation to

grow The Biggest Winner Youth Challenge. Today, the program includes SIXTY FIVE youth (ages 6-14) and includes a focused and intense but creative and fun curriculum of fitness, nutrition, self esteem and team building.

The Biggest Winner Youth Challenge now functions as a supplemental and integral part of the City of Columbus "School's Out" program; a summer day camp intended to provide affordable day care during the times when Columbus Public Schools were not in session. The "Schools Out" program started in 1990 with support from City Council. Parents are charged \$25 per week, per child and include breakfast, lunches

and snacks, made possible through the Summer Food Program, which is also a federally funded program. Program Director Cynthia Lee adds, "We started out with 35 children per site, and families were chosen by lottery. We had a waiting list of over 200 families, and the following year, we began taking 50 children per site. We now take 60-65 children per site, and registration is on a



first come, first served basis. All sites typically fill up each year with about 20-25 people on the waiting lists for each site. With more funding, we could operate 7 sites again that would easily fill up. Even at the low price point, it is difficult for many parents to pay for multiple children in the program. Ohio Orthopedic Center of Excellence Foundation's "The Biggest Winner Youth" program has helped to alleviate the dropout rate by sponsoring families in need."

Cynthia Lee explains "Our theme from the onset has been fitness for children. Many children nowadays do not get the exercise and nutrition necessary to sustain healthy lifestyles. We now have children who lose 10-20 lbs. each summer because of the increase in their activity level. "The Biggest Winner Youth" Program has substantially boosted the children's interests in being fit and the added component of Local Matters and nutrition program has helped to educate them on eating properly."

Today, the Biggest Winner Youth Challenge is a 9 week curriculum centered around 4 keystone learning objectives: Fitness, Nutrition, Self Esteem and Team Building and serves the City of Columbus "Schools Out" program exclusively. The program includes qualified staff of physical therapists, athletic trainers, and certified strength and conditioning coaches. This year, a new partnership with Local Matters, Inc., another 501 (c) 3 nonprofit, has provided a fun and interactive nutritional curriculum based around whole foods. The kids get to learn how to identify and prepare healthy food options, and even get to cook and assist in food preparations. Feature guests that attend the summer camp include OSU football players, Columbus Crew, local Olympic Hopeful Wrestlers from Ohio Regional Training Center, and many many more.

The Ohio Orthopedic Center of Excellence Foundation believes passionately that this program is making a positive difference in the lives of many youth in our city and has big plans for the future. Partnerships and support from organizations such as Anthem, Orthovisc, Local Matters, Ohio Therapy Institute, and more have made it possible to get the program where it is now. The OOCCE Foundation would like to continue this mission by making the program available at all four "Schools Out" sites in the City, planting community gardens, and including program components for the entire family as well. This will only be possible through increased fundraising and more partnerships.

If you are interested in volunteering or making a donation, please contact our foundation office at 614-827-1040.



2011 Golf Classic

with the Ohio Orthopedic Center of Excellence Foundation

The Ohio Orthopedic Center of Excellence Foundation's 4th annual Golf Classic turned out to be the best yet. With 160 golfers and nearly 200 dinner guests, the day turned out to be a bustling beautiful day of golf and fun! The annual fundraiser is the OOOE Foundation's largest fundraising event of the year and was developed specifically to raise money and awareness surrounding the Foundation's signature community outreach program: The Biggest Winner Youth Challenge.

This year, two special guests from the Biggest Winner Youth Challenge joined the event as featured guests during the dinner program. Tyree Gilchrest-Draston and Denise Jennings are two of the approximately sixty five youth that took part in the 8 week summer outreach program focused on fitness, nutrition, self esteem and team building. Both youth spoke inspirationally about learning how to make better nutritional choices and how to push yourself to stay fit and have fun doing it. They expressed gratitude for the program and talked about why being an example and leader among their peers is so important.

Greg Frye, Ohio State Buckeye Football alumni also took part in the evening as the auctioneer and helped to excite the audience and ultimately raise money to support the growth of this important program.

All told, the Foundation raised over \$107,000 an approximate six percent increase from the year prior. Of course none of that would have been possible without the tremendous support of the Foundation Board, Corporate Sponsors and over 40 volunteers.

The OOOE Foundation is so appreciative of ALL the generous support and what it means to The Biggest Winner Youth Challenge program.

THANK YOU!

SAVE THE DATE!

*5TH ANNUAL OOOE FOUNDATION
GOLF CLASSIC
JULY 30TH, 2012
MEDALLION COUNTRY CLUB*



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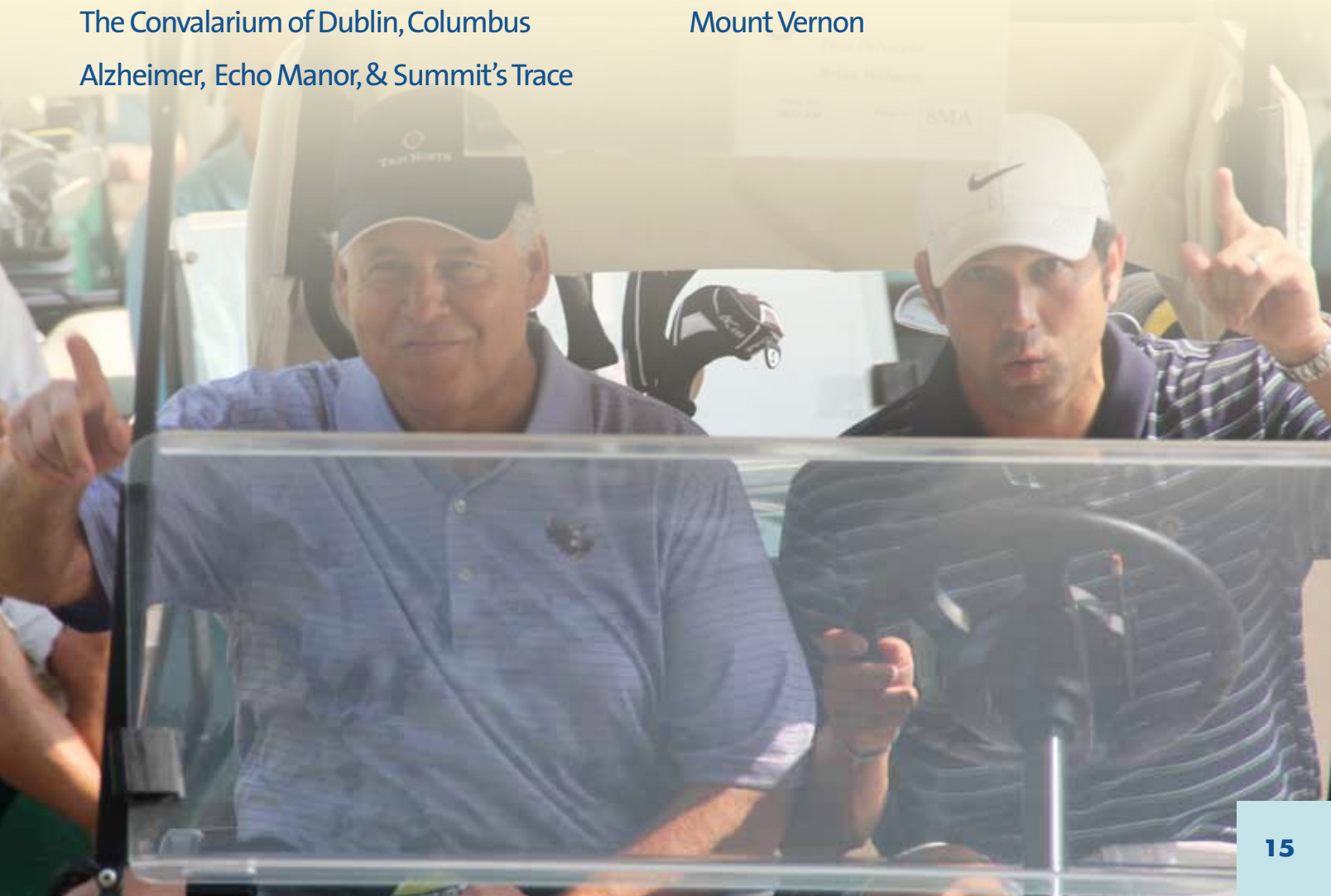
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Research Happenings

at the Ohio Orthopedic Center of Excellence

By Lindsay Arnott BS, CCRC

If we knew what it was we were doing, it would not be called research, would it?

- Albert Einstein

As the weather begins to cool and the leaves begin to fall reflecting back on this year in the research division is nothing short of captivating! With various projects coming to an end and more waiting to fulfill the answers to questions we have been waiting years to find.

The Ohio Orthopedic Center of Excellence Research Division believes it is our responsibility to care for and to learn from every patient so that our care for the next patient will be improved.

We will promote an environment where patient, family, researcher and clinician work together to ensure that our patients are provided the latest advances in medical knowledge, interventions and therapies to improve their health now and in the future.

Some of our accomplishments this year include having 6 industry sponsored studies, 2 physician initiated industry funded studies, 14 ongoing physician prospective and retrospective studies, 11 journal publications and 1 book chapter publication.

For a complete list of these studies and how you can get more information please feel free to contact me at larnott@ohio-ortho.com or by visiting our research tab on our website at www.ohio-ortho.com.



1st Prize Poster Presentation, Heritage Research Conference 2011, OhioHealth Ng VY, **Arnott L**, McShane M

Ng VY, **Arnott L**, McShane M. Repair of intraoperative and acute postoperative patellar tendon injury associated with total knee arthroplasty. OhioHealth Research Day, June 2011.

Ng VY, **Arnott L**, McShane M. Perspectives in managing an implant recall: revision of 90 Durom Metasul[®] acetabular components. *J Bone Joint Surg Am* 93(17): e1001-5.

Ng VY, McShane MA. Letter to the Editor for Are acetabular component alignment guides for total hip arthroplasty accurate? Accepted to *J Arthroplasty*.

Ng VY, **Arnott L**, McShane M. Repair of intraoperative and acute postoperative patellar tendon injury associated with total knee arthroplasty. *Tech Knee Surg* 2011; 10(3):154-8

Ng VY, **Arnott L**, McShane M. Periprosthetic femoral condyle fracture after total knee arthroplasty and saline-coupled bipolar sealing technology. *Orthopedics* 2011; 34(1)

Ng VY, McShane MA. Understanding acetabular cup orientation: the importance of convention and defining the safe zone. Accepted to *Hip International*

Ng VY, **Arnott L**, McShane MA. Response to Drs Scuderi and Tria, in Letters to the Editor. Periprosthetic femoral condyle fracture after total knee arthroplasty and saline-coupled bipolar sealing technology. *Orthopedics* 2011; 34(8):572

Ng VY, McShane MA. Patient-specific knee instrumentation. eMedicine. Available at <http://emedicine.medscape.com/article/1995729-overview> Updated Aug 5, 2011

Ng VY, McShane MA. Surgical technique for Patient-Specific Instrumentation. *Improving Accuracy in Knee Arthroplasty* Editor: Emmanuel Thienpont. Submitted to editor.

Ng VY, **Arnott L**, Reader D, McShane M. Clinical outcomes and computed tomography assessment of total knee arthroplasty postoperative accuracy for Zimmer[®] Patient Specific Instrumentation compared to conventional instrumentation. Industry funded for \$100,000 and approved by IRB. In progress.

Ng VY, McShane MA. Repair of intra-operative and acute postoperative patellar tendon injury associated with total knee arthroplasty. 2011. <http://www.vumedi.com/node/150145>

Ng VY, Lustenberger D, **Arnott L**, McShane MA, Unverferth LJ, Wolfe JS. Radiographic coronal alignment of TKA: a comparison study of custom vs conventional instrumentation. IRB exemption granted. In progress.

Edwards PE, Orthopedic Research and Reporting, **Arnott L**. The Use of Teriparatide as an Adjunctive Therapy for the Treatment of Jones Fractures. IRB acceptance granted. In Progress

Fitz, W, DiTraglia D, Nicholson L, **Arnott L**. Hyperbaric Oxygen Therapy for the Treatment of Degenerative Disc Disease of the Spine: A Pilot Study. IRB acceptance granted. Project Completed. Publication Pending

Van Aman SE, **Arnott L**. Locked Plating System vs. Standard Fixation of Ankle Fractures in Geriatric patients and patients with diagnosed Type 1 or Type 2 Diabetes: A prospective study. IRB acceptance granted. In Progress
\$98,750 industry funded Smith & Nephew.

Melaragno P, Unverferth K, **Arnott L**. A Phase 2 Randomized Study to Investigate the Efficacy and Safety of LY2495655 Versus Placebo in Older Patients Undergoing Elective Total Hip Arthroplasty (eTHA). IRB acceptance granted. In Progress. Industry Funded by Eli Lilly & Co.

Mileti J, Van Aman SE, Latshaw J, Van Steyn M, Van Steyn S, **Arnott L**. "Comparison of the Effects of Teriparatide with those of Risedronate on Lumbar Spine Bone Mineral Density in Men and Postmenopausal Women with Low Bone Mass and a Recent Pertrochanteric Hip Fracture". IRB acceptance granted. In Progress. Industry Funded by Eli Lilly & Co.

Van Aman SE, **Arnott L**. "A Radiographic and Clinical Study Evaluating a Novel Allogeneic, Cancellous, Bone Matrix Containing Viable Stem and Osteoprogenitor Cells (Trinity[®] Evolution[™] Viable Cryopreserved Cellular Bone Matrix) in Subjects Undergoing Foot and Ankle Fusions". IRB acceptance granted. In Progress. Industry Funded by Orthofix Inc.

Sports Medicine Physician Spotlight

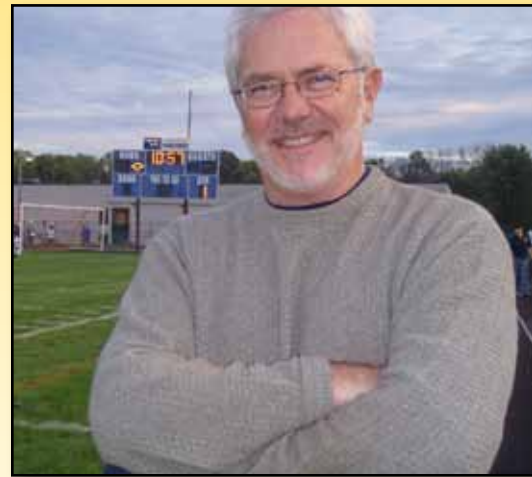
By Darcy Blessing

If you drive around the city of Columbus on the average fall Friday night, you'll be hard pressed to go far without feeling it in the air, or hearing it all around you: Football Friday Nights. The sounds of the bands, the chants from the cheerleaders, the roar of the fans, the whistles from the referees, the grunts from the players, and always, the anticipatory element of danger.

Central Ohio lights up on Friday nights with fans showing up in droves, often driving long distances to see their favorite teams take the field and to cheer them on. Football fans love good competition and stay on the edge of their seats for the next score. Unfortunately in some cases, there are times when a player goes down and stays down. It is in those moments, when the cheering stops, the players take a knee and the crowd waits with anticipation while help runs onto the field.

In a perfect scenario, every high school stadium is equipped with medical professionals and equipment for such scenarios, but at times, this is not the case. Gone are the days where every high school comes equipped with a local emergency squad on site. Gone are the days where every high school can afford its own full time trainer or even the guarantee that one of the town docs will be there as a volunteer to sideline the game in case of injury. Those days, for many urban schools like Columbus Public Schools, are simply gone. Budget cuts and staffing shortages unfortunately can leave the student athletes without this important level of care on a consistent basis, particularly in comparison to the suburban school systems.

Fortunately, for some local schools, physicians like Dr. David Robie have not lost their passion or commitment for providing that care and they continue to do so, free of charge, simply because as Dr. Robie says "It's the right thing to do". For almost 20 years now, Dr. David Robie,



David Robie, MD

orthopedic surgeon at The Ohio Orthopedic Center of Excellence, can be found every Friday night during football season on the sidelines of Whetstone High School's football field. Says Dr. Robie, "I enjoy being on the field as a contrast to my orthopedic practice. If you stay in the office for too long, you lose perspective and empathy for what happens with the players, athletic trainers, parents, and coaches on the field. By being right there with them, in the moment, I enjoy a better understanding of sports injuries and their mechanisms, but also am reminded of the complex interplay of everyone involved, with their own unique perspectives." He also adds that being a part of this city demographic provides him a more "balanced view", one that he grew up with as a youngster in a similar high school, and one he appreciates being a part of now as an adult and a medical professional.

Some suburban schools may have multiple doctors and trainers covering their games every night...schools with more community presence or prestige. But, as Dr. Robie explains, "It is nice to be able to fill such an obvious need where we are, and put to use some of my training and experience. It would be also nice to have more resources in doing this, but we do what we can." He adds, "our practice, the Ohio Orthopedic Center of Excellence, supports this endeavor by donating durable goods such as braces, and donating the services of athletic trainers when there simply is no one else to help cover the Whetstone sideline."

Dr. Robie attributes the beginnings of this practice of providing medical coverage for games at Whetstone and Centennial high schools to Dr. Edward Bope. Dr. Bope is the former head of Riverside Family Practice and was in charge of the family practice residency program at Riverside Methodist Hospital. As part of the residency program, Dr. Bope organized the opportunity for residents to cover games as both an educational opportunity for residents with an interest in sports medicine, as well as to provide needed medical coverage for the athletes. Many local sports medicine physicians can trace the beginning of their sports experience back to being a part of Dr. Bope's residency, and Whetstone team coverage. Dr. Doug D'Orio, Dr. Darrin Bright, and Dr. Jason Diehl are just three among the dozens of residents that Dr. Robie recalls covering games with over the years.

When asked what was most gratifying about the experience, Dr. Robie explains that "it's nice to see kids who try really hard, give all they've got, and are genuinely appreciative of you being there...it's really pleasant to see that." As is the case with most schools in the Columbus Public School System, Whetstone shares one full time trainer with 2 other high schools. Doug Baker, AT is charged with covering all athletics for 3 different schools. The home school for football has the responsibility to have a physician on site during the game, although Dr. Robie covers the Whetstone "away" games as well. The athletic trainer usually covers both sidelines, for both teams, which can lead to a busy night. So in addition to being the physician on site in case of serious injury, Dr. Robie must also be ready for typical athletic training needs such as concussion assessment, first aid treatment, taping, and other duties that normally fall to a certified athletic trainer.

Dr. Robie points out that the lack of a full time trainer leaves a potential gap in the continuity of care for some athletes, and he does worry about the risk of serious injuries. He adds, "It would be nice for these schools to have the benefit of their own full time trainer...not only to provide game coverage for each sideline, but also to be a part of important injury prevention training, practice and scrimmage coverage for all sports, and for continuity of care for injured players during the week when they are rehabilitating."

Dr. Robie also points out that this service is not intended nor is it a source of referrals for his practice. Rather, it is simply: a community service. It is also an opportunity for camaraderie with other team physicians, many of whom perform similar services at other schools such as Dr. Steven Markovich at Centennial and Dr. Kelley Clem at Thomas Worthington, along with athletic trainers and medical residents... a relationship and collegiality builder that evolves as they get together over wings or nachos after Friday night football games to swap stories and share thoughts. Says Dr. Robie, "It's good to know other health care professionals in the city and share information...it's good for everyone involved."



When Is It Time To Have A Total Hip or Total Knee Replacement Surgery

By Dr. Michael McShane, MD

Total hip and total knee replacement surgery are by far one of the most successful operations we have to offer in all of orthopedics as well as in medicine. The results are about 98% improvement in your pain and quality of life, hoping to last up to 20 to 30 years. Surgical technique has been refined in the last 20 to 30 years as well as improvement in the quality of implants making them last longer and function better. The number one goal of surgery is to improve your pain. The secondary goal is to improve your function.

Pain is a subjective component of arthritis that we all experience in a different way. Pain can prevent you from sleeping at night, walking, or participating in your daily routine. Pain also can significantly affect your personal relationships and prevent you from being the person you really want to be.

The secondary reason for having a surgery is to improve your function. The function that we all partake in on a daily basis is different for each and every one of us and because of this it needs to be individualized and personalized. Just imagine if you have improvement in your pain, then all of a sudden you are more willing to participate in all of your activities of daily living without any limitations. The improvement in pain and function can affect your ability to work, sleep, remain independent in your own home, and allow you to socialize without limitations. Secondary gain would be to keep you out of becoming more and more dependent on your friends and family and hopefully keep you out of extended care facilities such as a nursing home.



Michael McShane, MD

The time to have a total hip or total knee replacement is when you no longer wish to live with the discomfort and the decreased function has affected your lifestyle. The other thing that needs to be tried prior to any surgical intervention is learning how to cope with your arthritis using non-operative modalities. Things that have been proven to help are a daily exercise program, weight reduction, various combination of non-narcotic pain medicines such as non-steroidals and/or Tylenol. A series of injections are always an option such as cortisone or viscosupplementation (Orthovisc and Synvisc). These non-operative modalities including the injections do not necessarily cure your arthritis but will help you continue to cope with your arthritis. The form of exercise that is best to participate in is low to no impact exercises such as elliptical machine, stationary bike, walking on a well cushioned track with cushioning shoes, and/or things such as yoga and meditation.

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