

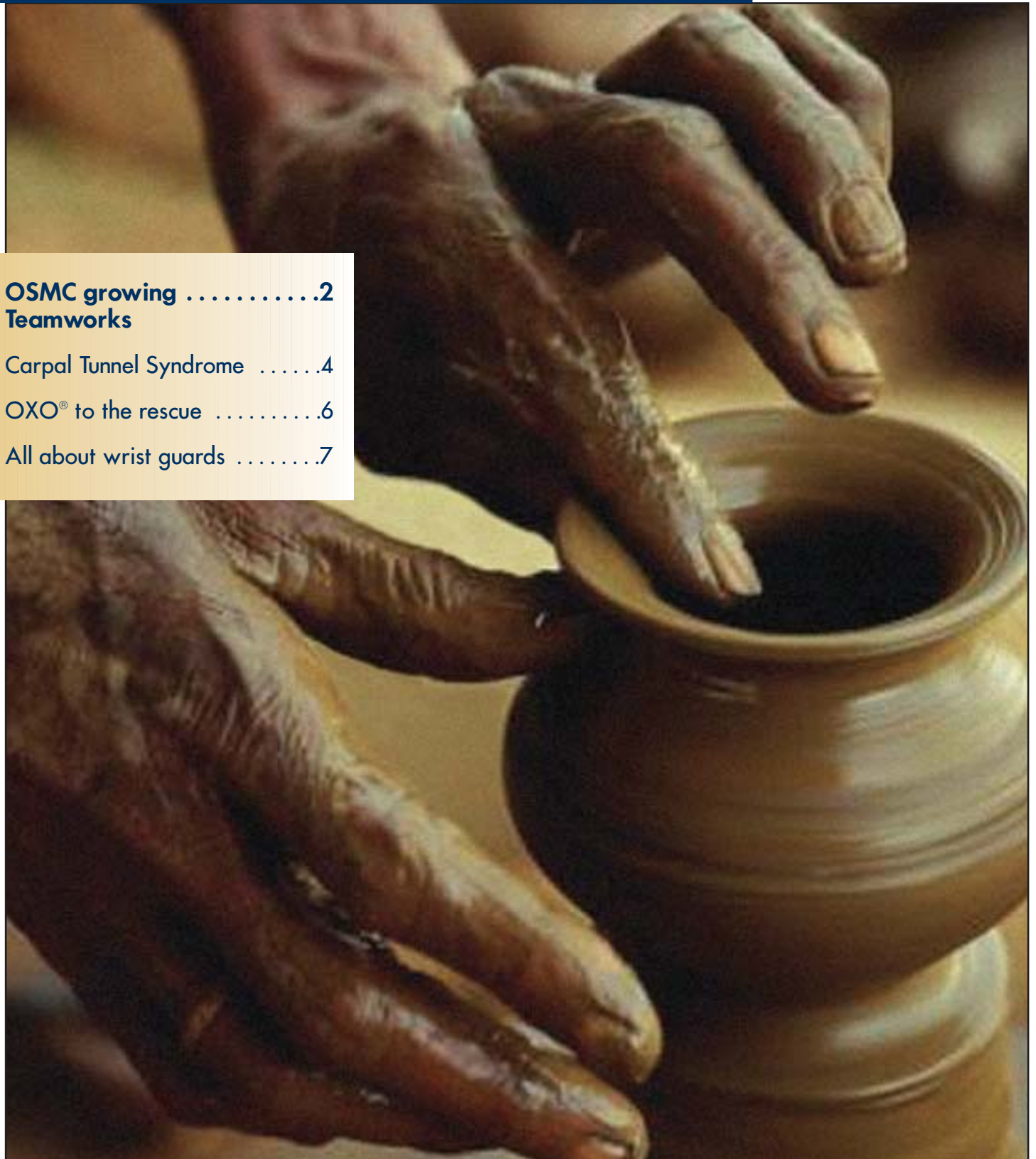
renew™



Michiana's **Leading** Center
for **Orthopedic Care**

2003 • ISSUE 1

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OSMC growing

Visitors to Michiana's leading center for orthopedic care have noticed some significant construction in recent months. OSMC has undertaken a major expansion and renovation of its facility.

The "new OSMC" was completed this summer and includes a new waiting room, a pain management suite, an expanded surgery center, a new MRI center and additional space for administrative staff.

"These changes have been on the drawing board for three years, and they are designed to build on the quality, convenient service we have always sought to provide our patients," said Craig W. Erekson, M.D., president of OSMC. "The result is a whole new level of orthopedic care, all under one roof."

Walking in, patients will immediately appreciate

the new bright and comfortable waiting room that is redesigned with a separate area for confidential patient/staff discussions.

Patients will also find the pre- and post-op areas of the surgical center expanded to allow OSMC staff to serve patients with greater ease and flexibility while also making room for new medical equipment. In addition, the OSMC pain management center can more efficiently serve patients through its own dedicated suite, consisting of a waiting room, examination room

and procedure room. Administrative offices were also expanded to give the staff more room to handle the paperwork and other administrative tasks required to serve OSMC's expanding client base.

And then there is the new MRI center. It allows patients convenient access to MRI without leaving the building.

OSMC's improvements won't all be in terms of bricks and mortar, either, says Erekson. "We've added a spine surgeon and a hand surgeon to the staff – two specialties where our present staff is very busy. The additional



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TO PHYSICAL THERAPY IN ANOTHER,
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UNDER ONE ROOF."

— CRAIG W. EREKSON, M.D.

surgeons ensure that we can respond to patient needs in a timely fashion.”

“The whole staff is very excited about the way these changes extend our capabilities,” says Erekson. “We can handle more patients with a more responsive and comprehensive level of care.

From MRIs in one area to physical therapy in another, we are truly able to provide the best of care under one roof.”

This is an artist’s rendering of the expanded OSMC. The facility is designed to provide better access and privacy to patients.



Jolly good fellows

You may have heard it before – that a doctor is fellowship trained. But, what does that mean for you?

At The Hand Institute at OSMC, where all three doctors are fellowship trained, it means you can rest assured the physicians have the skill and expertise to provide the best orthopedic hand care possible.

Every Hand Institute doctor received four years of medical school training, followed by a five-year orthopedic residency. This is followed by fellowship training in the physician’s chosen subspecialty, in this case hand surgery. Fellowship

training is like spending an additional year in residency.

Peter Tang, M.D., Robert Ellis, M.D., and David Cutcliffe, M.D., are the physicians who provide this care. Tang is the newest addition to the staff, joining OSMC in 2002. The addition of Tang to the staff reflects the growing caseload at The Hand Institute.

By combining excellence in both hand surgery and therapy, The Hand Institute provides the comprehensive care needed to help your hands regain their wondrous capabilities. Care extends to the wrists, elbows and shoulders.



Tang



Ellis



Cutcliffe

This is a feature about the benefits of teamwork in medical care. At OSMC, a patient's treatment may require the expertise of several different specialists. In each issue of **Renew**, Teamworks will take a particular problem and explain, in the words of the doctors and therapists, how each professional approaches it. We hope this will give you a good understanding of how the professionals at OSMC operate as a team.

Peter Tang, M.D.,
orthopedic surgeon at
The Hand Institute:

I began with a complete assessment. I asked him about his symptoms; how long they have been bothering him; were they getting better or worse; and what activities helped or hurt. This certainly sounded like carpal tunnel syndrome. I ordered an X-ray to confirm the diagnosis.

Sometimes early treatment such as exercises of the hand and wrist can improve the symptoms. Also, alternating his tasks at work can help. I sent John to our hand therapy department for treatment.



Amy Bosela, certified hand therapist and registered occupational therapist:

We started by discussing John's job situation. I wanted to know if he was doing something incorrectly. It's my job to problem-solve his job.

I gave him an anti-vibratory glove that has special padding in the palm of the hand. This absorbs some of the vibration from the nail gun. I also provided a wrist splint for him to wear at night. The splint keeps the wrist in a neutral position and takes pressure off the nerve.



SYMPTOMS

JOHN, 32, WORKS IN A MANUFACTURED HOUSING PLANT, MANNING A NAIL GUN. FOR SIX MONTHS, JOHN HAS COMPLAINED THAT NUMBNESS AND TINGLING IN HIS RIGHT HAND WAKES HIM AT NIGHT. THE SENSATIONS OCCUR IN THE INDEX AND MIDDLE FINGERS. HE ALSO IS EXPERIENCING A WEAKER GRIP AND OCCASIONAL CLUMSINESS IN HIS RIGHT HAND. IF HE DRIVES FOR ANY LENGTH OF TIME, HE BEGINS TO FEEL THE NUMBNESS IN HIS FINGERS.

DIAGNOSIS:

CARPAL TUNNEL SYNDROME.

I taught him tendon glide exercises and median nerve glide exercises to help break up some of the scar tissue in the carpal tunnel. After about three weeks of therapy, I sent John back to Dr. Tang for a reassessment.

Tang: I monitored John's progress in hand therapy and prescribed an anti-inflammatory medication to help his progress. Amy also administered electrical

stimulation treatments that can decrease inflammation and increase blood flow to the area. **Bosela:** If these treatments had relieved his symptoms, we would have begun a program to strengthen his hand and wrist. Dr. Tang also considered giving John a cortisone injection.

But, John's symptoms did not seem to be decreasing. So, Dr. Tang wanted Dr. Szynal to perform an EMG or nerve conductivity test on John.

Joan Szynal, M.D., a physiatrist specializing in physical medicine and rehabilitation:

With the EMG, I evaluated the nerves and muscles in John's wrist and arm. This told us that John's problem was in the carpal tunnel in the wrist and not the result of a pinched nerve in his neck. This gave Dr. Tang the information



he needed to decide that surgery was the way to proceed.

Tang: In moderate to severe cases, we have to think about surgery. It's been shown that surgery can give very good results.

Usually after surgery, we protect a patient's wrist for two weeks and then send him back to the hand therapist to work on his motion and strength. In the majority of cases, the pain, numbness and tingling are relieved with the surgery. John's prognosis is very good.



Let's give the hand a hand

Try a little experiment.

Take a moment and wiggle your fingers.

Now, flex your arm and make a muscle. Notice anything different?

When you flex your arm, your bicep bulges. When you wiggle your fingers, nothing in your fingers bulge.

The reason: you do not have muscles in your fingers. The muscles that operate your fingers are located in the palm of your hand and in the forearm. Tendons stretch from the muscles to the finger bones, making the fingers a lot like little marionettes.

And, the muscles that control the fingers and thumb are incredibly strong. Think about the amount of force you need to open a jar of pickles. Think about those rock climbers who sometimes climb only with their hands. The muscles controlling hand motion are also incredibly complex. For instance, nine different muscles are necessary for the thumb to move the way it does.

HAND SURGERY

Hand surgery was not a recognized specialty until World War II when U.S. Army Surgeon General Norman Kirk arranged to treat military hand injuries at regional specialty centers. Dr. Sterling Bunnell, a civilian surgeon who had

written a book about the hand, was given the task of supervising and training a group of hand surgery specialists.

LOVE THOSE DIMPLES

The wrinkles on the back of the finger knuckles are actually dimples. If the finger stopped moving, these dimples would eventually flatten out.

ARTHRITIS

Almost 90 percent of women and 80 percent of men in their late 70s exhibit traits of osteoarthritis in their hands.

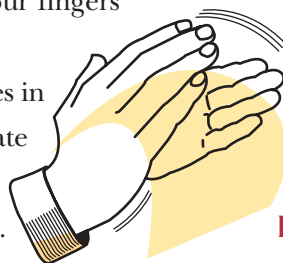
FINGERNAILS

- Structurally, fingernails are modified hairs.
- Your fingernails grow continuously.
- Fingernails are believed to grow faster in summer than in winter.
- The thumb has the fastest growing nail; the little finger, the slowest.
- The condition of your nails is an indicator of your health.

BY THE NUMBERS

Each hand contains

- 29 major and minor bones
- 29 joints
- At least 123 ligaments
- 17 muscles in the palm of the hand
- 18 muscles in the forearm for moving the fingers
- 8 nerves
- 30 arteries



Get a grip

Do those fingers just not want to work? OXO® produces its line of Good Grips implements to help those digits function as they should.

Sam Farber founded OXO because his wife Betsey suffered from mild arthritis in her hand.

Sam was in the kitchen one day watching Betsey use a potato peeler. He realized that most kitchen gadgets were a pain to use. Sam, the retired owner of Copco, a cookware company, knew he could do something about that.

Working with a friend, Sam designed the Good Grips potato peeler. The gadget has a large oval handle that you can grip firmly without strain. It's comfortable in your hand because it's made with a soft processed rubber used to make dishwasher gaskets. And, the soft fins in the handle are ideal for conforming to your individual fingers.

OXO introduced the first Good Grips implements in 1990. Since then, the line has grown to more than 350 innovative products for a variety of tasks beyond just the kitchen.

Other companies also help people who have limited use of their hands. These companies design products that are comfortable, easy to use

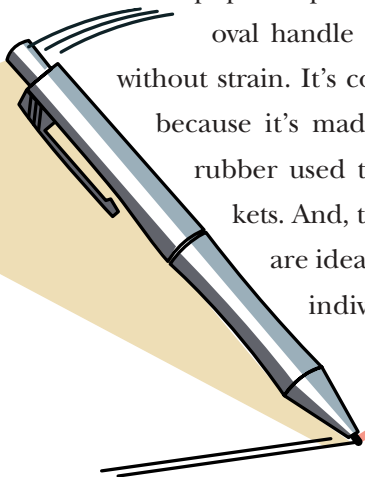
and friendly looking. The Arthritis Foundation even gives annual commendations to manufacturers who design products with ease-of-use in mind. (Visit www.arthritis.org.)

Among these innovations are easy-open medicine bottles, an easy-open binder and garden tools.

Often the solution is simply making the object larger and easier to grip.

That's what Pilot Pen did with its Dr. Grip™ writing implements.

Now that we have manufacturers thinking about making gadgets that fit our hands, maybe we can get them to print product instructions in a type size we can actually read.



Arm the wrist with a guard

Choose your weapon — bicycle, in-line skates or skateboard. Then ask any 14-year-old. Nothing beats the freedom of racing those skates or that bike down the street. And, yes, we all know you should have a helmet on.

But there's more. Wrist guards. You're probably thinking that moms have a tough enough time getting the kids to wear helmets. Wrist guards, an impossibility. Broken wrists occurred 10 times more often to skaters not armed with wrist guards.

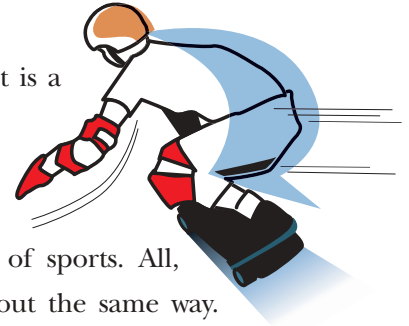
One study estimated more than 76,000 teens suffered sufficient injury while in-line skating to require a trip to the emergency room. The most common injury (37 percent) was a broken wrist.

Common sense shows why. Almost everyone tends to extend an arm to break a fall. This puts all of the body's weight on that hand and wrist, and something's

got to give. Usually it is a bone in the wrist.

A variety of companies market wrist guards for a variety of sports. All, however, work in about the same way.

The skater pulls on a cloth sheath that extends from the palm of the hand to the middle forearm. The sheath holds in place a sturdy plastic or metal plate, covering the palm, wrist and under the forearm. When the skater falls, the plate keeps the wrist from bending too much and distributes the impact of the fall along the arm.



ONE STUDY ESTIMATED MORE THAN 76,000 TEENS SUFFERED SUFFICIENT INJURY WHILE IN-LINE SKATING TO REQUIRE A TRIP TO THE EMERGENCY ROOM.

Everyone, whether skater or not, should learn how to fall. Instead of putting out an arm to break the fall, people should learn to simply crumple and fall. Sport enthusiasts wearing wrist guards have another option — assuming a pose like Superman in flight, by extending the arms toward the horizon. During the fall, the wrist guards act as bumpers.

An avid in-line skater tells another reason to wear wrist guards. Those durable plates add another layer of protection in case a dog attacks.

It's thumbs up

Our preoccupation with video games and wireless communication devices is affecting our bodies.

Teenagers and young adults are developing stronger and more dexterous thumbs because of these appliances.

Particularly in Europe and Asia, young people are using their thumbs to type out 160-character long text messages on their

cell phones and sending them to friends. All that typing is a lot more exercise for that gnarly digit.

Some kids are so adept at using their thumbs, observers have seen them point and ring

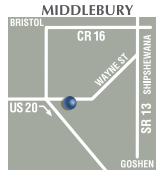
doorbells with the thumb.

This trend began during the 1980s and 1990s when video games became the rage. Gamers would use their thumbs to operate the controls. This, of course, gave rise to the ever-debilitating condition known as "Nintendo thumb" which is akin to tennis elbow and washer woman's knee.

And where did all this information come from?

Motorola Inc. commissioned British researcher Sadie Plant to figure it out.

Now, the question is whether this is a new step in human evolution or just a call to redesign our gloves and mittens.



**OSMC Physicians
Orthopedic Services**

- Robert K. Ellis, M.D.
- Louis C. Sfreddo, M.D.
- Mark A. Klaassen, M.D.
- Leonard J. Kibiloski, M.D.
- Gregory A. Peyer, M.D.
- Craig W. Ereksan, M.D.
- David A. Cutcliffe, M.D.
- Scott J. Trumble, M.D.
- Michael J. Hartman, M.D.
- Gary M. Lam, M.D.
- Peter Tang, M.D.

Pain Management

- David A. Beatty, M.D.
- Gene W. Grove, M.D.

OSMC Divisions

- The Hand Institute
- Center for Sports Medicine
- Knee & Hip Center
- Back & Spine Center
- Foot & Ankle Center
- Work Injury Care Center
- The Pain Management Center
- OSMC Outpatient Surgery Center
- OSMC Therapy Center

OSMC is Michiana's leading center for orthopedic care. Since its founding in 1973, OSMC, formerly Orthopedic & Sports Medicine Center, has held a vision of comprehensive orthopedic care which includes proper diagnosis, treatment,

rehabilitation, and wellness maintenance. This vision is exemplified today by an expert medical, surgical, therapy and support staff, working together for your good health and well-being. Located on California Road in Elkhart, OSMC staff and services are organized in several divisions: The Hand Institute, Center for Sports Medicine, Knee & Hip Center, Back & Spine Center, Foot & Ankle Center, Work Injury Care Center and The Pain Management Center.

Spacious facilities (more than 48,000 square feet) include an on-site Outpatient Surgery Center and Therapy Center. OSMC also offers physician and therapy care in Nappanee and Middlebury and physician care in Wakarusa. For more information please call (574) 264-0791 or 1-800-398-2058.



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