



CHI Health

better you

IMAGINE THAT.

stay steps ahead of the hurt

Joint-pain solutions
for active knees,
shoulders & feet

Hip surgery takes a leap forward

Less pain and faster recovery
thanks to surgical advances

Hands and feet take the heat

Feel-good advice from
orthopedic experts will make
you say, 'ahhhhhh'

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Less Pain, Faster Recovery Time

Anterior hip replacement



There are 76.4 million baby boomers in the United States. That's 76.4 million adults counseled to stay active. No doubt it's good for you but it can do a number of your hips and knees. Joint replacement was once considered a rare operation. Not anymore. In 2010, physicians performed 310,800 hip replacements, but not all surgeries are created equal.

The anterior approach to total hip replacement is an alternative to traditional hip-replacement surgery. It offers faster recovery, less pain and improved mobility. The anterior (front) technique allows the surgeon to work between the muscles and tissue without detaching them from the hip or thigh bones, which decreases trauma to the tissue.

Ninety-five percent of the hip-replacement surgeries done by CHI Health Orthopedics specialist Casey Beran, MD, use the anterior approach. "Instead of splitting any muscles or cutting anything, we're able to just push the muscles out of the way and can usually do the procedure through a pretty small incision," said Dr. Beran, who specializes in orthopedic surgery and adult joint reconstruction. "And since we're going through the front portion of the hip, it makes the hip less likely to dislocate because the ligaments are still OK in the back. It also makes it a little bit easier to get up out of chairs and get walking a little bit quicker."

Dr. Beran's hip-replacement patients range in age from 40 to 80. Most of his patients tell him they wished they would have had the procedure much sooner.

Dr. Beran, who also does knee replacements, is one of the first orthopedic surgeons in Omaha to start using kinematic alignment joint replacement. The procedure provides a custom fit for the patient – providing quicker recovery times and better motion out of the knee.

DXA scan essential to osteoporosis diagnosis, treatment

Did you know a simple scan can help women avoid a nasty break in their golden years? "Fifty percent of women over 50 will have an osteoporotic fracture in their lifetime," says Robert Recker, MD, head of Creighton University's Osteoporosis Research Center. "Osteoporosis is the leading cause of admission into nursing homes. In fact, there are more osteoporotic fractures in this country among women than cases of breast cancer, heart attacks and strokes combined. The shame of it is

that we can prevent it." That's why Dr. Recker believes every woman over 50 should have a DXA scan. It doesn't hurt and is the only way to know for sure if you have osteoporosis — a bone-weakening condition that often affects women after menopause, but can also be found in men and even children. Using an enhanced form of X-ray technology, the DXA scan measures bone loss. It is generally performed on the lower spine and hips, and is essential in the

diagnosis and treatment of osteoporosis. Because osteoporosis is difficult to reverse, prevention is the key to avoiding fractures. "We have published research in humans from childhood to an advanced age and the best opportunity to get a strong skeleton is during childhood and adolescence," Dr. Recker said. "That requires adequate calcium, adequate vitamin D and adequate physical activity."



No. 1 thing people can do to maintain healthy joints is control their weight.

Pounding knee pain?

Imagine walking up the stairs with a 10-pound sack of potatoes. Now imagine those potatoes are extra body weight. Carrying around as little as 10 excess pounds puts an extra 40 pounds of pressure on your knees. CHI Health physician Casey Beran, MD, who specializes in orthopedic surgery and adult joint reconstruction, says the number-one thing we can do to help our knees is keep our weight in check.

"Lose 10 pounds and that's 40 fewer pounds per step that your knees have to support." - Dr. Beran

"Patients carrying extra weight have effects from not just the impact on their joints, but also on the way their knees work," Dr. Beran said. "Where a person carries extra weight can lead to big problems with the alignment of the knee."

The Institute of Medicine reports knee pain affects some 61 million adult Americans and it doesn't get easier as we age. While there are over-the-counter products that claim to protect or improve joint health, Dr. Beran says to be skeptical — there is no credible evidence to support those claims. Dr. Beran says the best thing you can do for yourself is stay active and lose those extra pounds that your knees are carrying around.



Let's See a Show of Hands - who's having a problem?

When a firm handshake is painful or there's a pins-and-needles feeling when you hold your honey's hand, it's time to reach out to a professional. Dan Firestone, MD, a CHI Health hand-and-wrist specialist, says if you're experiencing pain or numbness, don't let a fear of surgery keep you from getting things checked out. "There are many things that can be done before we get to surgery," said Dr. Firestone.

Jim Diggins shrugged off numbness for two years before seeing Dr. Firestone. The 48-year-old father of four had spent years operating a jack hammer, roofing houses and, recently, tapping away at a computer keyboard. Even at home, Jim was fixing the toys that he says "my 10-year-old son breaks all the time." As he worked, he noticed his hands quickly fell asleep.

"It finally got to the point where I couldn't feel my index finger and thumb," said Jim, a transportation analyst for ConAgra in Omaha. "When that happened, I knew it was time to do something." He opted for "wide-awake" hand surgery.

Dr. Firestone says wide-awake surgery is easier on the patient in many ways. "It is a win-win for everyone because it reduces the need for medications, decreases the cost of the procedure and allows the patient to recover faster with less pain."

"I was all for it," Jim said. "During surgery, I could talk to the doctor, ask questions and hear him and the nurses talk. They had really good music on, too." Jim described the experience as "tremendous" saying it was quick and easy, and he could even have driven himself home.

From greeting someone to buttoning a child's clothes, our hands are too important to put up with pain or numbness. Dr. Firestone says help is here. "Every day I have an opportunity to see somebody new, treat somebody new. I hope when they come in to see me, they know that I'm there to help them, get them better and give them the satisfaction that there is a solution we will arrive at together."

For more, visit CHIhealth.com/BetterYouNoSlips

What's wide-awake hand surgery?

Wide-awake hand surgery – an experience similar to visiting the dentist – gives patients the option to be awake during minor surgery (such as for carpal tunnel or trigger finger). This recent advance in hand surgery reduces the need for medications, decreases cost of surgery, and lets the patient recover faster with less pain.

- No sedation - just local anesthesia
- Surgery area concealed behind draping
- Can talk to your doctor during surgery
- Spend less time and money
- Get up and go home right after procedure

Top 5 conditions seen by Dr. Firestone

Ganglion Cysts

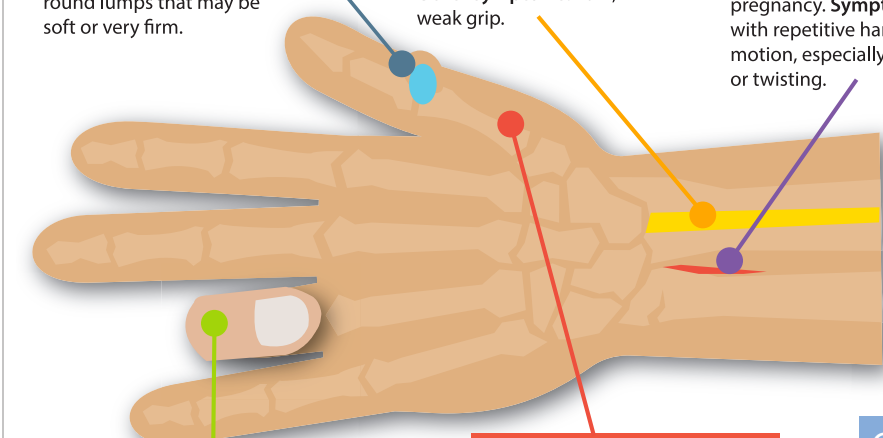
10% These very common lumps within the hand and wrist occur adjacent to joints or tendons. **Symptoms:** Oval or round lumps that may be soft or very firm.

Carpal Tunnel Syndrome

25% This pinched nerve in the wrist causes numbness and tingling in the hand and arm. **Other symptoms:** Pain, weak grip.

Tendonitis

10% In the wrist, tendonitis commonly appears as De Quervain's Disease, which causes pain in the back of the wrist at the base of the thumb. It sometimes develops during pregnancy. **Symptom:** Pain with repetitive hand-and-thumb motion, especially with grasping or twisting.



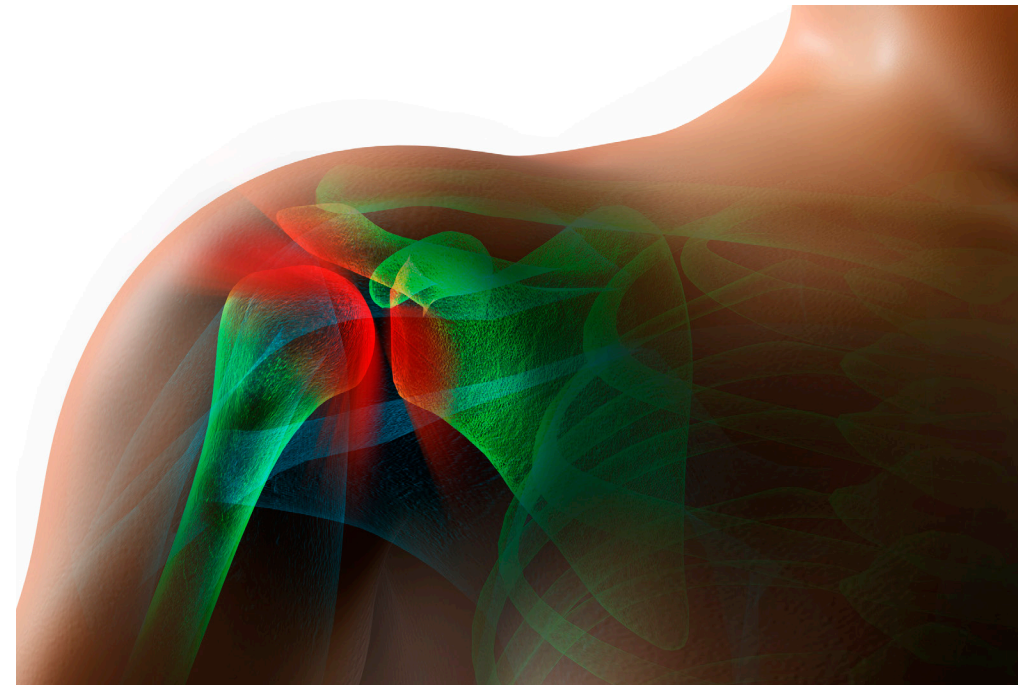
Trigger Finger

25% This is a condition in which one of your fingers gets stuck in a straight or bent position. **Symptoms:** Pain, popping, catching feeling in finger.

Thumb Arthritis

10% Common with aging, this occurs when cartilage wears away from the ends of the bones that form your thumb joint. **Symptoms:** Pain and weakness with pinching and grasping (opening jars, turning doorknobs or writing).

Other 20%



Weekend Warriors! Young Athletes! Get a fix on that shoulder pain

Rotator-cuff tears are pretty common, but when the common fix won't work, patients turn to Matt Dilisio, MD, and the CHI Health Orthopedics team who take pride in tackling the tough cases.

"One of our specialties is the patient with an irreparable rotator-cuff tear or patients who have had prior surgery that has failed," Dr. Dilisio said. "We enjoy taking on the most complex cases in the region."

Dr. Dilisio specializes in shoulder and elbow surgery.

When the tendon is torn, Dr. Dilisio can typically fix it. But occasionally, when the tear is too large or too chronic, he takes alternate approaches.

That might include additional reconstructive procedures such as grafting the rotator cuff with cadaver tissue. It could also mean a shoulder replacement.

"We will take someone who is in significant pain or severely weak — they cannot lift their arm over their head — and we'll eliminate their pain, restore their strength and give them the ability to put things on the top shelf," Dr. Dilisio said.

"My job is to get people back to doing all the things they want to do in life. We don't stop working until we can achieve that goal and we're generally very successful at it."

Dr. Dilisio's patients range from the high school athlete to weekend warriors to 60-year-olds wanting to play tennis again or just get back to living a normal, pain-free life. The most common

injury he treats is rotator-cuff tears, which are either traumatic or degenerative. More than 50 percent of them can be treated with either an injection or therapy.

For more, visit ChiHealth.com/BetterYouRotatorCuffs

Can't sleep at night because you hurt?

Figuring out why your shoulder hurts can be as aggravating as the pain itself. Wondering if it's time to see a doctor? Take this quick quiz:

1. Have you felt a "pop" in your shoulder when you lift something?
2. Does your shoulder pain persist after 4-5 days of rest?
3. Is your range of motion severely limited (lifting and rotating)?

4. Do you still have stiffness, weakness or decreased range of motion after joint surgery?
5. Does your pain keep you from getting a good night's sleep?

If you answered "yes" to any of those five questions, Samuel Dubrow, MD, of CHI Health Orthopedics, says it's time to make an appointment with an orthopedic surgeon.

Rotator cuff health tips

Your rotator cuff is like a suspension bridge between your upper arm and shoulder. The four muscles that surround the shoulder joint are like cables that increase stability and allow for greater movement. Here are things you can do to keep those cables from breaking:

Stretch — Before exercising, stretch that shoulder. It helps to reduce muscle tension and increase flexibility.

Strengthen — Do focused exercises. Ideally, specific motions should be performed with light weights in order to isolate the rotator cuff.

Re-train — Especially after a shoulder injury, athletes who throw should focus on re-developing proper techniques.

Treatment — It's not uncommon for an athlete using a throwing motion to have inflammation in their throwing shoulder. Treat that problem with ice and anti-inflammatories. If symptoms persist, consult your doctor.



Back to Golf™ Gets you up to par then back in the swing

Is a sore back keeping you in the clubhouse? CHI Health's Back to Golf™ program can help speed your return to the course — and keep you there. Back pain is the most common complaint among golfers. Whether it hurts during play — or the next day — it limits many of us from reaching our full potential. Back to Golf™ teaches a "stabilized golf swing" that reduces strain on the lower back and still produces powerful and accurate shots.

There are three parts to the program: a one-on-one session with a physical therapist and certified Back to Golf™ instructor, followed by specialized treatment and then a session to learn exercises and stretches to keep your freedom of movement and prevent future injuries. For more information, call (402) 758-5050.



Why do my feet hurt?

By the time most Americans reach age 50, they will have traveled some 75,000 miles by foot — that's like walking around the world three times! While our feet are built to take a beating, problems can develop. The American Podiatric Medical Association reports that 77 percent of adults said they have had a foot ailment,

and half say they experience foot pain. "Foot pain is not normal," said Jon Goldsmith, DPM, a foot-and-ankle specialist with CHI Health Orthopedics. "If your feet are hurting, it's never normal. If you are bothered with pain for more than a week and there is no improvement, it's time to consult your doctor."

A major contributor to foot pain is right inside your closet — your shoes! An American Orthopaedic Foot and Ankle Society study found that nine out of 10 women wear shoes that are too small for their feet, and 8 out of 10 women say their shoes are painful. As a result, women can develop bunions, hammertoes or other foot problems largely due to tight shoes.



By the time most Americans reach age 50, they will have traveled some 75,000 miles by foot.

Dr. Goldsmith says shoes that are too flat have no arch support or structure to support the foot. Shoes that are too high can cause bunions, stress fractures and even an ailment called the "pump bump," but shoes are not the only culprit behind foot pain. Being overweight adds more stress on feet and increases pain, while

people with diabetes need to pay special attention to their feet and the shoes they wear.

In addition, during the winter months, Dr. Goldsmith urges caution with footwear. He sees a lot of ankle fractures due to ice and slippery conditions.

Regardless of the source of foot pain, advises Dr. Goldsmith, don't put off seeing a doctor because you're afraid of needing surgery. "Most foot and ankle pain can be treated effectively with conservative care," Dr. Goldsmith said.

For more, visit ChiHealth.com/BetterYouAthleticShoes

The news on shoes

There is more to shoes than shopping and fashion — wait, what? There is a science to shoes. Foot-and-ankle specialist Jon Goldsmith, DPM, of CHI Health Orthopedics, gives you the skinny on shoes.



Athletic shoes — (GOOD) They provide arch support and structure that the foot needs.

Wide-toe shoes — (GOOD) They let your toes breathe and put the foot in a more neutral position.

2" Heels — (OKAY) They put the foot in a more neutral position, but even two-inch heels should be worn in moderation.

Ballet flats — (BAD) They offer no arch support or structure.

Minimalist shoes — (BAD) Minimalist shoes, including flip-flops, have no arch support or any real structure for your foot. They can be dangerous and not many people can tolerate those types of shoes, said Dr. Goldsmith.

Stilettoes — (BAD) The pointy toes, narrow base and sky-high heel can cause hammer toe, pump bump, ankle sprains and bunions. Dr. Goldsmith says wear them in moderation — only for a couple of hours to a special event — not all day.

SLAM DUNK: Our behind-the-scenes scramble to save Logan's season

Millard West junior Logan Black saw her dreams interrupted when she hurt her knee during practice.

"The swelling was getting bigger and bigger under my kneepad. This happening just two days before state – it wasn't good."

The injury threatened to keep her out of the girls' state basketball championship game.

Thanks to CHI Health, she was able to play.

CHI Health Athletic Trainer Tom Buehler had been watching the star athlete from the sidelines and knew what needed to be done. "We're there the second they get hurt and can evaluate the injury and begin the recovery process immediately."

He had Logan see CHI Health

Orthopedic Surgeon Eric Samuelson, MD, the next afternoon.

"We had a team-based approach to her care," Dr. Samuelson said. "Our physicians, athletic trainers and physical therapists work together."

Logan was fast-tracked; she saw Dr. Samuelson, had an MRI and knew the results in three hours.

Her injury could be treated. She'd be able to play. "It was the most relief I've ever felt," she said.

Not done yet, Dr. Samuelson drained fluid

from her knee and Buehler worked with her.

"Typically this process takes much longer to complete," Buehler said. "But working together, we were able to get her back on the court."

Logan was grateful: "I can't tell you how it makes me feel – that people are there to support me!"

Millard West lost in a close 46-48 game but Logan alone scored 11 of the points.

"She had a killer block during a fast break in the second game that made me smile because she wasn't physically capable of doing that just a few days before," Buehler said. "She played lights out. Logan was one of the players that really kept us in the game."

Logan went on to be starting pitcher for state softball, pitching three straight perfect games in districts to help Millard West qualify for the state tournament.

CHI Health kept her in the game, she said. And it inspired her to go into medicine to become – what else? – an orthopedic surgeon.

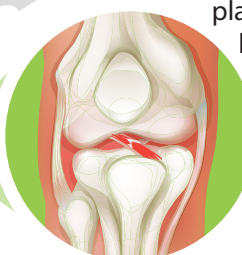


"Logan was one of the players that really kept us in the game."

A game-changing injury

It is one of the most common and game-changing knee injuries for athletes – an ACL tear or sprain. If you play high-impact sports like football, soccer or basketball, the odds of it happening to you are great. Sportsmetrics USA™ is a clinically developed, research-oriented, injury-

prevention program offered at CHI Health designed to reduce non-contact knee injuries. Sportsmetrics™ teaches athletes – through plyometric jumping, strength training, multi-directional movements and sports specific drills – how to jump, land and cut the right way. Learn more about playing it safe by calling **(402) 758-5071** or visiting CHIhealth.com/Sportsmetrics.



CHI Health has 19 athletic trainers at 16 high schools throughout the Omaha metro area

CHI Health offers a comprehensive Sports Medicine program with certified athletic trainers, orthopedic physicians and rehabilitation specialists.

We provide a wide range of injury treatments and rehabilitation services, as well as a focus on injury prevention as a vital part of any athlete's regimen. Plus, when you suffer an injury, we'll get you quickly and safely back into the game. After that, we'll educate you on how to avoid further injuries. With help from CHI Health Sports Medicine, you'll improve performance and maximize your athletic potential.

For more, visit CHIhealth.com/BetterYouWalkingShoes



Stand Up to Hip Pain

Dance aerobics took a toll on Pamela Thorfinnson's left knee, and later, her hip. "It was overuse. I kind of abused it. I was heavy into exercise for a long time," Pamela said.

A knee replacement was followed by a hip replacement last May.

By July 4, the 57-year-old was hiking in Estes Park, Colo.

Once a procedure reserved for those older than 60, advances in artificial parts and surgical techniques have made hip replacement an option for younger and older patients.

"As a nation we are doing more hip replacements," said orthopedic surgeon James Gallentine, MD. "You see more of the extremes, the super-young 40-year-olds, those in their 80s and 90s. It's hard to tell someone they're not a candidate."

One factor is that artificial hip parts last longer. Another is how the medical team addresses the entire surgical episode from start to finish.

Preoperatively, the team sets up the patient for success by providing education

on the procedure in surgery education classes. This prepares them for the road ahead.

Operatively, the medical team has optimized the surgery for better outcomes, including better blood management and pain and nausea control – all factors that speed recovery and healing.

While still in the hospital, the medical team gets patients moving and provides additional early mobilization education.

"Because of this approach, most patients manage their pain with lower-grade narcotics, perform well in physical therapy and return post-operatively with minimal pain and a better quality of life," said Dr. Gallentine.

"The length of stay is shorter. Patients seem to recover quicker. We just try to make it as uneventful as possible."

All those factors helped Pamela bounce back.

Pamela has returned to the gym and her job as an equipment specialist for Lincoln Public Schools.

"It's a very active job," she said.

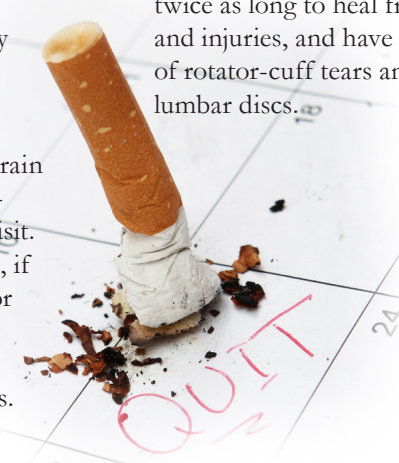
"I was up the same day of the surgery, walking around the hall with a walker," she said.



Myth: Braces are good for sore backs.
Fact: A lumbar back brace is helpful if you need to do heavy lifting. Leaving it on all day weakens muscles and worsens the problem.

Three things your orthopedist wants you to know

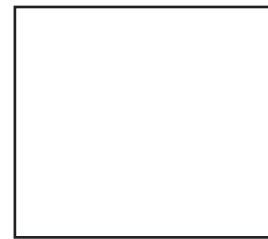
1. Don't be embarrassed. Just tell us how you got hurt. A frank description of that cringe-worthy accident helps us understand your injury.
2. When in doubt, call. A minor sprain probably needs ice, rest and anti-inflammatories – not an office visit. Call for an appointment, though, if you heard a pop, feel weakness or numbness, can't bear weight, or have pain that hinders sleep or has lasted more than three weeks.
3. Quit smoking - today. Smokers take twice as long to heal from fractures and injuries, and have a higher risk of rotator-cuff tears and herniated lumbar discs.



Myth: Back pain isn't a big deal.
Fact: It's the second-most frequent reason people visit the family doctor. The first is upper-respiratory infection.

Myth-busting back pain

Myth: Rest is the cure.
Fact: Bed rest lasting more than one or two days does more harm than good. Those who stay active bounce back faster.



CHI Health Orthopedics

Lincoln

CHI Health St. Elizabeth
555 S. 70th St., Lincoln, NE 68510

To reach one of the orthopedic specialists,
please call **402-219-8000**.