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shoulder care

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March 2022  
[CHIhealth.com](http://CHIhealth.com)

# We're at our best when you are



When the Olympic Swim Trials came to Omaha in 2021, CHI Health orthopedic specialists were on hand as the official medical support team for athletes and coaches.

Our orthopedic specialists are also team physicians for Creighton University athletes and several area high schools and leagues. They've cared for the Denver Broncos, the US Ski Team and served as a ringside physician for the National Golden Gloves.

Whether you're an elite athlete or just trying to stay active, you'll get the same expert care at CHI Health Orthopedics.

It's head-to-toe know-how from experts who have advanced training in orthopedic trauma surgery, joint reconstruction, plastic surgery, complex fractures, deformity correction and more.

Here you'll find expertise in the latest tools and techniques, such as robotic-arm assisted orthopedic surgery that speeds recovery – and a hip arthroscopic procedure so intricate it's performed by few surgeons nationally.

You'll always receive exceptional, even award-winning, care at CHI Health. For example, Creighton University Medical Center-Bergan Mercy, Good Samaritan, Immanuel, Lakeside, Mercy Council Bluffs and St. Francis received a special designation from Blue Cross and Blue Shield for high quality knee and hip replacement care.

With several clinics and hospital locations, there's a CHI Health orthopedic specialist near you - plus same-day access means you'll never have to wait to get back to your best.

[Find out more at CHIhealth.com/BY-Ortho.](https://CHIhealth.com/BY-Ortho)

## 5 reasons *not* to grin and bear it



Limping, leaning, avoiding stairs, slowing down. "Humans are notorious for compensating for pain," said Thomas Harbert, MD, CHI Health Orthopedic Surgeon.

When you put up with pain and put off care, Dr. Harbert said you risk:

- 1. Making an injury worse.** "With a rotator cuff tear, for example, you're slowly tearing it more and that makes the surgery more difficult."
- 2. Causing even more pain.** "Limping on a sore knee can affect your hip, your back, your other knee."
- 3. Limiting your treatment options.** "Some people delay being seen because they think all we do is surgery. But what I prescribe most is physical therapy and anti-inflammatory medications – if I see you early enough."
- 4. Lengthening your recovery.** "Pain causes people to get out of shape. If you don't have the strength, it's more of a struggle to recover from a surgery."
- 5. Missing out on life.** "People will quit certain activities or stop going places to avoid steps. If pain changes your lifestyle, you should have it evaluated and treated."



### Achy Joints?

Take our free Joint Aware Risk Assessment and get connected with the region's top joint experts. [CHIhealth.com/Pain](https://CHIhealth.com/Pain)

# Nagging hip pain cured with intricate surgery

“It’s like a pebble in your shoe or biting the inside of your lip - but all the time.”

That’s what a hip labral tear feels like, according to CHI Health Orthopedic Surgeon Paul Watson, MD.

Until recently, people with this sharp, nagging pain found a bit of relief from physical therapy or cortisone injections. Most learn to live with the constant discomfort.

Dr. Watson can completely relieve this pain in 95% of patients who undergo a procedure called hip arthroscopy, or a hip scope. Few surgeons perform the procedure.

“It’s a technically difficult surgery,” said Dr. Watson. “It’s the hardest one we do.”

The hip joint is deeper and more compact than the knee joint, which presents challenges.

Dr. Watson navigates through six inches of muscle and tissue to get to the joint, and uses traction to pull on the leg and create space. Using laparoscopic tools under X-ray guidance, he delicately repairs the tear.

The two-hour outpatient procedure is followed by six weeks on crutches. It takes six months to totally recover. But the results are striking.

“I had a patient recently who had hip pain for 14 years before finally getting relief,” Dr. Watson said.



## Calcium rich, body strong

You acquire up to 90% of your peak bone mass between ages 18 to 20, but adults still need calcium for bones, muscles and heart function. The recommended intake for adults is 1,000 to 1,200 mg per day.

Don’t forget vitamin D, which is needed for calcium absorption. Adults need 600-800 International Units, depending on age. Food sources include salmon, tuna, mackerel and fortified milks and orange juices.

### Top calcium rich foods

- » Yogurt, plain or with fruit
- » Orange juice (fortified)
- » Cheese
- » Milk
- » Tofu
- » Cereal (fortified)
- » Sardines (canned with bones)
- » Spinach, kale, leafy greens

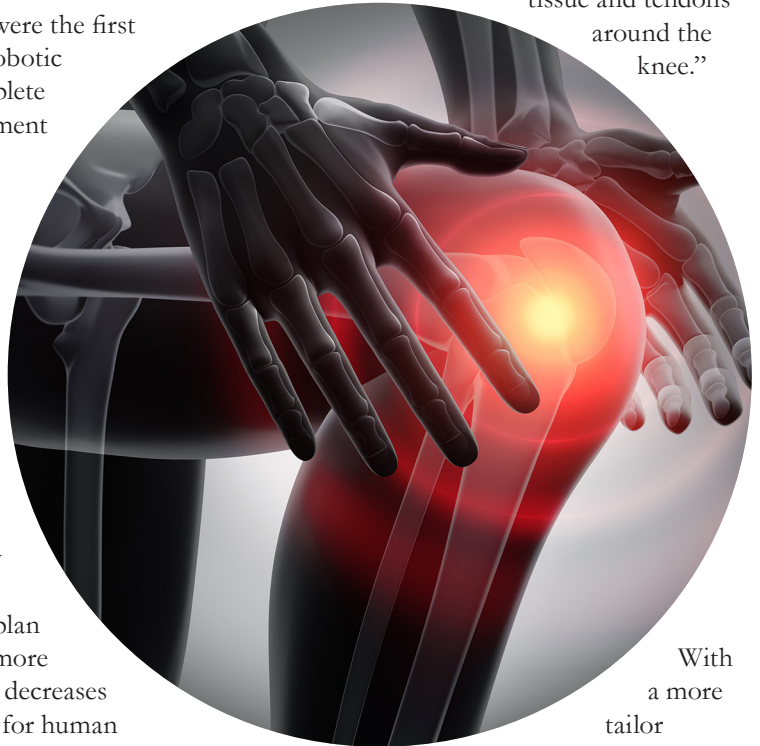


# Robot assisted surgery: It's the bee's knees

So you've tried it all; physical therapy, medications, injections, but your knees still hurt. It's time to talk about robot assisted knee replacement.

Clayton Thor, MD, CHI Health Orthopedic Surgeon said. "Everything is measured to the smallest millimeter to avoid unnecessary trauma to soft tissue and tendons around the knee."

"In 2017, we were the first to perform robotic assisted complete knee replacement in Nebraska, and made an already great procedure even better," John Wright, MD, CHI Health Orthopedic Surgeon said. "This revolutionary technology allows us to plan and operate more precisely and decreases the potential for human error."



"Dr. Wright has worked on both myself and my husband. I was excited about the robot because we both needed revisions from previous surgeries, not by Dr. Wright, and he assured me the robot would help make it perfect. Our lives have improved immensely. I got back into golf and now I'm able to use a push cart and walk the course again. I tell everyone that Dr. Wright is the RIGHT choice."

*Marg Ortegren, Kearney, NE*



A 3D CT scan of the knee allows surgeons to virtually perform the procedure ahead of time, mapping out the optimal size and position for the implants. During surgery, the robot arm acts as a passive alignment tool, ensuring that the bone preparation and implantation of the components are performed according to the preoperative virtual plan.

"I have performed surgery on patients with the robot, and without. The robot assisted ones consistently yield a more solid and balanced knee,"

With a more tailor made procedure, patients are typically able to rehabilitate and get their range of motion back faster, and have less pain. The robotic assisted approach takes the same amount of time as traditional knee replacement surgery, and the vast majority are done outpatient, with people able to return home the very same day.

"Knee replacement surgery has already been established as one of the most proven and predictable procedures in contemporary medicine," Dr. Wright said. "Studies have shown time and again how much knee replacement

improves the quality of life for patients suffering from knee arthritis, and now robotic technology has made the operation even better.”

With more precise planning, more accurately performed surgery and ever improving implant designs, doctors say it’s likely artificial joints will last longer too.

“I have replaced knees in people ranging from 40-80 years old,” Dr. Thor said. “Age is not a disqualifier. We used to tell people to wait until they were older, but with the improvements to technology, we’re hopeful patients can get up to 30 years with their new knees. There’s no reason to suffer if you’ve tried everything else.”

Anyone who struggles with knee osteoarthritis, who has tried non-surgical treatments without success

is a candidate for knee replacement surgery. Virtually anyone who qualifies for traditional surgery can have robotic assistance.

“It’s a great feeling knowing we are able to truly cure people in the operating room,” Dr. Wright said. “I’m a perfectionist, most orthopedic surgeons are, and this technology allows us to control more variables than ever before, and it’s here to stay.”



Find out more at [CHIhealth.com/BY-RoboticArm](http://CHIhealth.com/BY-RoboticArm)

“I played football for Nebraska from 1980-1983 as a running back. My knee pain was so bad that I could only walk for short periods of time. I was overcorrecting so much it created a sciatica nerve problem in my leg and back. Dr. Thor changed my life. My knee is sturdier than it’s ever been and I was putting miles on my bicycle just a few weeks after surgery.

My only regret is that I didn’t do this sooner. If I ever need the other knee, or a hip, I’m going back to Dr. Thor.”

**Tim Brungardt, Omaha, NE**

## Less impact, more results

Does the thought of pounding the pavement to get a good workout make your knees ache? Staying active is important to maintaining a healthy weight, and strengthening muscles around your joints, but there are plenty of options that don’t put added stress on your body. These low impact workouts, when practiced with proper technique, will help you slowly build muscle and endurance, while going easy on your joints.



**Walking:** Research shows aerobic exercise can help ease pain and stiffness by lubricating your joints, just be sure you have proper footwear.



**Yoga and Pilates:** Both of these exercises can be done just about anywhere, and improve core strength, flexibility, and muscle tone around the joints.



**Swimming:** One of the best cardio workouts for burning calories while utilizing almost every muscle group.



**Cycling:** Stationary bikes are perfect for when the weather keeps you inside. If your bike has an adjustable incline, keep it low to reduce strain on your knees.

**Remember:** It’s important to consult your doctor before starting any workout regimen.



# The leading edge of care

Dr. Sam Dubrow  
modernizing shoulder  
repairs

How long have your aches and pains been bothering you? Maybe you've tried icing, resting or taking ibuprofen to take the pain away in hopes the problem will solve itself over time.

When it comes to shoulder injuries, waiting could be doing more harm than good – in fact, the more time that passes could mean permanent damage.

“If there's a tear to the tendons, the muscles lose blood supply and then weaken or atrophy. Atrophy can be permanent in nature,” said Sam Dubrow, MD, a CHI Health Orthopedic Surgeon who specializes in the treatment of injuries, diseases and surgical reconstruction of the shoulder and elbow.

Dr. Dubrow is fellowship trained, treating some of the most complex cases and using the latest technology and surgical techniques on his patients. The most common shoulder injuries Dr. Dubrow treats are rotator cuff tears, bicep tears, tendonitis and arthritis.

“The number one type of pain I see is called frozen shoulder, when someone

has developed a stiff shoulder from disuse,” Dr. Dubrow said.

Daily use and wear and tear to a group of tendons in the shoulder, also known as the rotator cuff, can also lead to degeneration, along with injuries and overuse of the shoulder. But how do you know when to see a doctor? If the pain hasn't improved over two weeks and at-home remedies aren't helping, making an appointment could make all the difference. It doesn't always mean surgery is in your future.

“Most shoulder pain can be treated in a conservative fashion,” Dr. Dubrow said. “The best way to improve someone's pain is through exercises, through therapy or cortisone injections to improve pain, which is caused by inflammation in the shoulder.”

If those treatments don't improve the pain, you may need surgical repair. The good news? Surgery isn't as debilitating as it used to be. Dr. Dubrow is on the leading edge of care, using minimally invasive techniques to repair the tendons, muscles and fractures to the shoulder. He's also using new

technology, which allows patients to heal faster and have better outcomes.

“For example, we have modern surgical implants that use less metal to repair the rotator cuff, so there's no metal that's put in the body for that,” Dr. Dubrow said. “We also use bio-absorbable anchors that are used to repair the rotator cuff that are made out of calcium, which is what bone is made of.”

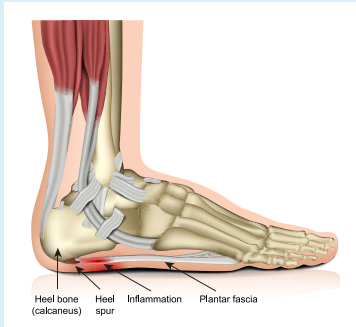
## If you do need a shoulder fix, don't plan for a long hospital stay.

Dr. Dubrow and other surgeons are performing some shoulder scope procedures at ambulatory surgery centers like CHI Health Midlands, which means a short stay and a cheaper bill.

[Reverse Shoulder Surgery and Post Op Care with Dr. Dubrow: CHIhealth.com/ReverseShoulder](https://CHIhealth.com/ReverseShoulder)

# Foot pain making you take a step back?

It's hard to put one foot in front of the other when every step is painful. Many cases of foot pain progress over time and it can be difficult to tell what's really going on. So what are the most common culprits?



## Plantar fasciitis

Foot pain targeted in your heel could be plantar fasciitis, caused by inflammation of the thick band of tissues connecting the heel bone to the toes.

Nicholas Wischmeier, MD, a CHI Health Orthopedic Surgeon who specializes in foot and ankle surgery, says he typically sees the pain start in one foot, but can eventually lead to problems in both, and is usually worse in the morning or after someone has been off their feet for a while.

“One of the most common causes is tight muscles in the lower leg - especially the calf,” Dr. Wischmeier said. “Others include injuries, obesity and inappropriate shoe wear.”

Plantar fasciitis can be managed at home or through a primary care physician, but surgery is an option if those attempts are unsuccessful.



## Bunions

Should beauty be painful? For women who wear high heels, it can be!

A bunion is a deformity of the big toe and can look almost as if you've grown a protruding bone.

“Contrary to popular belief, you actually haven't grown anything,” Dr. Wischmeier said. “It's the joints in your foot starting to become deformed, which causes the muscles of your foot to pull or realign the toe.”

About 70 percent of patients with bunions have some sort of family history. Other factors, like rheumatoid arthritis, can also play a role.

While bunions may not be pretty, Dr. Wischmeier only advises surgical repair if they're causing you pain and at-home efforts aren't helping. Best advice? Stay away from shoes that are tight around the toes.



## Flat feet & fallen arches

If the soles of your shoes are wearing down unevenly, or you have pain and swelling along the inside arch of your foot, you could have flat feet or fallen arches.

Michael Zimmerman, DPM, a CHI Health Podiatrist, says early detection is key to slowing the progression.

“More than 75-80 percent of patients do well with conservative management,” Dr. Zimmerman said.

Flat feet or fallen arches typically happen in a person's 40s or 50s when the tendon that helps hold up the foot stops working.

“This can change the way your joints are aligned and put more stress on your tendons and ligaments and cause arthritis to develop,” Dr. Zimmerman said.

In severe cases, surgical intervention can re-establish the arch or fuse the bones.

# How much is too much?

You're never too old for sports, but playing the wrong way could cause more damage than good, according to CHI Health Orthopedic Surgeon Kellen Huston, MD.

“Sports activity, at any age, helps reduce the risk or slow the progression of osteoarthritis, osteoporosis, stroke, even heart disease. But for lifelong athletes, weekend warriors or those just trying to improve their health, repetitive motion like running, cycling and golfing have the potential for

chronic injuries. Bad technique, overexertion and/or too fast of progression speeds the process and makes the normal wear and tear more damaging.”

Achilles tendonitis, runner's knee, along with golfer's and tennis elbow are some of the most common repetitive-use injuries. They take attention to manage and heal.

“Consult a trusted professional, early on, if you experience pain

when resting, increased pain during activity, swelling or fluid build-up. We can aid in the prevention of further damage. It might be as simple as rest, changes in technique, or even physical therapy. If those fail, we can look at surgical options.”

The three most important things to remember when trying to avoid sports injuries are: to take some time to warm up, increase intensity at your own pace, and to remember to keep good form and technique.



“It's the simple things, that don't cost a lot of money, that can help you reduce your risk for most chronic injuries.”

Going too fast, for too long or simply doing too much of one type of activity can strain your muscles. To avoid an overuse injury, try:

**Retaining muscle** Muscle strength and mass weaken over time due to loss in muscle fibers. Exercise and weightlifting can help slow the process and keep you in shape. If you are older, decrease the weight and increase repetition.

Muscles burn energy even when not being used. Increasing mass, by just a little, will help you shed excess pounds more effectively.

**Warming up** Cold muscles are more prone to injury. Five minutes of light aerobic activity followed by a few minutes of stretching will prepare your body for activity.

**Cooling down** Gently stretching for five minutes after activity will make your recovery easier. Be sure to drink plenty of water.

**Proper technique** Using poor form as you lift weights, swing a club or even throw a ball can overload certain muscles, causing an overuse injury.





## Keep your joints a rocking!

Exercise is key to joint health. But what else can you do to decrease pain and reduce the stress on your joints?

### Stop smoking

Smoking increases the risk of osteoporosis and bone fracture. Quitting will also improve your cardiovascular and respiratory systems.



### Keep moving

Activity eases stiffness and pain while strengthening the muscles surrounding your joints.



### Low-impact exercises

Regular physical activity, like swimming, biking, elliptical machine, rowing, golf, and/or walking, helps minimize joint stress.



### Healthy weight

A lighter load will reduce joint pain and stiffness and improve function. Shedding just one pound is like losing four pounds off of your knees – each, and every step.



### Vitamin D and calcium

Important nutrients improve bone health. Many Midwesterners are low on vitamin D, especially in the winter. Talk to your provider to see if you would benefit from supplementation. A simple blood test may show the answer.



# Is tendonitis your Achilles heel?

Tennis elbow? Jumper's knee? Swimmer's shoulder? Tendon degeneration is an Achilles heel for many. In fact, tendonitis causes more than 70,000 people to miss work each year.\* Returning to pain-free activity can be an office visit away, according to Danielle Wooldrik, DO, CHI Health Sports Medicine Specialist.

“Overuse, strain or injury to the tendons, especially those of the shoulders, elbows, hips, knees and ankles, promote scar tissue. This nonfunctional tissue causes pain and limits motion.”

Percutaneous needle tenotomy (PNT), a relatively new procedure, uses a needle, guided by ultrasound, to stimulate the injured tissue to engage the body's healing process. A simple procedure with a quick recovery, the whole treatment takes about 20-30 minutes in the doctor's office.

PNT is often accompanied by an autologous blood injection where the patient's own blood is also injected into the tendon to further stimulate healing.

“Increasing blood flow and breaking up scar tissue triggers the body's own cells to rebuild the tendon. Combined with physical therapy to stretch the tendon, you've effectively restored motion, function and strength.”

PNT works for all ages and activity levels. Patients can choose to repeat the process as needed.

“Those who've tried splinting, therapy, anti-inflammatory injections – everything short of surgery – are perfect candidates for needle tenotomy. It's helping people who thought they just had to live with their chronic tendon pain. It's rewarding to see my patients getting back to the activities they enjoy.”

\*U.S. Bureau of Labor Statistics



# Hip Hip... Hold Up!



It's true that hip replacement surgery is faster, more accurate and delivers longer lasting results than ever before, just ask Casey Beran, MD, CHI Health Orthopedic Surgeon.

"I have done over a thousand anterior hip replacements, and while the procedure is not necessarily new or unique, it's become less invasive and irritating to the surrounding soft tissues," Dr. Beran said. "We are able to consistently restore function and alleviate pain, which makes it one of the most rewarding surgeries in all of orthopedics."

In fact, most hip replacement surgeries take less than two hours, and the majority of patients go home the same day.

"We actually have to remind people to slow down and not overdo the physical activity during recovery."

But what if that pain you're feeling isn't really your hip at all?

"When it comes to hip pain, getting the diagnosis right is critical for our patients, because our bodies can deceive us about where pain is coming from," Dr. Beran said. "We spend more time making sure we're identifying the problem correctly than we do in the operating room."

Patient history, a physical exam and X-rays help doctors get to the root of the issue.

"The first thing we look for is an injury, a tendon strain or sprain. It's very common for problems in our backs and legs to radiate to our hips," Dr. Beran said.

**"Our bodies can deceive us into thinking we know where the pain is coming from."**

In most cases, total hip replacements are seen as a final solution to severe hip arthritis. Other causes of pain can be relieved with diet and exercise modifications, physical therapy and over-the-counter anti-inflammatory medications.

"Educating patients is the most important way I can help," Dr. Beran said. "If they can understand what is actually causing the problem, the mechanics and physiology, then they can help themselves, surgery or not."

## Bones at every age

What should my bones look like in my 40s, 50s and beyond? Our bones are actually at their best between the ages of 25 and 30. By the time we reach 40, our bones start to become thinner and weaker – in short we slowly start to lose bone mass. While we can't turn back the hands of time, we can slow it down.



20 year old knee



40 year old knee



60 year old knee



80 year old knee with osteoarthritis

# Arthritis: What is it?

## And how do we treat it?



Contrary to what many think, arthritis is not one single disease – but one word that refers to many forms of joint pain or joint disease. CHI Health Orthopedic Surgeon Stephen Brown, MD, says a majority of his patients are coming to him for arthritis.

“At least 50 percent of the patients I see are there because of arthritis in their shoulders, hips or knees,” Dr. Brown said. “They don't know it's arthritis, but they know something hurts.”

The main symptoms of arthritis are joint pain, stiffness and swelling, which typically worsens with age – but it can also affect young people. Dr. Brown sees people of all ages, from teenage athletes to seniors.

“The most common form of arthritis is degenerative (or osteoarthritis), which means the ‘wear and tear’ on your bones and joints, but it doesn't have to be a normal part of aging.”

Maintaining a healthy weight and following an anti-inflammatory diet are key to delaying and even preventing the onset of arthritis. Lean protein (fish and chicken) and whole grains (rice, oats, quinoa) should be part of your meal plan. Cut out processed foods, alcohol and sugar.

Conservative treatments like injections and physical therapy can help manage pain, but Dr. Brown says there's one way to know when it's time for the next step - joint replacement.

“When you quit doing things you like to do in life because of the pain, then you probably want to seek more aggressive treatment.”

**Ankle arthritis giving you trouble? Dr. Michael Zimmerman has treatment options:** [CHIhealth.com/AnkleArthritis](http://CHIhealth.com/AnkleArthritis)

## Coming soon: Non-surgical arthritis pain relief

If you have osteoarthritis pain, but aren't ready for joint replacement, CHI Health will soon be able to offer you a new solution.

“Genicular Nerve Radiofrequency Ablation, or Cooled RFA, is minimally invasive, outpatient pain relief,” said Ryan Dunn, DO, CHI Health Sports & Musculoskeletal Medicine Specialist.

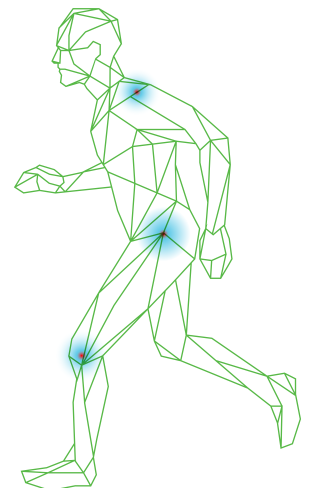
Using X-ray or ultrasound guidance, radio frequency signals are sent through several small electrode probes to desensitize specific nerves and reduce the perception of pain.

“It's ideal for people who may not be surgical candidates, or for those looking to delay surgery,” Dr. Dunn said.

Other benefits of RFA include:

- » Pain relief for 12 months or longer
- » Can treat knee, hip or shoulder osteoarthritis and pain
- » Can be repeated as needed

For more information on this and other non-surgical pain relief options, visit [CHIhealth.com/BY-Rehab](http://CHIhealth.com/BY-Rehab).



# CHI Health Orthopedics

For pain that just can't wait,  
our team has same-day appoint-  
ments available!

See our providers in-person  
or virtually. To schedule your  
appointment, call or visit  
[CHIhealth.com/BY-Ortho](http://CHIhealth.com/BY-Ortho).

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**Immanuel\***  
6829 North 72nd Street

**Lakeside\***  
16909 Lakeside Hills Court

**161st West Maple**  
16101 Evans Street

**Millard *Now Open***  
5045 South 153rd Street

**PAPILLION 402.899.3113**  
1413 South Washington Street

**COUNCIL BLUFFS 402.899.3113**

**Mercy Council Bluffs\***  
800 Mercy Drive

**LINCOLN 402.701.6012**

**St. Elizabeth *New Clinic***  
575 South 70th Street

**KEARNEY 308.371.3926**

**Good Samaritan\***  
3219 Central Avenue

Foot and ankle specialists are  
available at our Omaha and Council  
Bluffs locations, call 402.717.6870.

*\*Same-day access available*

**CHI Health  
Orthopedics  
welcomes Dr. John  
Galligan to the team.**



**John D. Galligan,  
MD**



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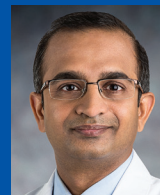
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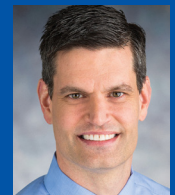
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