

Keeping you...
Active

... is a quarterly newsletter from West Tennessee Bone & Joint Clinic. The clinic's ten physicians specialize in sports medicine and orthopedic problems. For copies of the newsletter, contact Adam Kelley, Marketing Director, at 731.661.9825.

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Fifth Quarter Clinic

West Tennessee Bone & Joint Clinic offers its Fifth Quarter Clinic on Friday nights during football season at its main clinic, 24 Physicians Drive in Jackson. An injured athlete can be seen by a clinic physician for a specialty consultation instead of going to the emergency room. Athletes must be accompanied by a parent or coach and arrive immediately after the game.

Athlete ready to play spring baseball after shoulder surgery

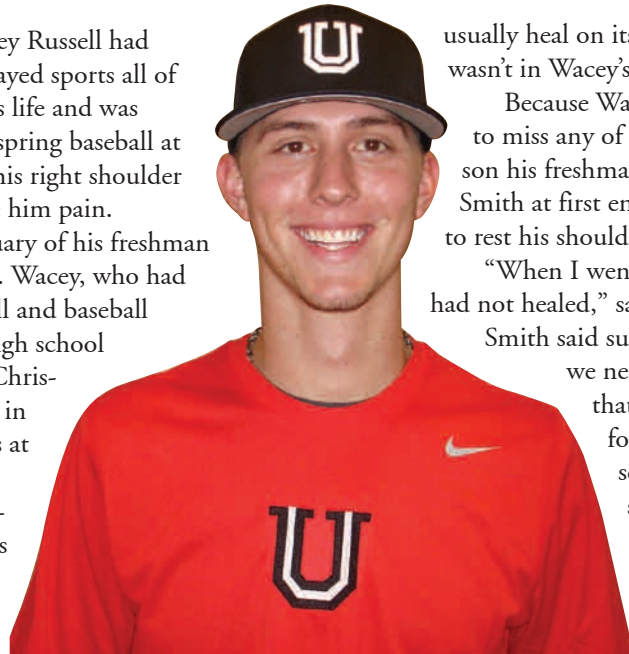
Wacey Russell had played sports all of his life and was ready to play spring baseball at Union when his right shoulder started to give him pain.

It was January of his freshman year at Union. Wacey, who had played football and baseball throughout high school at Donelson Christian Academy in Nashville, was at Union on a baseball scholarship. He was surprised to have shoulder pain because he hadn't "injured" it.

After trying to self-treat his shoulder for two months, which included working with the team trainers at Union, Wacey decided he should see an orthopedist. His trainers directed him to West Tennessee Bone & Joint Clinic.

There, he was treated by Dr. Adam Smith. After x-rays, a CAT scan and an MRI, Dr. Smith's conclusion was that Wacey had a fractured coracoid process, which is the bump on the shoulder blade to which the short head of the biceps tendon attaches.

"Coracoid process fractures are rare," said Dr. Smith. "They often are overlooked on x-rays of the shoulder because they are frequently nondisplaced and difficult to visualize. This type of fracture will



Wacey Russell is ready to play baseball at Union.

usually heal on its own, but it wasn't in Wacey's case."

Because Wacey didn't want to miss any of the spring season his freshman year, Dr. Smith at first encouraged him to rest his shoulder for six weeks.

"When I went back in, it still had not healed," said Wacey. "Dr.

Smith said surgery was what we needed to do and that I would have a four-centimeter screw in my shoulder to stabilize it permanently."

Wacey's surgery was in mid-July. He returned

to Nashville to recover at home and spent three weeks in physical therapy. When the fall semester began at Union this past August, Wacey came to West Tennessee Bone & Joint to complete the three months of therapy required for healing.

"Although it has been a slow process and I am anxious to get back to playing baseball, I am healing well," said Wacey, who says he cannot even feel the screw in his shoulder.

"Dr. Smith thinks I will be able to play when the season starts in the spring. He wants me to play it safe and make sure that I am 100 percent before I go back full time so that there are no other injuries. I hope to be able to start working out some in October to work my way back into things."

Football fan happy to be back in the game — on the sidelines as a team physician

Ask Dr. Trey Antwine about football and in no time at all you will realize he *loves* the game. So much so that this busy orthopedic surgeon from West Tennessee Bone & Joint Clinic can be found on the University School of Jackson sidelines at every football game, both home and away.

He's the team physician, and he practices what he calls "sideline orthopedics."

"I love football and being involved with it anyway I can," said Dr. Antwine. "Getting to be back on the sidelines as a team physician is so rewarding. I get to develop great relationships with the kids, the parents and the coaches. When an injury does occur on the field, I am there to help evaluate it with the trainer."

Assessing the injury

The most common injuries he sees on the sidelines are in the shoulders, knees, ankles and fingers and some concussions. A player down on the field is assessed before allowing him to get up to rule out head and neck injuries, said Dr. Antwine. He'll do a cursory exam, asking the player to move the fingers, flex and extend the wrists and move the elbow and shoulder.

He uses a shoulder injury as an example of what happens when the athlete does not have a serious head or neck injury or does not have another injury where he must leave the field for emergency treatment. The player is walked off the field so the game can continue; assessment continues on the sidelines. The helmet and shoulder pads are removed.

With the trainer, Dr. Antwine asks the player where it hurts, has he injured the same area before, what happened during the play when the injury occurred, if he heard a sound as it happened.



Dr. Trey Antwine, above right, checks a USJ football player's wrist on the sidelines during a football game.

Swelling or point tenderness could indicate a fractured clavicle (collar bone.) A popping or clicking sound could mean a dislocated shoulder or a cartilage injury. Other damage to the shoulder could be a bruised muscle or an injury to the nerves that pass through the joint.

"Our next point of evaluation is to check the athlete's range of motion," Dr. Antwine said. He'll ask the athlete to bend his elbow and extend the arm. Since many shoulder injuries tend to move toward the front out of the socket, he'll push into the shoulder from the back. "We use the non-injured shoulder as a benchmark."

Injury determines next step

What happens next depends on the injury. Some injuries require just ice packs on the shoulder and anti-inflammatory medicine, allowing the player to stay on the sideline for the rest of the game. "We also let the coach know if the player can go back in the game," said Dr. Antwine.

Some injuries will require x-rays or further evaluation at the clinic. If a parent isn't already nearby, Dr. Antwine motions into the stands for the parent to come down. "Regardless of the extent of the injury, I make it a point to talk to the parents and

give them the option to come into our Fifth Quarter Clinic after the game or to the clinic during regular hours."

He'll give the player or his parents his cell phone number in case something occurs over the weekend.

Dr. Antwine started his career in "sideline orthopedics" at South Side High School, working with trainer Buddy McKnight. At that time, Jabari Greer, the player who went on to win the Super Bowl with the New Orleans Saints, was a South Side player. The first time Dr. Antwine treated Greer was to

fix his broken nose.

When his children started attending and playing football for USJ, Dr. Antwine spent one year in the stands helping out before he found his spot once again on the sidelines with trainer Christie Golden. (Before each game, Golden introduces herself to the opposing team's trainer to let him or her know that a physician is on the sidelines.)

Sideline orthopedics

Dr. Antwine is just one of the orthopedists at West Tennessee Bone & Joint Clinic who can be found on the football field on Friday nights. Dr. David Pearce is the team physician for North Side High School, Dr. Adam Smith covers South Side High School, Dr. Michael Cobb is Trinity Christian Academy's team physician, Dr. David Johnson is on the sidelines with Jackson Christian School, Dr. Jason Hutchison takes care of Dyersburg and Dyer County and Dr. Doug Haltom is the team physician for South Gibson Co. High School.

"My oldest son, Brooks, is a junior who plays offensive and defensive guard for the Bruins," said Dr. Antwine, a former high school football player himself. "I enjoy being a part of the team. It is a lot of fun."

Knee replacement brings back mobility

As a busy, active 63-year-old woman, Becky DeArmitt knew she didn't want to accept constant pain in her right knee. She turned to Dr. David Pearce of West Tennessee Bone & Joint Clinic for help. At the end of June, he performed a total knee replacement. Today, she is back at work and getting around better than she has in a while — and without pain.

"I used to be a runner, running most every night on the street," said DeArmitt, who works at St. Mary's School in the office handling communications and the school's website and is assistant to the principal and vice principal. "At that time, they did not have the quality of running shoes they do today, and my knee showed and felt it."

DeArmitt, who lived in Union City until eight years ago, had dealt with knee issues for quite some time and had tried several options to get relief.

"I had arthroscopic knee surgery twice before I moved to Jackson," she said. The first repaired a torn meniscus, and the second cleaned up scar tissue that had developed in her knee, she explained. "I also had cortisone shots for pain relief and a series of injections that were to build up cushioning in my knee."

At the end of it all, DeArmitt found no relief and was faced with a knee that had scar tissue and arthritis, which caused her to be in constant pain. She knew Dr. Pearce from St. Mary's and turned to him for relief more than a year ago. After x-rays, an MRI, more cortisone shots and a series of injec-

tions, she was left with one option: total knee replacement.

She had the surgery on June 28. She did not need pre-surgery therapy because she had been active and had good movement in her knee. After surgery, she remained in the hospital for four days with her right leg in a continuous passive motion (CPM) exercise machine to restore movement in the knee and leg. This device slowly moves the knee while the patient is in bed, decreases leg swelling by elevating the leg and improves circulation by moving the leg muscles.

Once she got home, DeArmitt contin-

ued to use the CPM to increase the flexibility of her knee for two times a day for three hours at a time. She also had in-home physical therapy every day for a week. Within a day or two after surgery, DeArmitt was able to move around on her own with the assistance of a walker and then a cane.

"The walker was so cumbersome, and I could get around, so I did not use it long," said DeArmitt. "Within a week of surgery I was getting around pretty well. I do not believe in stopping or slowing down. I like to keep going so I was determined not to be down long with this."

Two weeks after surgery, Dr. Pearce prescribed physical therapy three times a week. Once again, DeArmitt turned to West Tennessee Bone & Joint Clinic where she completed her therapy.

Three months after surgery, DeArmitt is doing great. "I am really pleased with how my surgery, recovery and rehabilitation have gone," said DeArmitt, who returned to work four weeks after surgery. "I also am a big believer in doing your home therapy exercises the physical therapists prescribe. I think that was very instrumental to my recovery. If you don't do home therapy, you will lose what you gain in therapy as you only go three times a week. I did my exercises at home in the morning and then after work."

"I have confidence in Dr. Pearce and the therapists at Bone and Joint," said DeArmitt. "They are good people who are caring and knowledgeable in their field. They encourage and help you and are genuinely concerned about your recovery."



Tom Johnson, above left, Director of Physical Therapy, gives advice to Becky DeArmitt, who is recovering from a total knee replacement.

Continued from back cover...

Physical and Occupational Therapy at West TN Bone & Joint

or treat the underlying dysfunction."

This often involves individuals affected or even disabled by cumulative trauma conditions such as carpal tunnel syndrome or tennis elbow or more chronic conditions such as arthritis or neurological conditions, Grooms said.

"When necessary, an OT may be involved

in making custom splints to immobilize and treat certain elbow, wrist, and hand injuries.

The goal of occupational therapy is to restore normal functional use of the involved extremity in activities of normal daily living, including returning to work and/or a productive lifestyle."

Physical and Occupational Therapy offered at West Tennessee Bone & Joint

West Tennessee Bone & Joint Clinic's Physical Therapy Department opened 10 years ago and moved into a new state-of-the-art facility in 2006.

Located within the West Tennessee Bone & Joint Clinic, the Physical Therapy Department has more than 4,000 square feet and is equipped with a full range of exercise equipment and treatment modalities. The department is staffed with licensed physical therapists, physical therapy assistants and an occupational therapist.

Physical therapy is a healthcare specialty that evaluates and treats individuals with impairments or limitations in their overall physical function. These challenges can be the result of disease, injury or a pathological process.

The physical therapist provides services

that relieve pain and prevent or limit permanent physical limitations. The ultimate goal in physical therapy is to restore maximal functional independence to each patient.

Occupational therapy is the newest service offered at West Tennessee Bone & Joint.

Occupational therapy (OT) is the application of skilled treatment to help people achieve independence in their lives, explained Marty Grooms, who has been an Occupational Therapist at West Tennessee Bone & Joint Clinic for four years.



The Physical Therapy staff, pictured, left to right, are, front row, Rita Wright; Shea Cooper, PT; and Christina Fesmire, PTA; and back row, Marty Grooms, OT; Jesse Gatlin, PT; Cheryl Murray, PT; Tanya Gray, Tech; and Tom Johnson, Director of Physical Therapy.

“OT is generally involved with the rehabilitation of people who have impairments because of injury and/or disease. Occupational therapists specialize in the treatment and rehabilitation of the injured upper extremity. They may use functional, purposeful activities to address

Continued inside ...



Lowell Stonecipher, M.D.



Michael Cobb, M.D.



David Johnson, M.D.



Kelly Pucek, M.D.



Harold Antwine III, M.D.



David Pearce, M.D.



Jason Hutchison, M.D.



Adam Smith, M.D.



J. Douglas Haltom, M.D.



John Everett, M.D.



Donna Klutts, CMPE Practice Administrator

Keeping You Active

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

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