



ISSUE 03 | WINTER 2010

ORTHOSPORTS LOCATIONS

- > Concord 02 9744 2666
- > Hurstville 02 9580 6066
- > Olympic Park 02 9735 3637
- > Penrith 02 4721 1865
- > Randwick 02 9399 5333
- > Sydney 02 9735 3637

Or visit our website

www.orthosports.com.au

WHO ARE WE?

Orthosports is a professional association of Orthopaedic Surgeons based in Sydney.

We specialise in joint replacement, arthroscopic and reconstructive surgery.

Orthosports also includes a team of Sport & Exercise Medicine Physicians who are dedicated to promoting excellence in the treatment of musculoskeletal disorders in both adults and children.

Our team of surgeons has particular expertise in hip and knee replacement, ACL Reconstruction, knee arthroscopy, open shoulder surgery, trauma, foot and ankle surgery, fracture management, paediatrics and many subspecialist procedures.

All of our practices are conveniently located next to physiotherapy, x-ray and imaging facilities.

Our mission is to have the facilities to offer everything our patients may need but also to be small enough to look after the little details that make all the difference to patient care.

Welcome to the Winter issue of Orthosports News.

We received such a positive response to Part One of our knee examination series last issue that we've expanded it this time. You will find Part Two of our three part series inside.

Many of you may already know that we've had a number of exciting developments at Orthosports recently. We've opened new offices at Sydney Olympic Park and our Concord rooms are about to undergo an exciting refurbishment. You will find more information about this on Page 2.

As always we hope you enjoy this issue of Orthosports News, please don't hesitate to contact us if you ever have any questions, feedback or ideas for future issues.

Cheers, **The Team at Orthosports**

Acromioclavicular Joint Separation

This is one of the most common shoulder injuries seen (usually from a sporting accident). It is particularly common in cycling, snowboarding, skiing, or football. The injury results from a fall onto the point of the shoulder and can be mild, moderate or severe. In a mild or moderate separation, the ligaments involved are stretched. In a severe injury, the ligaments that hold down the collar bone or clavicle are ruptured and the end of the collar bone appears very prominent.

In the severe injury (called a Grade 3 injury) both the Coraco Clavicular ligaments and the Acromioclavicular capsule are torn (this leads to the deformity or bump on top of the shoulder).

Unfortunately these ligaments never completely heal. The severity of the injury is determined from the clinical examination and x-rays.

A mild or moderate separation (Grade 1 or Grade 2) can be successfully treated in a sling for a few weeks followed by a course of physiotherapy and gradual mobilisation. Most people do well without surgery.

The severe injury (Grade 3) can be treated either nonoperatively or operatively.

Non-operative treatment involves immobilisation in a sling for two to three weeks followed by a course of physiotherapy. The bump on top of the shoulder always remains prominent and occasionally arthritis of the acromioclavicular

joint develops some years after the injury. The latter can be addressed at a later time with a small operation. The injury can be associated with ongoing pain in a small number of cases and also may lead to some permanent weakness in those persons who do heavy overhead work or do a lot of throwing.

Surgery involves a small incision over the top of the shoulder. The end of the collar bone is cut out because it is always damaged and the torn Coraco Clavicular ligament is replaced by an artificial ligament (made out of a strong synthetic material called Dacron or by using a tendon from another part of the body).

This surgery is much more successful when done within 3 weeks of the injury. Although it can be done later, the results of this particular operation may not be as good as if it was done soon after the injury. In long standing and chronic injuries a different operation is usually needed (This is called a Coraco Clavicular Fusion and a bone grafting procedure is required).

Generally speaking anyone who does heavy manual or overhead work should consider having the surgery done soon after the injury. This also applies to throwing or contact athletes. With most other patients a non operative approach is appropriate with the understanding that they are accepting a small element of risk surgery may be needed at a later date. Unfortunately the delayed operation tends not to be as successful as an operation done immediately following the injury.

– Dr Jerome Goldberg



Boomeritis | A new term used to describe injuries to older amateur athletes, especially Baby Boomers.

As Baby Boomers entered their 40's and 50's there was an explosion of bone and joint aches, injuries and ailments which have become known as **Boomeritis**.

Baby Boomers are a lot more active than their parents so they need to take a few precautions to avoid injuries like rotator cuff tears, tendonitis and stress fractures. These include cross-training to alleviate stress by not using the same muscles repeatedly and always preparing properly by warming up and cooling down.



Before x-ray

After x-ray

Bunion Surgery

When the great toe develops a prominence on the inside of the foot, this is called a “bunion”. In medical terms, this is known as **hallux valgus**. The bump is caused by the bones of the great toe becoming crooked. Pain can develop from pressure due to snug fitting shoes. The deformity itself can cause pain due to pressure on nerves and crowding of the lesser toes.

Treatment: Initial treatment includes wearing wider shoes or sandals. Pads or orthotics, obtained from the chemist or podiatrist, may help to alter pressure points and relieve pain. If these measures fail to relieve symptoms, surgery should be considered. Surgery involves straightening of the crooked toe, narrowing of the foot, and removal of the prominent “bunion”. Surgery should not be performed solely for cosmetic reasons.

The appropriate patient for surgery has a painful bunion or worsening deformity. Problems with the lesser toes are also indications for surgery. **Weightbearing radiographs** of the foot are necessary to determine the appropriate surgery.

– Dr Todd Gothelf

Orthosports opens new offices at Sydney Olympic Park

Orthosports have opened new rooms at the Sydney Olympic Park precinct. Incorporating the Hip and Knee Clinic, this new office boasts new x-ray facilities on-site by Castlereagh Radiology.

The surgeons consulting from this location are **Prof Warwick Bruce** and **Drs Peter Walker** and **John Trantalis**.

The new office is conveniently located diagonally across from Olympic Park railway station at the corner of Australia Avenue and Murray Rose Avenue. Take the Park Avenue exit if arriving by train. The main bus stop is only metres away from the office in Park Avenue. Abundant car parking is available with the nearest station (P6) in Australia Avenue, approximately a 200 metre walk away. Parking is \$4.00 an hour.



Address:

Retail 4
8 Australia Avenue
(enter via Murray Rose Avenue)
Sydney Olympic Park
NSW 2127

Tel: 02 9735 3637
Fax: 02 9735 3635

Office Hours: Monday – Thursday: 8:00am – 5:00pm
Friday: 8:30am – 4:00pm
Saturday and Sundays: Closed

CONCORD OFFICES UNDERGO REFURBISHMENT



The Orthosports offices on Burwood Road, Concord are about to undergo a complete refurbishment. Work will commence in late August for a two week period however disruption to patients will be minimal during this time. These upgrades will allow improved patient care and comfort as well as offering ongoing radiology and physiotherapy services.

Surgeons consulting from Concord: Dr David Dilley, Dr. Todd Gothelf, Dr. John Negrine, Dr. Rodney Pattinson, Dr. Doron Sher.

Sports & Exercise Medicine Physician: Dr. Mel Cusi

Medicolegal: Dr. Rick Honner



A sub-group of Orthosports, The Sydney Shoulder Clinic is a specialist shoulder service providing clinical care in physiotherapy, sport & exercise medicine and orthopaedic surgery.

www.sydneyshoulderclinic.com.au



OUR WEBSITE IS YOUR ORTHOPAEDIC RESOURCE

If you haven't visited our website recently, please take the time to visit and take a look around. It contains descriptions of many common surgical conditions and procedures as well as lectures, animations and videos of lectures given by our surgeons and sports physicians over recent years.

www.orthosports.com.au

KEY EXAMINATION POINTS



Following from Part 1 last newsletter, this is Part 2 of our knee examination series

ACL TEARS

Anterior cruciate ligament tears present as acute injuries. This may be contact or non-contact. In the case of non-contact injury the history is usually of a patient playing sport with the foot planted attempting a side stepping manoeuvre. The knee gives way with a popping sound and the patient falls to the ground. Occasionally the patient may describe a hyperextension injury or a quadriceps active mechanism when the pop occurs as they jump into the air. The knee may swell immediately and the gait painful. Most sportspeople are unable to continue playing their sport at the time of injury.

On examination it is important to ensure that the patient is relaxed. This is often difficult when the knee is painful and swollen and the examination can be challenging. In order to obtain relaxation, the patient is asked to rest his or her head on a pillow with their arms by their sides. It may be useful to gently roll the thigh in and out, to get the muscles to relax. *Placing a pillow below the knee is often more comfortable for the patient.*

LACHMANN TEST



The knee is unlocked in 30° of flexion. The patient's heel rests on the couch. The examiner holds the patient's tibia, with the thumb on the tibial tubercle. The examiner's other hand is placed on the patient's thigh, a few centimetres above the patella. Placing your leg under the thigh can make it easier to control the

femur in larger patients. The hand on the tibia applies a brisk anteriorly directed force to the tibia.

The quality of the endpoint at the end of the movement is described as either "firm" or "soft" and is always compared to the other knee. If the movement of the tibia on the femur comes to a sudden stop, this is described as a firm endpoint. A soft endpoint almost always indicates a torn ACL. If the ACL is torn in one knee, the patient will usually be aware of the difference between the firm endpoint in the healthy, and the soft endpoint in the cruciate-deficient knee. A firm endpoint results from the sudden tensioning of the ACL. *Some patients are able to discriminate the side-to-side differences in the quality of the endpoint.*

ACTIVE RESISTED EXTENSION

In obese patients, subjects with bulky muscles or patients with a large effusion, it may be difficult for the examiner to encircle the patient's thigh with his or her hand. In such cases, the examiner may place a fist under the knee, hold the ankle against the couch with the other hand, and ask the patient to lift the leg against resistance. This resisted quad setting will move the tibial tubercle forward. This is a useful screening test but takes some practice to appreciate the anterior translation of the tibia which indicates the torn ACL.

PIVOT SHIFTS



Tests screening for pivot shift were first described by M. Lemaire, in 1968. Since then, many such tests have been devised: A shift means that the ACL has gone. Sometimes, though, the ACL may be deficient without a pivot shift occurring.

The pivot shift test of MacIntosh

"When I pivot, my knee shifts." This is how a hockey player described his

symptoms and so a test was devised to reproduce this sensation. It involves stress applied to the knee in valgus and flexion, with or without internal rotation.

Description of the test: The patient is positioned supine and you stand on the affected side. You use one hand to hold the patient's foot in very slight internal rotation. With the other hand, you apply a valgus stress to the posterolateral aspect of the proximal calf. At this point, flexion is started. The lateral tibial plateau will be seen to sublux forwards during the first degrees of flexion. As flexion progresses, the anterolaterally subluxed tibia will suddenly reduce, at 30° of flexion. This reduction is associated with a characteristic clunk, which the patient will readily recognise. *(If you wish to gain expertise with this test, you may find it helpful attending one of our knee surgery lists and examine the knees of patients under anaesthesia).*

ANTERIOR DRAWER IN 90° FLEXION OR DIRECT ANTERIOR DRAWER



The examiner sits on the patient's foot, which has been placed in neutral position. The knee is in 90° flexion. The index fingers are used to check that the hamstrings are relaxed, while the other fingers encircle the upper end of the tibia and pull the tibia forwards.

If a direct anterior drawer is obtained, the ACL will be torn. However, for this sign to be elicited, peripheral structures such as the medial meniscus or the meniscotibial ligament must also be damaged. This ligament forms a wedge, in 90° flexion, preventing anterior tibial translation. The finding of an anterior drawer is conclusive evidence of an ACL tear. However, not every ACL tear will be associated with a positive anterior drawer test.

– Dr Doron Sher and Dr John Best

Spotlight on Dr Mel Cusi



Dr Mel Cusi studied and completed his medical residency in both Barcelona, Spain and at Prince of Wales Hospital in Sydney. He has been a full time Sports & Exercise Medicine Physician since 1993. Dr Cusi is actively involved in the Australasian College of Sports Physicians, currently acting as the Honorary Treasurer.

Dr Cusi has a range of clinical interests, including back pain and pelvic instability in sport, the ethical aspects of drugs in sport, and lectures internationally in these areas. Travelling regularly to international conferences, in June he was a guest speaker at an international Basketball Medicine Conference in Spain, and in November he will be moderating at The 7th World Congress on Low Back & Pelvic Pain in Los Angeles.

In recent years Dr Cusi has consulted to the FC Barcelona football and basketball squads, including Andrés Iniesta, Spain's winning goal scorer at the recent Football World Cup final in South Africa.

Dr Cusi consults from Concord, Hurstville and Randwick.

Orthopaedic Surgeons and their Interests

LOCATION	SURGEON	SPECIALTY
CONCORD 47-49 Burwood Road, Concord NSW 2137 Tel: 02 9744 2666	Dr. Todd Gothelf	Shoulder, Foot & Ankle
	Dr. John Negrine	Foot & Ankle (Adult)
	Dr. Rodney Pattinson	Paediatrics and General Orthopaedics
	Dr. Doron Sher	Knee, Shoulder and Elbow
HURSTVILLE 2 Pearl Street, Hurstville NSW 2220 Tel: 02 9580 6066	Prof. Warwick Bruce	Hip and Knee
	Dr. Jerome Goldberg	Shoulder
	Dr. Todd Gothelf	Shoulder, Foot & Ankle
	Dr. Andreas Loeffler	Spine, Trauma, Hip and Knee
	Dr. John Negrine	Foot & Ankle (Adult)
	Dr. Rodney Pattinson	Paediatrics and General Orthopaedics
	Dr. Ivan Popoff	Shoulder, Knee and Elbow
	Dr. Allen Turnbull	Hip and Knee
OLYMPIC PARK Retail 4, 8 Australia Ave Sydney Olympic Park NSW 2127 Tel: 02 9735 3637	Prof. Warwick Bruce	Hip and Knee
	Dr. John Trantalis	Shoulder and Elbow
	Dr. Peter Walker	Hip and Knee
PENRITH Level 3, 1a Barber Avenue, Kingswood NSW 2747 Tel: 02 4721 1865	Dr. Todd Gothelf	Shoulder, Foot & Ankle
RANDWICK 160 Belmore Road, Randwick NSW 2031 Tel: 02 9399 5333	Dr. Jerome Goldberg	Shoulder
	Dr. Todd Gothelf	Shoulder, Foot & Ankle
	Dr. Andreas Loeffler	Spine, Trauma, Hip and Knee
	Dr. John Negrine	Foot & Ankle (Adult)
	Dr. Rodney Pattinson	Paediatrics and General Orthopaedics
	Dr. Ivan Popoff	Shoulder, Knee and Elbow
	Dr. Doron Sher	Knee, Shoulder and Elbow
	Dr. John Trantalis	Shoulder and Elbow
SYDNEY Level 3, 187 Macquarie Street, Sydney NSW 2000 Tel: 02 9233 2883	Dr. Peter Walker	Hip and Knee

Sport & Exercise Medicine Physicians

PHYSICIAN	LOCATION	PHYSICIAN	LOCATION
Dr. Paul Annett	Hurstville	Dr. Mel Cusi	Concord Hurstville Randwick
Dr. John Best	Randwick		

As a friend of Orthosports you have been included on our mailing list to receive this newsletter. Should you wish to unsubscribe please email education@orthosports.com.au or contact one of our offices directly.

www.orthosports.com.au

ARTHROSCOPY | JOINT REPLACEMENT | LIGAMENT RECONSTRUCTION | PHYSIOTHERAPY | SPORT & EXERCISE MEDICINE