



ISSUE 01  
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## Welcome

to the new look Orthosports Newsletter. It's been a while since our last one, so it's long overdue! With 2009 bringing Orthosports' 20th Anniversary we thought it time to start producing a regular newsletter, so keep an eye out for it in the future.

Orthosports News will be covering all the latest developments as well as information on common orthopaedic operations and conditions with a focus on seasonal injuries. Not to forget that Orthosports also deals with all non surgical and soft tissue injuries both from the sporting field and from every day life. Our team of highly qualified Sports Physicians are specialists in Sports Medicine and focus on returning patients to their desired activity levels.

So enjoy, and please don't hesitate to let us know if you have any questions or feedback.

## 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 Sports 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.

Today we are one of Australia's largest Orthopaedic surgery and sports medicine practices - we are actively involved within both the public and private hospital systems as well as heavily involved in post-graduate education. 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.



### Orthosports Locations

City	02 9233 2883
Randwick	02 9399 5333
Concord	02 9744 2666
Hurstville	02 9580 6066

Or visit our website  
[www.orthosports.com.au](http://www.orthosports.com.au)

## Snow Season Blues

With winter upon us, this means a rise in snow related injuries ACL tears, shoulder fractures and dislocations as well as injuries to the wrist and lower limbs. Also common amongst snow-boarders are ankle injuries, in particular:

### Ankle arthroscopy:

Every day in Sydney 400 people sprain their ankles. Most make an uneventful recovery over about 6 weeks with some physiotherapy treatment. Unfortunately approximately 5% do not recover and require surgical intervention. In this situation the most commonly performed procedure is ankle arthroscopy. The surgery is performed over a day in hospital and usually 5 days on crutches (10 days if a ligament reconstruction is performed concurrently). This procedure removes scar tissue (which blocks joint movement), removes loose cartilage or bony fragments or to clean out the inflamed lining of the joint (synovectomy).



Increasingly being recognised are sprains between the distal tibia and fibula (syndesmosis). These are a special category of ankle sprain which takes approximately twice as long to heal as a conventional ankle sprain. These injuries are best assessed and treated arthroscopically as their severity is often underestimated by x-ray, CT or MRI.

Ankle arthroscopy is also used to remove impinging spurs within the ankle and to debride benign synovial tumours such as pigmented villonodular synovitis.

Ankle arthrodesis in selected cases is now being performed arthroscopically with the hope of faster recovery and less devascularisation of the bony surfaces.

## Our New Website is your New Orthopaedic Resource!

20 years means not only a new newsletter but also a new website. If you haven't visited already, please take a look around - we still have descriptions of common surgical procedures but we've expanded our section for GP's, physiotherapists and students which contains a number of lectures given by our surgeons over recent years. Please contact our Hurstville rooms for access to this password protected area. [www.orthosports.com.au](http://www.orthosports.com.au)

# Being the Team Doctor | Dr Paul Annett MBBS FACSP

As a Sports Physician, football team coverage makes up an important part of my week. I've been lucky enough to be the club doctor at St George Illawarra for the last 5 years. More recently I have had the pleasure of looking after the City Origin Team and this year have been given the challenge of being the Australian Kangaroos doctor.

Approximately half of my working week is spent with the team including match day coverage, post game review of injuries and pre-game checks for fitness to play. This adds a nice balance to seeing patients in my rooms for the rest of the week.

The football work is really aimed at acute injury management of various muscle, joint and bone conditions, whereas clinic work tends more towards overuse and degenerative conditions. A significant challenge of this type of team care is getting the players back on the field as quickly as possible. The doctor has to balance the needs of the player and the team and to ensure the safe return from the injury itself. This is both in terms of acute injury recurrence and long term consequences. This desire to 'push the envelope' can lead to some stressful decisions, but the players' health always comes first.

Generally a collaborative approach between the player, medical and coaching staff will give an acceptable result to all involved. The experience with aggressive acute injury management allows us to know what treatment and rehabilitation facilitates a faster return to work and normal activities which can then be applied to our 'weekend warrior' patients.

*Visit our website for more information on our Sports Medicine physicians as well as sports-injury related handouts.*



## UNICONDYLAR KNEE RESURFACING

*Who is usually suitable?*

- Patients over 50 with severe osteoarthritis predominantly affecting one side of the knee with good preservation of the rest of the joint.
- Younger patients and those with a high level of activity may be more suitable rather than total replacement.

*Who is usually not suitable?*

- Patients with severe osteoarthritis affecting more than one area.
- Patients who have severe angular deformity.
- Patients who suffer from inflammatory arthritis.
- Patients under 50 except in special circumstances.
- Patients with an unstable knee from a previous injury or have had an osteotomy around the knee.

## EDUCATION SESSIONS FOR GP's

The Orthosports team of Orthopaedic Surgeons are available for After Work Education Sessions for GP's

We cover a number of topics with a focus on common hip, knee, shoulder and elbow conditions.

These 90 minute sessions can be conducted at either your rooms or at one of our clinics in Randwick, Concord or Hurstville.

For more information or to book contact  
**Stephanie Russell**  
[education@orthosports.com.au](mailto:education@orthosports.com.au)  
or on 02 9399 5333

## New Members of the Orthosports Team



Dr. John Trantalis specialises in shoulder & elbow surgery with a special focus on advanced arthroscopic techniques for the repair of massive rotator cuff tears. Consults at Randwick and Concord.



Dr. Todd Gothelf is a US born and trained surgeon. Before relocating he completed fellowships in shoulder surgery and sports medicine in Tennessee. In Sydney, he then completed further fellowships in shoulder surgery and in foot and ankle pathology. Consults at Concord and Hurstville.

## Women and ACL Injuries

During the winter GP's, physios and orthopaedic surgeons all see a rise in knee sports related injuries. The knee and its associated ligaments, menisci and bone account for around 30-40% of snow skiing injuries.

Interestingly, recent studies have shown what we've all known clinically for a while – that women and specifically female athletes are 8 times more likely to injure their ACL than males. The reasons for this are not completely clear but work is certainly being done to try to find out why this should be the case.

### Associated risk factors could include:

**Hormones and the menstrual cycle:** Ovulation means increased and unbalanced metabolite levels - women injure their ACL more frequently during this phase. After puberty young girls are 2 to 4 times more likely to injure their ACL. Studies addressing this correlation are ongoing as some have suggested that ACL laxity doesn't vary over the menstrual cycle.

**Women rely on their ligaments more than men:** Rather than using their hamstrings like men, women rely on their quads, compressing their joints and pulling the tibia forward – this dependence on ligaments rather than muscle leads to weakening.

**Biomechanics:** One suggestion is that since the femoral notch is narrower in women, the femur grinds on the ACL and again weakening it.

When jumping, pivoting and landing, women also tend to bend their knees inwards hence leading to an uneven distribution of their weight.

Having said that, as males play more sidestepping and contact sports than females we still perform ACL surgery on far more men than women.

*Dr Sher has written a research thesis on ACL reconstruction which was awarded the prize for best scientific paper from the Australian Orthopaedic Association. Dr Bruce has published extensively on methods to improve the bone to tendon healing rates after ACL reconstruction.*

*Please visit our website for more information on ACL injuries and surgery.*



## FRACTURED CLAVICLES: LEVEL 1 EVIDENCE NOW SUPPORTS PLATE FIXATION

Traditionally, a displaced midshaft fracture of the clavicle in an adult was treated non-operatively in a supportive sling. Recently however, a prospective randomized level 1 study\* has demonstrated numerous advantages to treating these fractures with an operation to fix the bone. In this study, the reported advantages of an operation compared with a sling were:

- A lower risk of the bone not healing (non-union)
  - Sling 15%
  - Plate and Screws 1.6%
- A lower chance of a symptomatic mal-union- i.e. the clavicle has healed in an abnormal position that is now causing symptoms for the patient.
  - Sling 14%
  - Plate and screws 0%
- Improve function of the arm with an operation
- A better body image

This study has allowed us to give more accurate and predictive information to adult patients with displaced midshaft fractures of the clavicle. If non-operative treatment is chosen, then treatment involves supporting the shoulder in a sling for approximately 4 weeks and performing active elbow, wrist and hand exercises, and then gradually commencing shoulder range of motion exercises as the pain settles down. There are some situations when a fractured clavicle should be operated on more urgently: open fractures, neurovascular compromise, threatened skin, associated glenoid fracture, marked shortening of clavicle.

-by Dr. John Trantalís

\*Nonoperative Treatment Compared with Plate Fixation of Displaced Midshaft Clavicular Fractures: A Multicenter, Randomized Clinical Trial; Canadian Orthopaedic Trauma Society The Journal of Bone and Joint Surgery (American). 2007;89:1-10.

## KEY EXAMINATION POINTS ROTATOR CUFF TEARS

- The most reliable sign that a person has a rotator cuff tear is external rotation weakness with the arm by their side.
- If they have a massive tear they may not be able to raise their arm above their head.
- Upper arm bruising after a fall indicates that the patient either has a fracture or a rotator cuff tear. Always order an x-ray and if this is normal arrange urgent referral to a surgeon.
- With a smaller tear the range of motion might be maintained but the strength will not be.
- Generally speaking ultrasound is not a useful test for this diagnosis.

# Orthopaedic Surgeons

## Prof. Warwick Bruce - Hip & Knee

Clinical Professor, Sydney University and Chairman of the Australian Arthroplasty Society

**Consults at:** Concord and Hurstville

**Operates:** Hurstville Community Hospital, Canada Bay and Concord Hospitals.

## Dr. Jerome Goldberg - Shoulder

President of the Shoulder and Elbow Society of Australia. Special interests include arthroscopic instability and rotator cuff surgery.

**Consults at:** Concord, Hurstville and Randwick

**Operates:** Hurstville Community Hospital and Prince of Wales Private Hospital.

## Dr. Todd Gothelf - Shoulder, Foot & Ankle

US Fellowships in Shoulder Surgery & Sports Medicine. Fellowship in Shoulder and Foot and Ankle surgeries at Prince of Wales.

**Consults at:** Concord and Hurstville

**Operates:** Hurstville Community Hospital, Canada Bay Hospital, Sydney Private Hospital, Nepean Private Hospital and Concord Public Hospital.

## Dr. Andreas Loeffler - Spine, Trauma, Hip & Knee

Honorary Secretary of Australia Orthopaedic Association. Yves Cotrel Fellowship in Spinal Surgery in France.

**Consults at:** Hurstville and Randwick

**Operates:** Hurstville Community Hospital, Prince of Wales Private and Public Hospitals.

## Dr. John Negrine - Adult Foot & Ankle

President of Australian Orthopaedic Foot and Ankle Society. US accredited Fellowship in foot & ankle surgery.

**Consults at:** Concord, Hurstville and Randwick

**Operates:** Prince of Wales Private Hospital and Hurstville Community Hospital.

## Dr. Rodney Pattinson - Paediatrics & General Orthopaedics

Fellowship at Hospital for Sick Children & Princess Margaret Rose Hospital in the UK. Operates on adults with hip & knee conditions.

**Consults at:** Concord, Hurstville and Randwick

**Operates:** Canada Bay Hospital, Sydney Children's Hospital.

# & Their Interests

## Dr. Ivan Popoff - Shoulder, Knee & Elbow

Fellowship in Sports Medicine, shoulder and knee surgery, Dalhousie University, Halifax NS Canada.

**Consults at:** Hurstville and Randwick

**Operates:** Hurstville Community Hospital and Prince of Wales Private Hospital.

## Dr. Doron Sher - Knee, Shoulder & Elbow

Head of Orthopaedics, Concord Hospital. Fellowships in upper & lower limb surgery : Masters Thesis on ACL reconstruction.

**Consults at:** City, Concord and Randwick

**Operates:** Prince of Wales Private, Concord Public, Canada Bay Private Hospitals, Sydney Private Hospital and St. Lukes.

## Dr. John Trantalis - Shoulder & Elbow

Fellowships in Shoulder and Elbow Surgery. Trained at the Mayo Clinic & Sloane Kettering Centre in New York.

**Consults at:** Concord and Randwick

**Operates:** Concord Hospital, Canada Bay Private Hospital and The Prince of Wales Private Hospital.

## Dr. Allen Turnbull - Hip & Knee

Fellowship in joint replacement surgery. Interest in sporting injuries involving the knee and joint replacement.

**Consults at:** Hurstville

**Operates:** Hurstville Community Hospital, Kareena and St George Private Hospitals and St George and Sutherland Public Hospitals.

## Dr. Peter Walker - Hip & Knee

Awarded Zimmer Travelling Fellowship. Two accredited fellowships in hip and knee surgery in Boston and Toronto.

**Consults at:** City, Concord and Randwick

**Operates:** Canada Bay Hospital, Prince of Wales Private & Concord Public Hospital.

## Sports Physicians

### Dr. Paul Annett

M.B.B.S. (Hons) F.A.C.S.P. Conjoint lecturer UNSW

Consults at: Hurstville

### Dr Manuel Cusi

M.B.B.S.

Consults at: Concord, Hurstville & Randwick

### Dr. John Best

B.MED, DIP Sports Med (London), F.A.C.S.P.

Consults at: Concord & Randwick

### Dr Hugh Hazard

M.B.B.S. Grad.Dip.Sp.Science, F.A.C.S.P.

Consults at: Concord

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