



ISSUE 02 | SUMMER 2010

ORTHOSPORTS LOCATIONS

- > City 02 9233 2883
- > Concord 02 9744 2666
- > Hurstville 02 9580 6066
- > Penrith 02 4721 1865
- > Randwick 02 9399 5333

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 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.

Welcome to the first **ORTHOSPORTS** Newsletter of 2010.

As we are well into summer, this issue has a particular focus on common warm weather injuries. We included features on Swimmers Shoulder which is also commonly found in surfers.

This edition's "Key Examination Points" feature is Part One of a Three Part series examining knee injuries. Turn to Page 3 to read some tips on diagnosing Meniscal Tears.

We hope you enjoy our newsletter, and as always, don't hesitate to get in touch if you have any questions, feedback or ideas for future editions.

We wish you all the best for a wonderful year ahead.

Cheers,

The Team at Orthosports

Swimmer's Shoulder

Swimmers or Surfers Shoulder is a common condition affecting both competitive and recreational swimmers and surfers. It is basically an overuse injury resulting in the patient presenting with impingement or rotator cuff type symptoms during or after performing the aggravating activity.

The primary pathology is muscular imbalance. The freestyle and surfer's strokes result in overdevelopment of both the shoulders internal rotators (subscapularis), compared to external rotators (infraspinatus) and the anterior chest wall musculature (pectoralis major and minor) relative to the posterior wall scapular stabilisers (rhomboids, levator scapuli, serratus anterior and parts of the trapezius).

The end result is that scapula assumes a protracted abducted position with associated reduction in the subacromial space. This, combined with the relative weakness of the infraspinatus, leads to impingement of the supraspinatus tendon on the under surface of the acromium. The swelling associated with repeated impingement leads to further reduction of the subacromial space.

With time the abnormal scapula position becomes relatively fixed secondary to tight anterior structures. Left untreated the patient suffers continuing disability and risks the development of supraspinatus tendinosis or tear.

Diagnosis is usually straight forward. The patient complains of anterior shoulder pain during or after the activity.

During swimming the freestyle the swimmer may demonstrate a wide flattened stroke (dropped elbow), this may be present at the start or develop during the swim as the scapula stabilizers (especially serratus anterior) fatigue.



On examination they often have bilateral abnormal scapula malpositioning resulting in a round shouldered appearance and slight winging, tenderness over the supraspinatus insertion into the greater tuberosity is common, a painful arc is often present in forward flexion and abduction, impingement tests are positive.

Shoulder stability should also be assessed as subtle instability is common in swimmers and may contribute to impingement.

Treatment involves correction of the muscle imbalance and anterior shoulder stretches. Initially a thera-band programme focused in external rotation (infraspinatus) strengthening and scapular stabilization exercises, progressing to weight machines and free weights as tolerated, combined with appropriate stretches. This approach is usually successful; it may need to be augmented with judicious use of subacromial corticosteroid to settle acute symptoms in florid cases.

Ideally these exercises should be part of the swimmers or surfers training so as to prevent the condition in the first place.

– Dr. Ivan Popoff

Orthosports surgeons providing their time to Orthopaedic Charity

Orthopaedic Outreach is a NFP organisation founded in 1987 by a group of Australian orthopaedic surgeons in order to facilitate training opportunities in Fiji. The program has now expanded to include many countries in the Asia Pacific region including Bali, East Timor and The Cook Islands.

Many of our surgeons give their time regularly - Andreas Loeffler travels to Lumbasa in Fiji twice yearly to work and train local medical professionals in the area.

CASE STUDY I

Dr Loeffler examined a 40 year old man who had fallen whilst working on his farm five weeks earlier. X-rays taken at a local medical centre at the time showed a fracture dislocation of the cervical spine. However as he had shown no signs of neurological loss he was sent home. Three weeks later the patient was a paraplegic.

Medical treatment was available in Suva (more than 4 hours away on the main island) however it was decided that he was too unstable to travel. Although orthopaedic equipment and facilities are limited in Labasa after his arrival, Dr Loeffler made the decision to operate otherwise the man certainly would not survive.

Surgery was performed with the minimal equipment available using ankle plates rather than cervical plates to reduce the dislocation in the patient's neck. After 4 days the patient was moving all four of his limbs again and soon after was deemed well enough to travel to Suva for rehabilitation. Two months later he was able to walk unaided.

For more information on Orthopaedic Outreach and it's work, please visit their website www.orthoreach.org.au

- Dr Andreas Loeffler



Before x-ray



After x-ray

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 or on 02 9399 5333

Spotlight on Dr Rod Pattinson



Dr. Rod Pattinson is a General Orthopaedic Surgeon however with a focus on Paediatrics. After studying and residency training in Sydney, Dr Pattinson gained his expertise in children's orthopaedic disorders in London and Edinburgh.

Dr. Pattinson has several publications in paediatric orthopaedic literature and has a special interest in the management of leg length discrepancy in children and congenital hip dislocation.

Dr. Pattinson consults from Concord, Hurstville and Randwick.

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



Hip Arthroscopy

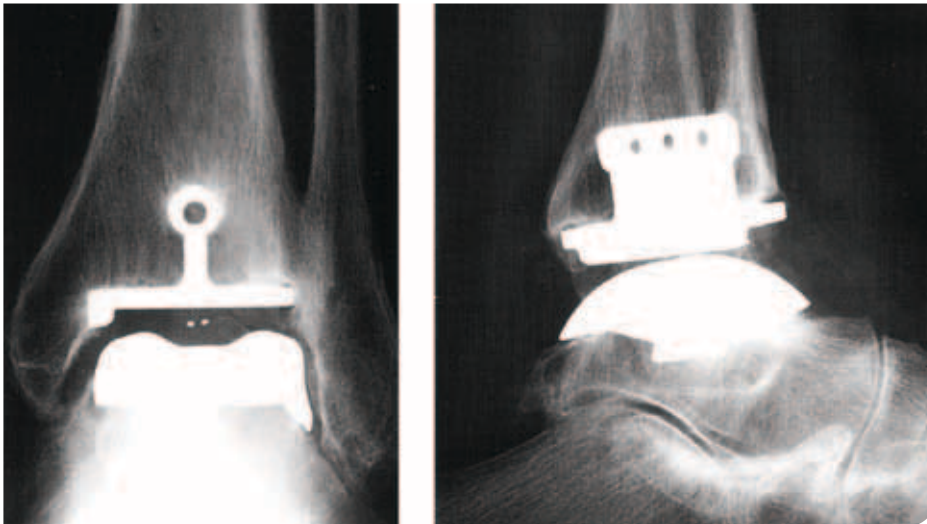
Hip arthroscopy is the fastest growing operation in orthopaedics in the last 12 months. Dr Peter Walker has been doing this procedure for the last 8 years.

Arthroscopy is usually done for pain from the labrum which is a structure which goes around the outside of the acetabulum. Tears in the labrum are often secondary to hip impingement where the femoral neck hits on the acetabular edge. This is a very common cause of early arthritis and if caught early enough and treated can not only relieve symptoms but delay the onset of arthritis. Once the patient has arthritis the results of arthroscopy deteriorate.

The commonest symptoms are groin pain +/- catching sensations. In terms of investigations everyone needs a plain Xray. Other investigations of choice are a MRI to look at the soft tissues and CT scan with 3D reconstructions to visualise better the bony anatomy. Physiotherapy can help with this condition and there is no harm in trying this first.

- Dr. Peter Walker

Dr Walker has been working in conjunction with other experts around Australia on a computer navigated technique which can predict the exact amount of bone to remove during the operation making it more accurate and hopefully improving the results.



Ankle Replacement making a comeback

In a large randomised study comparing ankle arthrodesis with ankle replacement (Saltzman et al) presented at last years American Orthopedic Foot & Ankle Society meeting it was shown that more modern designs of ankle replacement are equal to or better than ankle arthrodesis at 2 years follow up.

Following the disasters of ankle replacement in the 1970's when the orthopaedic community largely abandoned ankle replacement for 30 years newer designs and better techniques have seen a resurgence in popularity. The procedure is technically demanding with a higher initial complication rate than ankle arthrodesis but if successful retains movement in the joint thereby sparing the distal joints degenerative change and premature wear. Gait studies of patients following ankle arthroplasty have not surprisingly shown a more normal gait pattern (in terms of stride length, cadence and walking velocity when compared with ankle arthroplasty).

As in most areas of surgery patient selection is the key - unfortunately the 25 year old post traumatic motorbike rider with ankle arthritis is not a candidate. Previous infection, avascular necrosis, morbid obesity and significant deformity are contra-indications. Salvage following failed ankle replacement (ankle arthrodesis) is similarly technically difficult.

- Dr. John Negrine

KEY EXAMINATION POINTS



This is Part One of our knee examination series:

A careful history offers a high index of suspicion to the diagnosis for most knee injuries. This includes previous injuries, the mechanism of injury, the development of pain, swelling, instability, locking and the response to treatment.

MENISCAL TEARS

History – meniscal tears may present acutely or as overuse. Localised joint line pain, mechanical symptoms (locking or catching) and movement restrictions are all features.

Gait and stance – the patient may have a limp, limited movement or pain squatting.

Effusion – You do not have to have a swollen knee to have a meniscal tear. There will always be swelling with a chondral injury but not always with a meniscal tear.

Joint line tenderness – useful but not very specific. The knee is bent to 90 degrees and the entire joint line is palpated looking for pain. Allowing the hip to drop out the side will allow more specific palpation the medial meniscus.

McMurray's Test – With the patient supine, bend the knee and twist the foot (internal and external rotation). A click (and often pain) is felt at the joint line as the knee is brought into flexion.

- Dr. Doron Sher

SYDNEY SHOULDER CLINIC

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

www.sydneyshoulderclinic.com.au

Orthopaedic Surgeons and their Interests

LOCATION	SURGEON	SPECIALTY
CITY Level 3, 187 Macquarie Street, Sydney NSW 2000 Tel: 02 9233 2883	Dr. Doron Sher	Knee, Shoulder and Elbow
	Dr. Peter Walker	Hip and Knee
CONCORD 47-49 Burwood Road, Concord NSW 2137 Tel: 02 9744 2666	Prof. Warwick Bruce	Hip and Knee
	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
	Dr. John Trantalis	Shoulder and Elbow
	Dr. Peter Walker	Hip and Knee
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
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

Sports Physicians

SURGEON	LOCATION
Dr. Paul Annett	Hurstville
Dr. John Best	Randwick
Dr. Mel Cusi	Concord Hurstville Randwick
Dr. Hugh Hazard	

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.

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