

Orthopaedic Specialties

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The Last Ditch Treatment for the Arthritic Knee Prior to Surgery

by George A. Morris III, M.D., F.A.C.S.



A common problem seen by orthopaedic surgeons is the painful arthritic knee which does not respond to cortisone injections or oral medications, or has responded to treatment, but cannot tolerate it over an extended period of time.

Many patients are very sensitive to oral anti-inflammatory medications, even the new ones, and have significant gastrointestinal side effects or allergic reactions. Additionally, some diabetic patients are unable to tolerate cortisone injections in the knee, and there are patients for whom the cortisone injections do not provide relief.

For this group of patients, injection of the knee with Hyalgan is an excellent option which often times can provide long-term relief. Hyalgan, is a naturally occurring substance, normally found in the body, and it is understandable that it is then well-tolerated when injected into a joint. The material itself is clear and somewhat oily in nature, and when it is injected into the joint it provides reduction or elimination of pain and resumption of more normal joint function.

If you would like to find out whether you're a candidate for this treatment, please contact our office to schedule an evaluation and consultation. One of our orthopaedic surgeons will do an assessment of your problem and its history.

Generally speaking, however, these injections are administered to people who have a history of failure by other conservative treatment or an inability to tolerate other conservative treatment programs. The injection of Hyalgan into the knee is a simple procedure, performed in the physician's office. The injections can be administered using a local anesthetic and are done with a small needle, rendering the procedure relatively painless. Normally a series of three injections is given, with the injections being spaced one week apart. Many patients experience significant improvement for more than six months following a series of Hyalgan injections.

As an orthopaedic surgeon, would I have this treatment myself? Certainly! Would I use Hyalgan on a family member or a partner in my practice? The answer is - yes, I have. I have also used it on professional athletes and although it does not cure everybody's problem, it has almost no down side to trying it as a treatment and is certainly something to try prior to moving up to surgery or living with the pain.

THE ORTHOPAEDIC SPECIALTIES TEAM

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Calcium & Your Health

Of all the minerals in the human body, calcium is the most plentiful. Calcium maintains bone structure—in fact, 99% of the body's calcium is stored in our bones and teeth. Inadequate calcium intake during childhood and adulthood can cause osteoporosis later, in which there is loss of bone mass. Our diets often fail to provide enough calcium.

Daily Suggested Calcium Intake. Only about 20% to 30% of the calcium we take in is actually absorbed by our bodies. The National Academy of Sciences recommends 1,000 to 1,200 mg of calcium per day for all adults and 1,300 mg for pregnant and lactating females ages 14 to 18. Unfortunately, most people get less than half of the suggested amount of calcium.

Calcium and Osteoporosis. Calcium provides rigidity to your skeleton. It also performs several other important functions, including helping muscles and blood vessels contract and expand. When calcium intake is below normal, your body uses its own bones as a reserve to meet overall calcium needs. Over time, this will reduce bone mass and lead to osteoporosis. Americans have a high risk of osteo-

porosis, since our average diet contains only 600 mg of daily calcium.

Calcium Sources. Some people mistakenly think that certain foods contain enough calcium. Dairy foods are rich in calcium, yet lactose intolerant people must avoid them. Some try to compensate by eating other calcium-rich foods like broccoli, bok choy, dried figs, kale, mustard, turnips, salmon, sardines, and soy nuts. Although these are good calcium sources, they do not contain enough calcium to be considered milk substitutes. Other useful dietary choices include fortified foods and drinks, such as breakfast bars, cereals, juices, and milk substitutes.

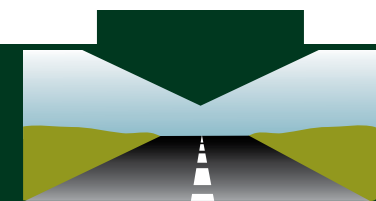
Calcium Supplements. For many patients, calcium supplements are the best choice for osteoporosis prevention. To maximize absorption, it is recommended that less than 500 mg be taken at a time. Since acidity facilitates calcium absorption, tablets should also be taken with meals. Calcium citrate does not need to be taken with food and is thought by some to be absorbed more easily than other forms of calcium.

For a Dietary Supplement Fact Sheet on Calcium, please visit:
<http://dietary-supplements.info.nih.gov/factsheets/calcium.asp>

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Need a lift? CareVan Delivers. Free.



If you need transportation to our office at Ptak Orthopaedic on the Morton Plant Hospital campus, CareVan has you covered. CareVan operates **Monday through Friday, 8am—3:15pm** (last departure from Morton Plant is at 3:15pm). Patients must live within the Van Service Area and be able to climb in and out of the van without assistance. **For more information or to schedule your ride, call (727) 461-8548.**

Cormet Hip Resurfacing System: The Total Hip Replacement Alternative

When our bodies are healthy and functioning properly, we go about our daily routines depending on our bones, joints and ligaments to get us to the next destination and task without really giving it much, if any, conscious thought. But let something go wrong with a major bone or joint and we quickly realize how much our everyday activities depend on the health of our underlying skeletal support system. Our hips are some of the most important workers to help us “get the job done.”

For patients with diseased, damaged hips, replacement surgery is often called for. An increasingly popular and less extreme alternative, however, is hip resurfacing.

Cormet Hip Resurfacing System

The Cormet Hip Resurfacing System consists of two parts: an acetabular component (or cup), and a femoral resurfacing component (or head).

- Acetabular component: The cup replaces the damaged surface of your hip socket without the use of bone cement for fixation.
- Femoral resurfacing component: The head covers the femoral head (the ball shaped part of your hip at the top of the thighbone). A small stem inserted into the top of your thighbone is affixed with bone cement.

The Cormet head swivels within the cup. Both are made from highly polished metal. All components are made of standard materials that have a long history of use in the human body.

Benefits

- Bone Conserving: The head of the femur is simply reshaped and “resurfaced,” rather than being removed. More of the patient’s natural bone is preserved. Should the device

need replacing at some time in the future, this may provide better options for the surgeon at that time, as a conventional total hip replacement can typically be used.

- Reduced Dislocation: The large diameter femoral head may reduce the risk of dislocation and often provides a more natural performance than traditional total hip arthroplasty. Hip resurfacing helps patients resume many of the activities they enjoyed pre-operatively.

Comparison to Total Hip Replacement

From a surgical perspective, hip resurfacing is similar to a total hip replacement. Instead of cutting off the arthritic top of the thighbone (femoral head), the head is reshaped and resurfaced with a metal cap which is secured in place with bone cement. The hip socket (acetabulum) is prepared in a similar fashion to a total hip replacement. Hip resurfacing leaves more of your natural bone in place and does not remove the thighbone neck shaft.

Hip resurfacing is most appropriate for young, active patients with:

- Good bone quality
- Osteoarthritis
- Rheumatoid arthritis



Hip resurfacing is not recommended for some patients, such as those with infection in or near the hip joint or patient’s with poor bone quality which could not support the implant. Your orthopedic surgeon is the only person who can advise you whether you are suitable for hip resurfacing.

For the vast majority of patients, joint replacement can be extremely successful in providing relief from pain combined with improved mobility for many years. The Cormet Hip Resurfacing System has a very good track record for restoring active patients to the same or nearly the same level of former activity with significantly less rehabilitation time compared to typical total hip replacement surgery.

For more information or to schedule an appointment, please talk to any of our friendly and knowledgeable staff.



The Physicians of Orthopaedic Specialties

Dr. George Morris founded Orthopaedic Specialties in 1968. Nearly forty years later, the practice has grown to include five orthopaedic surgeons with two office locations. Our mission is to continue the tradition of excellence in multi-subspecialty orthopaedic care for North and Central Pinellas County with a focus on treating our patients as we ourselves would be treated.



Dr. George A. Morris III earned his Medical Degree from the University of Tennessee in 1960. He completed his General Surgical Internship at Charity Hospital of Louisiana in 1961, where he was named Outstanding Surgical Intern. An Honors Graduate from the Navy School of Aviation Medicine, Dr. Morris served as a Flight Surgeon in the United States Navy with the rank of Lieutenant Commander from 1961 to 1965.

He completed his Orthopaedic Residency program at Bowman Gray North Carolina Baptist Hospital in Winston Salem, North Carolina in 1968 as Chief Resident.

Dr. Morris continues to work diligently for the Morton Plant Hospital Foundation. He was named one of America’s Top Surgeons for 2004-2005. He was also awarded membership in the Sterling Who’s Who Directory, a membership that is awarded to those persons who have exhibited excellence and leadership in their chosen fields of endeavor. Dr. Morris treats patients of all ages for all types of orthopaedic problems. He is a Fellow of the American College of Surgeons, and is Board Certified by the American Board of Orthopaedic Surgery.



Dr. Michael R. Piazza earned his Medical Degree from the Milton S. Hershey Medical School of Penn State University in Hershey, Pennsylvania in 1983. Dr. Piazza completed his General Surgical Internship at Lankenau Hospital in Wynnewood, Pennsylvania in 1984. He completed his Orthopaedic Residency program at the Thomas Jefferson University Hospital in Philadelphia in 1988, and furthered his medical training with an additional year of study in the prestigious Spine Fellowship Program at Pennsylvania Hospital—Thomas Jefferson University Hospital.

Dr. Piazza has been involved with extensive research in disorders of the spine and presently serves as chairman of the Spine Section of Morton Plant Hospital. He is also actively involved in enrolling clinical research patients in spine research studies. Dr. Piazza recently had the honor of being selected for inclusion in the prestigious Best Doctors in America® 2005-2006 database. Dr. Piazza is Board Certified by the American Board of Orthopaedic Surgery. Although Dr. Piazza specializes in treatment of disorders of the spine, he also treats all types of orthopaedic problems.



Dr. Richard V. Abdo graduated with Honors from Brown University and earned his Medical Degree Cum Laude from SUNY Upstate Medical Center in 1982. He completed his General Surgery Internship at Santa Barbara Cottage Hospital in Santa Barbara, California, in 1983, and his Orthopaedic Surgery Residency at Boston University in 1987.

Dr. Abdo is a Fellow of the American Academy of Orthopaedic Surgeons and a member of the American Orthopaedic Foot and Ankle Society. He serves as an associate editor or reviewer for several professional orthopaedic journals, and has been Chairman of the Department of Surgery and the Department of Orthopaedic Surgery at Morton Plant Hospital. Dr. Abdo treats all types of orthopaedic problems with specialty expertise in foot and ankle conditions. He also performs state-of-the-art techniques in joint replacement and sports medicine, including computer-assisted navigation, hip resurfacing, and cartilage transplantation. Dr. Abdo is Board Certified by the American Board of Orthopaedic Surgery.



Dr. W. Allen Hughes II earned his Medical Degree from Northwestern University Medical School in Chicago in 1982. He completed his General Surgical Internship at Northwestern Memorial Hospital in Chicago in 1983, and completed his Residency in Orthopaedic Surgery at Northwestern University Medical School in 1987. In 1986, he served as Chief Resident at Children’s Memorial Hospital in Chicago.

Dr. Hughes maintained a private practice in Clearwater until July 2005 when he joined Orthopaedic Specialties of Tampa Bay, P.A. Dr. Hughes specializes in hip and knee replacement using the state of the art computer-assisted navigation system. He also specializes in sports medicine, serving since 1989 as a team physician to the Philadelphia Phillies. In addition to the specialized services that Dr. Hughes provides, he also treats all types of orthopaedic related problems. Dr. Hughes is Board Certified by the American Board of Orthopaedic Surgery.



Dr. J. Byron Davidson attended medical school at University of North Texas Health Science Center—Texas College of Osteopathic Medicine in Fort Worth, Texas, where he earned his Doctor of Osteopathic Medicine degree in 1997.

Dr. Davidson completed his Internship and Residency programs at Doctor’s Hospital, Ohio University, from 1997 to 2002. He completed a spine fellowship program at the Florida Spine Institute in 2003. The focus of Dr. Davidson’s practice is in treatment of disorders of the spine including degenerative, traumatic, tumors and deformities of the spine. He has presented numerous papers and lectures pertaining to the treatment of disorders of the spine. Dr. Davidson is board eligible with the American Osteopathic Board of Orthopaedic Surgery.

Did you know...

Orthopaedic facts from the American Academy of Orthopaedic Surgeons.

- > In 2003, musculoskeletal symptoms were the number 2 reason for physician visits. Musculoskeletal symptoms include pain, ache, soreness, discomfort, cramps, contractures, spasms, limitation of movement, stiffness, weakness, swelling, lump, mass and tumors to the musculoskeletal system.
- > Musculoskeletal conditions accounted for almost 157 million visits to physicians’ offices, 15 million visits to hospital outpatient departments, and 29 million visits to emergency departments in 2003. Musculoskeletal conditions include injuries to the bones, joints, muscles, ligaments, or tendons and conditions such as arthritis or osteoporosis.

For more information please visit us on the web at www.orthospecmd.com