Orthopaedic Specialties
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Osteoporosis & You: Exercise

There are many steps people can take to reduce the risk of osteoporosis, a devastating bone disease. While Caucasian and Asian women have the highest risk, women and men of all ethnicities may develop the disease.

Bone Mass Changes
Osteoporosis affects millions of U.S. citizens. Bone is not hard and unchanging like a rock. Instead, it is a living material that constantly changes throughout your life. As you grow, adding calcium to your bones gives them the strength they need in later life.

After age 30, the bone is at risk of harm. During these later years, bone often breaks down faster than it can be rebuilt. If the breakdown is sufficiently severe, fractures begin to occur—a sign of osteoporosis. People who suffer a hip or back fracture typically begin a downward spiral of hospitalization and increasing debility.

Exercise to Prevent Osteoporosis
There are a number of ways to help prevent osteoporosis, including diet and calcium supplementation. One important way to help prevent osteoporosis is to increase your level of exercise. Bone, just like muscle, becomes stronger with exercise. When we exercise, the body sends messages to the bones that makes them become heavier. The increase in density also increases their strength.

Simple exercises like walking, climbing stairs and dancing can benefit the bones. People who have engaged in little exercise should start slowly (walking rather than jogging, for instance). Those with frail builds, active osteoporosis, or a history of fracture should speak to their physician before starting an exercise regimen.

Another type of exercise to strengthen the skeleton is resistance-based, such as weight lifting. It is best to start with weights light enough to lift comfortably, and follow medical advice as suggested.

There are many videos and DVDs on exercise, including yoga and pilates, that can help build stronger bones.

***For more information, please visit the National Osteoporosis Foundation's website at* www.nof.org**

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Exercise Tips for Boomers*

- Check with your doctor before beginning any exercise program. He will make sure your heart is in good condition and can make recommendations based on your current fitness level.
- Always warm up and stretch before exercising.
- Moderate exercise every day is healthier and less likely to result in injury than heavy activity only on weekends.
- Develop a balanced fitness program. Incorporate cardio, strength training and flexibility training to get a total body workout and prevent overuse injuries. Also, don't take on too much at once.
- Listen to your body. As you age, you may not be able to do some of the activities that you did years ago. Pay attention to your body's needs and abilities, and modify your workout accordingly.
- Remember to rest. Schedule regular days off from exercise and rest when tired.

**from aaos.org*

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Health CONNECT

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Welcome Dr. Scheule!

We are pleased to welcome Howard L. Scheule to our practice. Dr. Scheule has delivered excellent health care to Pinellas County patients for over thirty-five years. For more information about Dr. Scheule and the other physicians of Orthopaedic Specialties, ***please see page 3*** inside this edition of *Health Connect.*

2008 PTAK Lecture Series Continues

Please join us for one or more of our upcoming informative lectures on a wide range of orthopaedic health topics. Each talk is presented at no charge by one of Orthopaedic Specialties' renowned physicians.

Please see the schedule below for a list of planned presentations for the remainder of this year. All lectures are through Morton Plant Hospital and held at PTAK Orthopaedic & Neuroscience Pavilion, 430 Morton Plant Street, Clearwater, Florida 33756 in Meeting Room 114. Each person needs to call (727) 462-7500 to reserve their seat and register for the lecture. Morton Plant Hospital will then send a confirmation letter with driving directions to the facility.

SEPTEMBER

Dr. Piazza—Monday, September 8, 12:00 p.m.
"Laser Spine Surgery & Other Minimally Invasive Alternatives

Dr. Davidson—Thursday, September 18, 12:00 p.m.
"Osteoporosis"

Dr. Morris—Monday, September 22, 12:00 p.m.
"Last Ditch Treatment for the Arthritic Knee Prior to Surgery"

OCTOBER

Dr. Hughes—Monday, October 6, 12:00 p.m.
"Arthritis Surgery for the 21st Century"

Dr. Morris—Thursday, October 23, 12:00 p.m.
"What Causes Hip Pain? Common Conditions and Treatment Techniques"

NOVEMBER

Dr. Davidson—Thursday, November 6, 12:00 p.m.
"Articulated Rods for the Lumbar Spine"

Dr. Abdo—Friday, November 21, 12:30 p.m.
"Total Hip & Total Knee State of the Art Techniques"

DECEMBER

Dr. Piazza—Friday, December 5, 12:00 p.m.
"This Old Spine & My Sciatica, What's New for 2009!"

THE ORTHOPAEDIC SPECIALTIES TEAM

George A. Morris III, M.D.
Michael R. Piazza, M.D.
J. Byron Davidson, D.O.
Richard V. Abdo, M.D.
W. Allen Hughes II, M.D.
Howard L. Scheule, M.D.

Triple Threat:
Minimizing Injury Risks for Triathletes

Athletes of every type are vulnerable to injury, whether by accident, overuse, or errors in training. Each sport tends to have its own areas of particular risk. "Tennis elbow," for example, is a common affliction for those who have chosen a sport in which they are required to swing a racket around to the point at which their poor elbow screams "enough!" And it follows, logically, that some sports leave the athlete open to greater and more numerous risks than others.

So how much more vulnerable to injury do you suppose the triathlete might be? Well, let's combine the risk of injuries common to the runner (achilles tendonitis, runner's knee, etc.), with those that afflict the cyclist (the above, plus back issues such as thoracic stiffness, tight hip flexors, etc.), then pile on problems that swimmers often encounter (swimmer's shoulder, etc.).

TRAINING SMART

Many factors can contribute to triathlete injuries, including training practices, gender, age, underlying medical conditions and genetics. Over half of all triathletes sustain some form of injury during training. Some common areas that are prone to injury from overuse include the achilles tendon, lower back, knees, shoulders and ankles. The majority of injuries involve the legs, probably due to the excessive impact during running, and the repetitive motion of cycling.

The triathlete can greatly reduce the chance of injury by wisely managing his or her training regime. With three different events to train for, triathletes set very demanding training schedules for themselves and often neglect to give their bodies enough time to recover properly to prepare for the next session. They also often neglect core and overall strength training, which can leave them more prone to injury.

Overtraining can stress the tendons, ligaments and bones beyond their levels of elasticity, causing inflammation. Continued training without appropriate treatment at this stage will eventually cause tissue to deform or weaken. This can result in a stress fracture or a partial or total rupture of a tendon.

Consulting an orthopaedic specialist before and during training can help the triathlete to avoid disruptions due to injury. In the early stages, an injury is often very easily and effectively treated, with few complications, especially if the cause of the injury is identified. Another major risk factor for severe injuries is to return to activity too early, before the body has been able to recover - just because the pain is not there does not mean that the injury is totally healed. Here are just a few of the common problems to watch for:

Thoracic Stiffness (Middle Vertebrae)

If good spinal posture is not maintained during bicycle training, and the mid-spine is not regularly stretched, stiffness can develop in the thoracic spine. This stiffness can also lead to other injuries, especially to the shoulders (impingement) during swimming. Proper stretching and biomechanics can greatly reduce the likelihood of thoracic stiffness.

Tight Hip Flexors

This common problem arises due to excessive time spent with the hip bent in the time-trial position while cycling. Low-back injuries, hamstring and hip flexor strains and most lower limb overuse injuries can be linked to tight hip flexors. Hip flexor and quadriceps stretching are essential to prevent this pattern from developing. The muscle groups should be stretched daily, before and after activity (especially after cycling).

Swimmers Shoulder

Inflammation to the rotator cuff can occur from the repetitive overhead motion in swim training. Effective treatments can include: RICE (Rest, Ice, Compression, Elevation), Non-steroidal anti-inflammatory drugs (NSAID), physical therapy/rehab, and correcting errors in technique.

Achilles Tendonitis

Everything from new, worn out or improperly fitting shoes to too much hill training can affect this vulnerable part of the body. Some effective measures include RICE, reduction in training, and avoidance of hills.

Runners Knee

This common complaint for runners and cyclists occurs when cartilage on the undersurface of the kneecap becomes roughened, causing pain. It can be brought on by increased volume or too much hill work. Treatment: RICE, avoiding hill climbs.

General treatment advice can include:

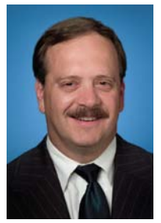
- Reduction of inflammation with physical therapy and/or anti-inflammatory medication
- Modification of irritating factors such as poor footwear or training surface
- Modification of biomechanical position, with the use of orthotics if necessary
- Modification of training regime when too excessive
- Active rest, (moderate exercise that will not stress the injured structures. In most cases total rest should be avoided, as this may weaken tissue and cause further injury when training is continued).
- Advice on prevention of injury recurrence
- Communication with your coach or orthopaedic specialist

As with any injury if symptoms continue for more than 4-5 days or worsen in any way see an orthopaedic specialist for treatment and recommendations. Waiting for it to just "go away" may lead to a more chronic condition that could hamper your training and season goals. Remember that once symptoms of injury have cleared, future prevention should begin by including regular stretching as well as strengthening exercises. Be sure to get proper fitting equipment and coaching or instructions if needed.

The Physicians of Orthopaedic Specialties

Dr. George A. Morris III earned his Medical Degree from the University of Tennessee in 1960. 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 at Bowman Gray North Carolina Baptist Hospital in 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 M.D. from the Milton S. Hershey Medical School of Penn State University in 1983. He completed his Orthopaedic Residency 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. 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.

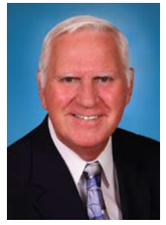
Dr. Davidson completed his Internship and Residency programs at Doctor's Hospital, Ohio University, from 1997 to 2002. He completed a spine fellowship program at the Florida Spine Institute in 2003. The focus of Dr. Davidson's practice is in treatment of disorders of the spine including degenerative, 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 Orthopedic Surgery.

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. Howard L. Scheule earned his Medical Degree from Northwestern University Medical School in Chicago in 1964. He served as a Medical Officer in the U.S. Naval Reserve from 1966 to 1967, after which he completed an Orthopaedic Training Program at Chicago's Cook County Hospital, followed by a Fellowship in Hand Surgery at Chicago's Passavant Memorial Hospital.

Dr. Scheule has practiced in Pinellas County since 1972. He is a Fellow of both the American Academy of Orthopaedic Surgeons and the American College of Surgeons, and a Diplomate of the American Board of Orthopaedic Surgery. He has been Active Staff of Morton Plant Hospital from 1972 to the present.

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