

UNIVERSITY'S ORTHOPAEDIC CENTER BOOSTS CAPABILITIES

To cater to the expanding needs of our patients, we are constantly evaluating and improving our capabilities in our Orthopaedic Center. When the doors opened in October, we set a new standard for a patient-centered experience with all services in one convenient location.

As the orthopaedic landscape widens, our care must adapt to meet patient needs. We've expanded our services to include pain management in our new Orthopaedic Center. Anesthesiologist Dr. Atallah and Dr. Farrell, chief of the physical medicine and rehabilitation, spearhead this division which helps develop a treatment plan to relieve, reduce or manage acute and chronic pain including back and neck pain. These two doctors compliment an experienced team of orthopaedic surgeons that are ready to treat injuries from neck-to-toe including fractures, trauma, spine, shoulder, knee, hip, hand, oncology and foot and ankle conditions.

Recently, Dr. Farrell conducted an Electromyogram(EMG) study in the Center. This study measures the electrical activity of muscles at rest and during contraction. EMG studies help find diseases that damage muscle tissue or nerves including herniated discs and carpal tunnel syndrome.

Improved computer capabilities have enabled us to provide better patient education. With computers in every exam room, patients are able to view their x-rays and receive explanations from doctors. In addition, they are able to receive print outs from doctors so they can understand their injuries better.

While the Center does have digital imaging currently in the Center including x-ray and dexta scan, we'll also be adding an MRI in the near future. This will be another valuable service easily accessible for patients.

MUO 542 1107 25C

Department of Orthopaedic Surgery
The University of Toledo
3000 Arlington Ave
Toledo, Ohio 43614



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THE UNIVERSITY OF TOLEDO MEDICAL CENTER ORTHOPAEDIC MONTHLY

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TEAM ORTHO CONCEPT FOSTERS A PATIENT-FRIENDLY AND PATIENT-CENTERED EXPERIENCE

By Dr. Nabil Ebrabeim

When describing the Team Ortho concept we've tried to establish here at The University of Toledo Medical Center, I am reminded of a famous quote. H.E. Luccock states: "No one can whistle a symphony. It takes an orchestra to play it."

At UT's Orthopaedic Center, we understand that the whole is greater than the sum of our parts. Every team member from the start of the process when a patient or doctor makes the initial phone call for an appointment to check-out has the same goal in mind: making the patient's experience as pleasant as possible. By working together, treatment becomes more patient-friendly and patient-centered.

Team Ortho is more than our orthopaedic surgeons working together for the patient. It is a concept that begins the moment a patient steps foot in the parking lot or is greeted at our free valet service. We've established a guarantee that we'll see patients within 24 hours of calling the Center. If it's an emergency, however, we'll see the patient immediately. Patients will not be shuffled from the emergency room, to the doctor's office, to the hospital any longer.

Patients benefit from beginning their experience with free valet parking. Once inside, a Team Ortho member will be ready to greet you and guide you through the rest of the process which begins with in-house registration. In the future, online registration will be available once our new Web site is finished. Once registered, a Team Ortho member will guide you to new elegant waiting areas, with access to a coffee bar and large screen television. With 24 new exam rooms, patients should only have a short wait before they are

seen by an orthopaedic specialist. If needed, patients have easy and convenient access to digital imaging including x-ray and dexta scan, a laboratory, a procedure room, cast and soft goods rooms, and a patient education/conference room.

Once they have been seen by a Team Ortho doctor and have completed any other needed services, patients benefit from having easy access to financial counseling, billing, and check-out. Throughout this process, Team Ortho concierge members will help you along the way to avoid confusion of where you need to be.

It's important to understand that all of these services including registration, billing, financial counseling, radiology, doctors and casting are working together as a team to ensure the best care for the patient. At the end of the day, the care of each patient is determined by the successfulness of the team working together. I can honestly say that

I can't imagine a more dedicated group of individuals. I'm motivated by their hard work and their ability to motivate each other each day.

With that said, there were a few minor glitches such as phones, pagers and computers that needed to be fixed. While all of these glitches have been resolved, it's important to note there were no glitches in the human spirit. I want to salute the team that has made the transition to the center very easy. In addition, I want to thank the six Ortho Team members that showed their commitment to our mission by coming in on the Veteran's Day holiday to answer phones. Kathleen Harman, Tasha Michalak, Sarah Wolniewicz, Elizabeth Cercek, Nicole Harkey and Tamara Puligandla, thank you for your hard work and dedication.



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AS LONG AS PAIN EXISTS, PAIN MANAGEMENT DOCTORS ARE ESSENTIAL

Next time you're on a plane, a bus or in the supermarket, look to your left and look to right. On first glance, there are probably few commonalities between you and your counterpart. One thing you both have in common, however, is that you've most likely both experienced pain at some point during your life. According to the Academy of Pain management, 86 million Americans suffer from pain. Moreover, 80 percent of Americans will suffer at least one episode of back pain in their lifetime.

The International Association for the Study of Pain defines pain as an unpleasant sensory and emotional experience associated with actual or potential tissue damage or described in terms of such damage. While pain can present in a variety of intensities and sensations, it is usually identified by several different terms including nociceptive pain, neuropathic pain, acute pain and chronic pain.

When the body's system is functioning properly, the source of pain communicates with the brain letting it know there is an injury. Once the brain is informed, the person is aware they are hurt. Common types of nociceptive pain include radicular and somatic pain. Radicular pain is pain that stems from the irritation of nerve roots while somatic pain usually refers to pain in the back and thighs.

A system that has no obvious source of pain and is not properly informing the brain is neuropathic pain. Examples of neuropathic pain include complex regional pain syndrome, sympathetically maintained pain and fibromyalgia. Complex regional pain syndrome is condition in which high levels of nerve impulses are sent to an affected site. Fibromyalgia, on the other hand, is a condition that causes pain, stiffness and tenderness of the muscles, tendons and joints.

Other common terms to describe pain are whether it is acute or chronic. Acute pain describes pain that may begin suddenly and feels sharp in intensity. It often signals your body that something is wrong such as a broken bone, burn, cut, or soft tissue injury. Chronic pain, on the other hand, is long-lasting pain that is more difficult to treat such as arthritis, degenerative disc disease and nerve dysfunction.

Luckily, a medical field has emerged to help patients that suffer from pain called pain management. Pain management doctors develop a treatment plan to relieve, reduce or manage pain to increase a patient's quality of life. For pain to be present, according to pain management doctors, there must be a nerve supply and it must be susceptible to injury. Once pain management doctors are able to identify the precise source of the problem, they are able to determine a treatment. According to pain management doctor, Dr. Joseph Atallah, pain can affect many areas of life.

"Pain affects the patient's ability to perform and maintain the essential activities of daily living such as ambulation,



social interaction, emotional stability, beneficial sleep patterns and good nutritional status," Dr. Atallah said.

Advancements in pain management technologies and strategies have allowed these doctors to be a valuable commodity in the hospital. Intravenous medications through a specialized pump controlled by the patient (PCA), epidural infusions and regional nerve blocks are commonly used. Using Fluoroscopy, doctors are able to locate precise injection areas where pain is centered through x-ray guided viewing. In addition, spinal cord stimulators have also been used with great success to alleviate pain. Here, electrical energy is directed onto the spine interrupting inappropriate pain information being sent to the brain. Pain management is also integral in helping orthopaedic surgeons determine the origin of a patient's chronic back pain and determine whether further interventions are needed. Other therapies pain management doctors may use include steroid injections, facet joint injections, medial branch blocks, radiofrequency ablation of a nerve, sympathetic nerve blocks and peripheral nerve blocks. According to Dr. Steven Farrell, chief of the Physical Medicine and Rehabilitation division, a pain management plan is formed uniquely for each individual.

"Some patients may have the same anatomical problem but different characteristics such as age may affect what method we take," Dr. Farrell said. "We may use different medications, injections or physical or occupational rehabilitation. The goal is to increase function for patients that pain inhibits."

ESSENTIAL NUTRIENTS AND ADEQUATE EXERCISE ARE BEST DEFENSE AGAINST OSTEOPOROSIS

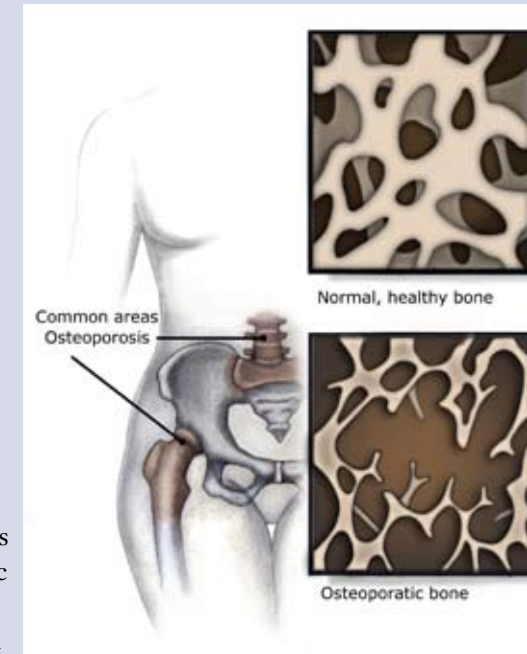
For many Americans with osteoporosis, bone becomes so weak that a sudden strain, bump or fall could cause a fracture or a vertebra to collapse without warning. How do you plan for a disease that doesn't necessarily have symptoms? The best defense for such a "silent" disease starts with education and a plan for prevention.

Literally meaning porous bone, osteoporosis is a disease characterized by low bone mass and structural deterioration of bone tissue. This lack of bone strength contributes to bone fragility and susceptibility to fractures. Under a microscope, healthy bone looks similar to a honeycomb. In osteoporotic bone, however, the holes and spaces in the "honeycomb" are much bigger than they are in healthy bone. According to Danyell Johnson, a nurse practitioner in UTMC's Orthopaedic Department, osteoporosis is a methodical disease.

"Osteoporosis is a systemic bone disease during which bones lose density," Johnson said. "This loss increases bone fragility and increases the risk of fracture."

Osteoporosis statistics are absolutely staggering. According to the National Osteoporosis Foundation, osteoporosis is a major public health threat for roughly 55 percent (44 million) of people 50 years of age or older in the United States. Moreover, one in two women and one in four men over age 50 will have an osteoporosis-related fracture in his/her lifetime.

There are, of course, certain people that are more at risk for osteoporosis. According to the National Osteoporosis Foundation, the most common risk factors for osteoporosis include: a personal history of fracture after age 50; current



low bone mass; being female; being thin/having a small frame; advanced age; low lifetime calcium intake; vitamin D deficiency; inactive lifestyle; and excessive use of alcohol or cigarettes.

As stated before, the best way to safeguard against osteoporosis is a good plan for prevention including a balanced diet rich in calcium and vitamin D, weight-bearing and resistance-training exercises and leading a healthy lifestyle without smoking or imbibing an excessive amount of alcohol.

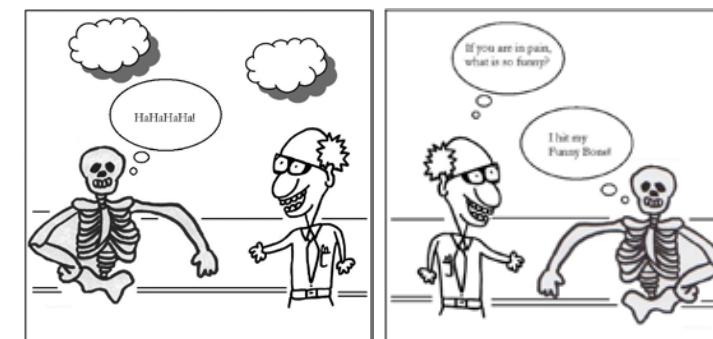
Calcium is a critical nutrient for defending against osteoporosis because it provides the material for building new bone. To ensure your body receives enough calcium, adults need about three servings daily of calcium-

filled products such as low fat or non-fat milk, yogurt, cheese and calcium-enriched cereals and juices. A multivitamin or supplement can also be taken.

Another nutrient essential to maintaining healthy bone is Vitamin D. Made primarily by the skin when it is exposed to the sun, vitamin D is responsible for absorbing calcium. Other ways to garner this necessary vitamin is by eating foods such as liver, fatty fish and egg yolks. If needed, people can also take a multivitamin or supplement to get the needed vitamin D.

Finally, leading a healthy lifestyle is essential for preventing osteoporosis. More than avoiding cigarettes and excessive amounts of alcohol, a healthy dosage of exercise is needed. When you exercise, your bones get stronger and denser. This means participating in weight-bearing exercises for your bones including walking, running, dancing and weight lifting.

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Editors: Dr. Nabil Ebraheim, department chairman and professor of orthopaedics, and Dave Kubacki, assistant to the chairman.

Neither Dr. Ebraheim nor Dave Kubacki have any relationships with industry to disclose.

For medical questions you would like to see addressed in this newsletter, please e-mail Dave at david.kubacki@utoledo.edu.

Department of Orthopaedic Surgery
3000 Arlington Ave
Toledo, Ohio 43614
For appointments, call 419.383.3761.