



active living
for all ages

In Motion

FALL 2007



Q & A: What You Need to Know if You're Considering Total Knee Replacement

The largest joints in the body, our knees, allow us to do countless daily activities, such as walking, bending, turning, and even standing. When a knee breaks down, doctors can replace it with one made from plastic and metal. Michael J. Stuart, M.D., vice-chairman of the Mayo Clinic Department of Orthopaedics and codirector of its Sports Medicine Center in Rochester, Minn., answers some commonly asked questions about knee replacement surgery.

Q. How do I know if surgery is the best option for a knee problem?

A. Knee replacement surgery is an option for patients who have severe pain due to arthritis despite having tried other treatments, such as medications, braces, physical therapy, injections, and modification of their activities.

Q. What should I do to prepare for this operation?

A. Work with your doctor to address any medical problems. Also make sure you have help at home — or a place to stay — while you recover from surgery.

Q. How long will recovery take?

A. Most patients spend a few days in the hospital, use crutches for several weeks, and perform exercises during the first three months to regain knee motion and muscle strength.

Q. Is partial knee replacement an option for me?

A. Your doctor is the best person to assess whether a partial knee replacement is right for you. If you have arthritis throughout your knees, very crooked legs, or very loose knees, your doctor will likely suggest another treatment.

Q. How long should I expect my artificial knee to last?

A. It is not possible to predict how long your knee replacement will last, but more than nine out of 10 knee replacements are still working well after 10 years. 🏀

CAN MY NEW KNEE(S) TAKE THE PRESSURE?

Granted, artificial knees won't hold up to high-impact sports such as soccer and football. But there are plenty of activities you most likely will be able to enjoy — bicycling, golfing, swimming, bowling, and dancing, just to name a few.

RELIEF FOR EXERCISE CRAMPS

What brings on painful cramps in legs and feet? Some researchers believe they occur when muscles and nerves temporarily stop interacting properly. This can happen when a muscle is fatigued, clenched, or held in an awkward position.

To prevent such cramps, experts suggest:

- Stretching to release clenched muscles
- Maintaining good posture
- Increasing your fitness level so muscles tire less quickly
- Trying hopping and skipping exercises to improve muscle-nerve coordination

How can you relieve a cramp?

First, stop what you're doing. Then, stretch and massage the muscle, and walk around.

PROTECT YOUR KNEES!

For a **FREE** tip sheet on pain around the kneecap, send an e-mail with your name and address to inmotion@aossm.org. Reference "knee pain" in the subject line.



Inside:

How To Make Your Own First Aid Kit

Don't Shrug Off Shoulder Pain

Tennis Elbow: Not Just for Tennis Players

HOW TO MAKE YOUR OWN FIRST AID KIT

Accidents happen. That's why it's a good idea to have a first aid kit handy — both at home and in the car. Here are some items you may want to include:

- Emergency phone numbers, including those for your doctor, pharmacy, the area's poison control center, the local fire and police departments, and a local ambulance service
- An assortment of bandages
- Several sterile gauze pads
- Hypoallergenic adhesive tape
- First aid handbook
- Hydrogen peroxide
- Scissors
- Tweezers
- Antiseptic wipes
- Antibiotic ointment
- Thermometer
- Elastic wraps
- Calamine lotion
- Safety pins
- Protective gloves
- Aspirin and/or other pain relievers
- Antidiarrhea medication
- Disposable instant-activating cold packs

YOUR FIRST LINE OF DEFENSE

To receive a **FREE** mini first aid kit, be one of the first 50 readers to e-mail your name and postal address to inmotion@aossm.org. Reference "first aid" in the subject line.



Shoulder Pain: Don't Shrug It Off

Some sports, such as tennis or golf, can trigger shoulder pain. But so can work and everyday chores, such as hauling heavy items or painting a ceiling.

Pain can be triggered when muscles that help hold the shoulder together tear. It can be caused by soreness of the tendon, too. But shoulder stiffness, arthritis, and other joint problems also can cause pain.

CARING FOR A SORE SHOULDER

You can ease most types of shoulder pain yourself. Here's how:

- At the first sign of pain, place an ice pack or a bag of frozen vegetables on the shoulder area where it hurts for 15 to 20 minutes. Repeat as needed. When the pain starts to go away, switch to using a heating pad on the shoulder to relax sore muscles. Use the heating pad for 20 minutes, several times a day.

- Try over-the-counter aspirin, naproxen sodium, or ibuprofen to reduce pain and swelling.
- Try some gentle exercises. Bend slightly forward so you face the floor. Let your sore arm dangle down, and draw small to large circles in the air with your arm. Do this five to 10 times a day.
- When the pain is better, move on to strengthening exercises with light weights. This will help your shoulder get stronger, which may prevent future problems.
- Call your doctor if the pain is intense or if it does not go away in a few days.

DON'T SHOULDER THE PAIN!

For a **FREE** tip sheet on shoulder impingement, send an e-mail with your name and address to inmotion@aossm.org. Reference "shoulder pain" in the subject line.

VOLLEYBALLS

Here are two interesting research findings presented at the annual meeting of the American Orthopaedic Society for Sports Medicine in July 2007.

TO BRACE OR NOT TO BRACE?

After repair of a torn anterior cruciate ligament (ACL), you may see athletes returning to play with a hard brace surrounding the knee to protect it from

further damage during the

healing process. New research from the University of Western Ontario found a hard brace offers no advantages over a simple neoprene sleeve slipped

over the knee. Hard braces are made of rigid materials and are intended to provide support and limit abnormal movement while the ACL heals. Neoprene sleeves are generally less expensive and gently compress the area around the knee. Researchers said their results provided strong evidence that postsurgical results and return to sport were the same no matter which type of protection was used. If you've had ACL surgery, discuss with your doctor which type of brace may be best for you.

**ARM MOTION IN YOUNG THROWERS ACTUALLY MAY PROTECT SHOULDERS.**

Researchers at the University of Kentucky-Lexington studied the arm movements in baseball players ages 13 to 21 and found that adaptive changes take place in the shoulder, which may help protect against injury. Correct shoulder rotation while throwing produces protective changes in the bone and soft tissue. Overuse injuries are still a concern, and parents of young throwers should continue to monitor their children for pain and give them plenty of rest to avoid arm and shoulder damage, investigators caution.



It's No Accident: Sports Safety for Young Athletes

Score! Home run! Point! Ouch!

Every year about 3 million sports-related injuries force American children and adolescents to take time off from their game. But children love sports anyway. And participating in sports helps kids improve fitness and coordination, develop skills and self-esteem, and learn how to be a member of a team. Fortunately, you can help ensure your young athlete's safety by following some simple guidelines.

THE RIGHT SPORT FOR THE RIGHT CHILD

Choose a sport appropriate for your child's age and ability. The American Academy of Pediatrics (AAP) states that organized sports, such as soccer and baseball, can be started between the ages of 6 and 9, as long as the focus is fun instead of competition. Children ages 10 and older are able to learn team strategies for complex sports, including football and basketball. Because children begin puberty at different times and mature at varied rates, the AAP recommends that physical maturity, rather than age, should be the deciding factor for when children can begin playing contact and collision sports.

COACHING IS KEY

Make sure your child's sport is supervised by a trained teacher or coach.

A good coach:

- Emphasizes participation, fun, and skill development over winning. When the pressure to win is too high, children may ignore signs of pain and risk injury.
- Matches players of equal size and strength.
- Helps young athletes progress as they gain skills.

- Teaches players how to minimize the risk of injury.
- Limits practice times to an appropriate length.
- Encourages players to drink plenty of water during practices and games, especially in hot weather.
- Requires the use of safety equipment, such as helmets, mouth guards, face guards, padding, shin guards, and protective cups.
- Maintains safe equipment and playing areas.
- Enforces safety rules.

WHAT PARENTS SHOULD — AND SHOULDN'T — DO

Don't put pressure on your child to win at all costs. Like the coach, you should focus on fun — and safety.

- Take your child's physical complaints seriously; don't require your child to "play through the pain."
- Watch for warning signs of pain in your child, including a limp or other favoring of a part of the body, a loss of enthusiasm for the sport, or a decline in performance.

Finally, a note of caution: If your child does get injured, remember that "no pain, no gain" is poor advice. *Unhealed childhood sports injuries can cause life-long damage*, so even a minor injury may warrant a call to the doctor. 🏀

**RICE: FIRST AID FOR SPRAINS AND STRAINS**

About two-thirds of sports-related injuries are sprains or strains. As soon as such an injury occurs, follow these guidelines:

Rest: Do not exercise the injured area or perform any movement that causes pain.
Ice: Apply a bag filled with crushed ice three to four times a day for no longer than 20 minutes.

Compression: Wrap an elastic bandage snugly around the injured area.
Elevation: Raise the injured limb higher than the heart, and keep it elevated until the pain diminishes.



EXTRA WEIGHT AROUND THE MIDDLE: A RISK FOR YOUR BACK?

A woman who carries extra weight around her middle may put her lower back in jeopardy.

Researchers studied 330 adults, including more than 200 women, ages 45 to 69. Scientists found that women with chronic lower back pain had higher waist-to-hip ratios. In other words, they had more abdominal fat. They also had more overall body fat and less muscle than women without backaches. This was true even though the two groups of women weighed about the same. The researchers didn't find a link between abdominal fat and back pain in men.

Stretching and strengthening exercises that build muscle in the torso and lower body may help women beat back pain.

In Motion

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Tennis Elbow: Not Just for Tennis Players

Sometimes, a tennis player's most daunting opponent is an aching elbow. Tennis elbow — or what doctors call *lateral epicondylitis* — can leave many tennis buffs sidelined. Up to half of those who play recreational tennis have some symptoms of the condition.

However, you don't have to be a tennis buff to get it. Only about 5 to 10 percent of people who seek help for tennis elbow actually play the game. Besides tennis players, those at highest risk are:

- Older than age 35
- Less active
- In a physically demanding job, such as construction

The condition serves up pain in the elbow, especially when gripping or lifting something. The elbow may feel stiff in the morning, or a dull ache could linger all day. The pain may first jab you after a particular event or injury. Or it could build more gradually.

ARM YOURSELF AGAINST SORE ELBOWS

Overusing the elbow causes the pain. Repeatedly extending the wrist and similar actions can cause tiny tears in the tendons connecting muscles to the outside of the elbow.

Conditioning exercises may help you prevent tennis elbow by building your overall strength and flexibility. Here's one to try: Grasp a 1- or 2-pound weight in the hand of your tender arm. Support your forearm on a table. With the palm down, bring the wrist and weight up, then down. Repeat with the palm facing up. Slowly do each exercise 10 times.

If your elbow aches, try taking a break from activity for a few weeks. Apply ice and take aspirin or ibuprofen to soothe the pain. You also



might try a tennis elbow strap. These straps should be applied so that they are snug but do not interfere with circulation and are positioned about two finger widths below the elbow crease. They should be worn only when you are active. If intense pain persists, see your doctor. Treatments, such as injections, elbow straps, and physical therapy, can help.

AVOID DOUBLE-FAULTING ON THE COURT

If you play tennis, poor technique on the court can add to the problem. For example, hitting the ball behind the body or swinging a one-handed backhand can put tendons at risk. A lesson from a pro can help improve your form.

Other tips to spare your elbow:

- Warm up with a brisk walk then stretch before a match.
- Use the right racket. It's a good fit if your arm doesn't feel tired after swinging it. Your racket also should have a mid-level string tension.
- Try an oversized grip. When you hold the racket, make sure there's a finger's width between the base of your thumb and the tip of your middle finger. ●

STAY IN THE SWING OF THINGS!

For a FREE tip sheet on tennis elbow, send your name and address to inmotion@aossm.org. Reference "tennis elbow" in the subject line.

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COMPLIMENTARY HEALTH AND WELLNESS PUBLICATION FOR YOUR MEMBERS!

Dear Partner in Active Living:

Recently you received a copy of the enclosed publication, *In Motion: Active Living for All Ages*, from The American Orthopaedic Society for Sports Medicine (AOSSM), a world leader in sports medicine education. We are pleased to send you a complimentary copy of our latest issue.

AOSSM is an authoritative and trusted source for information on bone, joint, and muscle health and on injury prevention and rehabilitation. Like you, AOSSM believes in the health and wellness benefits of active living at any age.

In Motion is published four times per year. This educational publication features informative articles — from experts in the field of sports medicine — for athletes and exercise enthusiasts of all ages and at all fitness levels. Each issue also includes a column featuring the latest news in sports medicine research. Future issues of *In Motion* will include content on a wide range of topics to help active individuals stay fit for life.

If you haven't yet ordered *In Motion*, we invite you to do so now. Individual subscriptions to *In Motion* are free. Bulk copies of the publication can be purchased for distribution. To subscribe or to order in bulk, please call 877.321.3500 or send an e-mail to inmotion@aossm.org. This educational tool can be displayed at your front desk or in other public areas or can be distributed to your clients or patients.

We are proud to be sharing our expertise in this field, and we believe that education about the benefits of strong, healthy bones, joints, and muscles will help individuals lead more active and healthy lifestyles.

Your partners in active living,

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