FYI from OCI
January/February/March 2017

Rotator Cuff Tears

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Dear Orthopedic Center of Illinois Family,

Happy New Year from the physicians and staff at the Orthopedic Center of Illinois!

It’s hard to believe it’s already 2017 and we just wrapped up another year. All of our successes would not be possible without our loyal patients. Thank you for asking for OCI and putting your trust in us!

Did you know we have physicians’ on-call 24/7? We’ll come to you in the ER or be happy to see you after you were seen elsewhere. In the event you need an orthopedic specialist, make sure to tell your doctor or nurse you want to be treated at OCI. You have a choice when choosing your orthopedic specialist, and only YOU can ask for us!

In addition, the greatest compliment you can give us is referring your friends and family to us.

If you haven’t already done so, please check out our website. You’ll find a plethora of useful information – including bios of our physicians, animated surgical videos, patient testimonials, and so much more.

We love feedback because that makes us better! You can submit comments through our website or fill out a “patient comment card” when you’re in the office.

We know you have a choice when choosing your orthopedic physician - we thank you for asking for OCI. From all of us at OCI, we wish you a very happy and healthy New Year!

Ronald R. Romanelli

www.OrthoCenterIllinois.com
The shoulder is a very interesting joint. It has the most motion than any other joint in your body. If you think about it we use our shoulder every day for almost any activity that we need to do. We really don’t even notice that we have a shoulder until it becomes hurtful.

The shoulder joint has a global motion, what I meant by that is it allows us several degrees of freedom of movement. Our shoulder girdle consists of the shoulder blade (socket), the upper humerus (ball) and the clavicle. The shoulder and arm is essentially suspended from our body. There are some large muscles around the shoulder and then there are the rotator cuff muscles which have to do with the rotation and elevation of a ball within our socket.

The four muscles that make up the rotator cuff include the supraspinatus, infraspinatus subscapularis and Teres minor muscles. There is also ligaments and the glenoid labrum ring or O-ring in the joint that helps render stability to our shoulder.
During shoulder movement, typically a synchronous movement of the scapula along with the humerus allows the muscles to work together to move the arm in a nice smooth delicate motion. Overuse of the shoulder as well as imbalance of the muscles contribute to tendon tears and internal derangement of the shoulder.

Rotator cuff tears can occur due to several factors. Mechanical impingement from bone spurs and overuse rotator cuff tendinitis can lead to tendon degenerative changes over time. Acute injury to the shoulder can lead to failure of the rotator cuff. Next we have to consider aging and genetics that also contribute to degenerative tears in the rotator cuff tendon. Next, if the combination of all these factors working together which can cause degenerative rotator cuff tears and pathology.

Rotator cuff tears can be partial or complete. The complete tears are classified as small, medium, large, and massive. The most common rotator cuff tear is the supraspinatus tear. This is the muscle that elevates the arm forward and upward.

Just like fractures every rotator cuff tear seems to have its own personality. Therefore we treat those injuries based on the personality of the tear and injury as well as the situation of the patient. What I mean by this is that not all rotator cuff tears are alike nor not all rotator cuff tears need to have surgery.

Surgery is reserved for people who have persistant pain and/or weakness of the shoulder that is not able to be treated with conservative measures. This again depends on the age of the patient as well as the type of tear that is present.

Most of the time when patients come in with shoulder pain we can diagnosis and treat them with conservative methods and approximately fifty to seventy-five percent of the time the patient will get better. If patients fail conservative treatment and are unable to perform the tasks they desire, then shoulder surgery is needed.

Historically, rotator cuff tears have been treated with open surgical techniques. Currently the majority of orthopedic surgeons utilize arthroscopic surgical techniques for rotator cuff pathology. These techniques are performed in an outpatient facility such as the Orthopedic Surgery Center of Illinois using a specialized team of nurses and nurse anesthetists and anesthesiologists. We utilize a very light minimal general anesthetic as well as a shoulder pain block and local anesthesia typically to perform these procedures. The shoulder blocks and local anesthesia typically will numb up the shoulder for approximately 24 hours after the procedure. This way patients can have this procedure performed as an outpatient and then utilize ice and take pain medications for just a few days after the procedure.

We typically utilize cutting-edge techniques for performing these procedures. The orthopedic surgeons at OCI have under taken specialized training to perform this procedure. Most of us utilize a double row rotator cuff tear technique which is able to repair the tendon to the bone more securely, which we feel is the best way possible for the best recovery and outcome.

When dealing with rotator cuff surgery the patient needs to understand that there is a physiological
Why did you decide to go into Orthopedics?
I’ve always been intrigued by the musculoskeletal system and basic human anatomy. I was intrigued with the ability of orthopedic surgeons to “fix” people, not only in a mechanical sense, but easing patients’ pain. I liked my mentors and felt comfortable with like-minded individuals.

Why did you choose your sub-specialty?
I always enjoyed being able to fix things growing up so doing fractures and reconstructive work really intrigued me. The results of a joint replacement operation are very satisfying. Arthroscopy and reconstructive surgery allows my patients to return to doing the everyday things that they weren’t able to do preoperatively. The results are very satisfying for both myself and my patients.

What are the most rewarding aspects of your job?
Being an orthopedic surgeon allows me to change people’s lives - I’m able to alleviate pain and allow for a better quality of life by doing what I do. I like to see the progress of my patients - watching them come in with severe pain and not living well to transforming them from start to finish. It feels good knowing I have a significant impact on people by diagnosing them, reconstructing them, and seeing the final results.

What do you do to relax when you’re not in the office?
I do find it very hard to relax. I used to do a lot of water skiing and snow skiing, but now, since a back injury, I have become a golf enthusiast. Therefore, my relaxation now is always trying to get better at the game of golf, which seems to fit my competitive nature. I also like spending time with my wife and three sons, who are trying to teach me to relax a little more as well.
healing process that must occur before we load the tendon. It takes approximately six weeks time to have the bone and tendon bond together. Then the next six weeks we work on range of motion and strengthening progress to achieve success.

Patients need to understand though that getting an unhealthy rotator cuff tendon to heal back to the bone is somewhat of a lengthy process. Approximately three to six months after the injury we still recommend strengthening program to continue. Typically the maximum healing will occur six months to a year after the surgery. This is not to say that patients don’t feel better soon after the procedure. Patients usually can tell a difference within a week or so after surgery because they do not experience as much pain as they had preoperatively. What I’m trying to say is that we need to understand that rotator cuff tendon healing may take a little bit longer time to heal before we allow unlimited use. Certain people tend to heal faster than others and certain people can have some complications associated with the rotator cuff surgery. The typical problems that occur after a rotator cuff surgery would be stiffness and the need for more physical therapy than usual. Infection, bleeding, and nerve injury are all very rare.

The prognosis of rotator cuff surgery is sometimes dependent on the personality of the tear and the age of the patient. Remember there are small tears, medium tears, large tears, and massive tears. Of course the small and medium rotator cuff repairs usually have an excellent prognosis, especially when we perform this on younger individuals. Small and medium rotator cuff tears can still heal in older individuals, but this depends on how long the tear has been present as well as the physiological age of the patient. When we deal with a massive rotator cuff tear the prognosis is not always as good.

Please remember that there may be acute tears in a normal shoulder that usually will heal well. That is the type of injury that happens when you had no problem with your shoulder and all of a sudden injure your rotator cuff. The patients that are difficult to treat have been having some shoulder pain for awhile and may have had some rotator cuff damage already and then go on to tear the rotator cuff completely and are unable to lift their arm. These cases are very difficult to treat and occasionally need to be treated with a reverse total shoulder replacement. This is a total joint procedure that is performed for older people who have extremely poor rotator cuff tendon tissues. This is a decision we have to make after we evaluate the patient and perform a MRI scan so we can see what is actually going on with the rotator cuff. If the rotator cuff has fat atrophy that means it has not been working normally for a long time, therefore the surgical results will not be good. Also people have a bad prognosis if they are smokers, because this will inhibit the healing of the tendon back to the bone.

One of the extremely important ways for you to recover after your rotator cuff surgery is by going to physical therapy. We know that the role of the physical therapist valuable in teaching the patients the proper techniques and protocols for success after rotator cuff surgery. Therefore we rely on our PT specialist at Midwest Rehab to come up with a custom treatment plan for each particular problem based on the patient’s surgical findings and individual rotator cuff tear.

The best way to deal with your rotator cuff problem or shoulder pain is to be evaluated by your orthopedic surgeon. We will be able to perform a special physical examination on your shoulder, take x-rays, and decide whether a MRI would be needed. Once we evaluate the problem we can decide what the best treatment plan would be for your particular issue. We always start with a history and physical evaluation, the possibly anti-inflammatory medications, cortisone injections, and physical therapy before resorting to surgery.

The physicians at the Orthopedic Center of Illinois are always striving to do our best to give you the proper medical care and service you deserve.
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By Caitlin York, Physical Therapist Assistant
Midwest Rehab at OCI
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Fill in the given grid with missing numbers observing three simple rules. You have numbers 1 through 3 for a 3 x 3 grid; 1 through 4 for a 4 x 4 grid; 1 through 5 for a 5 x 5 grid; 1 through 6 for a 6 x 6 grid; and so on.

- Rule #1: Each row must contain different numbers.
- Rule #2: Each column must contain different numbers.
- Rule #3: Each stream must contain different numbers.

Solution on page 9
Did one of our staff members go above and beyond to make your experience at OCI a great one?

Please consider nominating him or her for Employee of the Month! You can nominate a staff member online or ask for a form at reception.

Did You Know?

We accept walk-ins at our Springfield office for injuries sustained in the past 48 hours every day during normal business hours!

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Finding your Balance

What are you afraid of? For those with balance problems, fear of falling is a very real and scary problem. Emergency rooms nationwide treat a patient every 15 seconds for a fall related injury (most of whom are in the 65+ age range). These falls frequently result in injuries that can have a lifelong impact. For those who fracture a hip, 20% end in death within the next year.

Balance is a very complex series of constant adjustments that help us stay upright. There are 3 systems that work together to maintain balance. Vision, sensory input from the legs and feet and the vestibular system of the inner ear all function in tandem to allow adaptation for changes.

The eyes help us stay oriented to the horizon ahead. When vision is impaired or if we have to function in the dark, the brain has decreased input to process for balance. As an example, if a person stands with their eyes open, it is usually easy to maintain quiet stance with no wobbling. If the same person closes their eyes and tries to stand quietly for 20-30 seconds, they will sense their body swaying slightly to try to adjust balance without visual input.

Sensory information from the legs and feet is critical for adjusting to changes in surface. Walking on a firm, flat concrete driveway is fairly simple. Crossing the yard requires constant alterations in balance to accommodate the bumps, slopes and holes that are common. If the sensation from the feet is impaired, the brain does not get clear messages about the surface under the feet. Sensation from the feet can decrease due to problems such as peripheral neuropathy, back problems and diabetes. Weakness in the lower extremities can also slow or decrease the balance reactions. Strengthening and proprioceptive training in physical therapy can help improve awareness and reaction time for the legs.

The vestibular system is located in the inner ear. Its primary job is to send information to the brain about where our head is positioned in relation to both the body and the ground. As we move our head, the vestibular system provides information about current position. During transitions from lying down to sitting, the inner ear is responsible for sensing when the body is erect. This prevents tipping over from sitting or overshooting the desired upright position. Conditions in which this system does not function correctly can cause dizziness with positional changes or head movements.

The staff at Midwest Rehab are trained to work with patients who have balance and dizziness problems for a variety of reasons. Often times treatment techniques include strengthening and stretching for the lower extremities. Balance and proprioceptive exercises help improve awareness of sensation from the feet and improved reactions to correct missteps and changes in the surface under the feet. Vestibular exercises and treatment can decrease dizziness with changes of position and head movements.

Physical therapy can help to address balance and dizziness issues. So, don’t get scared, get STEADY with help from Midwest Rehab’s physical therapy staff. Call (217)547-9108 to schedule an appointment today!
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Chicken & Wild Rice Soup
From www.CookingLight.com

**Ingredients**
1 cup uncooked quick-cooking wild rice
Cooking spray
1 cup chopped onion
2 garlic cloves, minced
3 cups fat-free, less-sodium chicken broth
1 1/2 cups cubed peeled baking potato
3 cups 2% reduced-fat milk
1/3 cup all-purpose flour
10 ounce light processed cheese, cubed (such as Velveeta Light)
2 cups chopped roasted skinless, boneless chicken breasts (about 2 breasts)
1/2 teaspoon freshly ground black pepper
1/4 teaspoon salt
1/4 cup chopped fresh parsley (optional)

**Directions**
1. Cook rice according to package directions, omitting salt and fat.

2. Heat a large Dutch oven over medium-high heat. Coat pan with cooking spray. Add onion and garlic; sauté 2-3 minutes. Add broth and potato; bring to a boil over medium-high heat. Cover, reduce heat, and simmer 5 minutes or until potato is tender.

3. Combine milk and flour, stirring well with a whisk. Add the milk mixture to potato mixture; cook 5 minutes or until slightly thick, stirring constantly. Remove from heat; add cheese, stirring until cheese melts. Stir in rice, chicken, pepper, and salt. Garnish with parsley, if desired.

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Employee of the Year

Congratulations to Jennifer Finley on being awarded Employee of the Year! Mrs. Finley is the Patient Accounts Manager and has been with OCI for three years.

**Congratulations, Jennifer!**
150 years ago, Hanger Clinic was founded by the first amputee of the Civil War as a local company specializing in prosthetic devices. Today, in addition to embracing our heritage, Hanger Clinic is the premier provider of orthotic and prosthetic services and products in Illinois and the US. Offering the most advanced technology available, combined with unsurpassed customer service, Hanger Clinic provides the following solutions:

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