

# the OA UPDATE



VOLUME 3, ISSUE 1

## Leading the Way

OA Surgery Center celebrates 20 years

### Performance Training

Tips for next winter's ski season

### Holding Hands

What do specialists in hand therapy do?

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## FEATURES



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**Get ready for next season now!**

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# Opening Remarks

OA recently celebrated the 20<sup>th</sup> anniversary of the Orthopaedic Surgery Center, which was originally established in October of 1989. In this issue, we share some of the highlights and accomplishments in those 20 years. So much has happened over these years, and OA continues to do its best to respond and adapt to the needs of our patients and the ever changing face of healthcare.

We hope you find this issue informative and helpful, and we welcome any suggestions for future publications. We've already heard from some of you and are appreciative of your comments and feedback!

Sincerely,

The Physicians at OA Centers for Orthopaedics

Cover photo credits: Linda Ruterbories, MS, ANP (Director of the OSC)



## OA Centers for Orthopaedics

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OA is the premier orthopaedic practice in Maine. Our 23 highly specialized physicians are experienced in the latest techniques and innovations. OA specialty centers include sports medicine; hand surgery; joint reconstruction of the hip, knee and shoulder; foot and ankle surgery; and complex fracture treatment. OA—Experience in motion!

The information contained in this publication is not intended to replace a physician's professional assessment. Please consult your physician on matters related to your personal health.

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Performance Center



## Young elbows need special attention. Or they can lead to old elbow injuries.

Children are not just small adults. Their bones and joints are still growing and need special care when injured or over-used. Otherwise, young conditions like "Little League Elbow" or even broken bones can become problems that continue into adulthood. For more information on treating and preventing childhood injuries, visit the Pediatric Orthopaedic Society of North America ([posna.org](http://posna.org)) or the American Academy of Orthopaedic Surgeons ([orthoinfo.org](http://orthoinfo.org)).



# OA in Motion

## Welcome!

Alison Geer, PA-C, joined the Sports Medicine Center as Dr. Ben Huffard's physician assistant. Catherine Morrill, OT, CHT, joined the Physical Therapy Center, working as a certified hand therapist based out of OA's Saco location. Audrey Mackenzie, AT-C, is now working as OA's liaison to other area certified athletic trainers while continuing in her current role as the athletic trainer for Portland High School.

## The OA Experience

Our mission of striving to deliver excellence in orthopaedic care can only be achieved through the combined efforts of knowledgeable and dedicated employees along with the physicians. OA is pleased to report that, in addition to high patient satisfaction, we also enjoy high employee satisfaction. The national healthcare staff turnover rate is 21 percent according to MGMA, while OA is well below that average with a 10 percent turnover rate.

## Portland High School presents OA with the 2009 Ganley Award

The 2009 Robert Ganley Award was presented to OA as a result of its effort and dedication to the football community. Dr. Douglas Brown

and Dr. William Heinz accepted the award on behalf of OA.

## Dr. Brown and the Traveling Fellowship Program

The traveling fellowship program is an annual scientific and cultural exchange among orthopaedic sports medicine physicians in North America, Europe, Asia-Pacific and Latin America. Three fellows are selected to visit foreign sports medicine centers for four weeks, and are accompanied by a "Godparent," a well-known senior orthopaedic sports medicine specialist selected by the president of the national sports medicine organization sending the fellows. Dr. Douglas Brown was privileged to be named as "Godfather" and to travel with these fellows to Japan, China, South Korea, Singapore and Taiwan.

## New Programs and Hours

During the past fall sports season, OA offered weekend hours as an alternative to emergency room care to recreational and school athletes who sustained orthopaedic injuries. In addition, MRI services are also being offered on Saturday mornings as part of our commitment to meeting our patients' needs effectively and conveniently.

## Partnership with Maine Premier Soccer

OA has been named as an official MPS Portland Phoenix Premier Team Partner. Athletes will be participating in the programs offered through the Performance Center, while OA physicians will provide medical coverage for the Portland Phoenix, a reserve program for the professional team Tampa Bay Rowdies (of the North).

## The Maine Concussion Initiative

In our last issue of *The OA Update*, Dr. Lucien Ouellette shared information about concussion injuries. Dr. William Heinz of OA, along with Dr. Paul Berkner and Dr. Joe Atkins, both of Colby College, founded the Maine Concussion Management Initiative in 2009. The goal of this program is to enhance the health and safety of Maine high school athletes by educating medical practitioners and school administrators about the dangers of traumatic brain injury and the importance of consistent concussion management. The initiative is committed to making computerized cognitive testing available to all high schools in Maine and will begin rolling out this program with 25 high schools in the first year.

## OA as a Community Partner

OA Denim Days for Charity: Staff can wear denim one Friday each month by making a charitable donation. OA has raised more than \$1,800 for seven charities through this program, with a focus on local organizations: Arthritis Foundation, Preble Street Resource Center, Barbara Bush Children's Hospital, LifeFlight of Maine, United Way of Greater Portland, Ronald McDonald House of Portland and the Center for Grieving Children.

In addition, OA's Dr. Matt Camuso, Linda Ruterbories, MS, ANP (Director of the OSC) and Joanne Leblanc, RN, joined other medical personnel in collaboration with Konbit Sante to provide much needed medical supplies and



Joanne Leblanc, RN with a Haitian child

surgical care to earthquake victims in Haiti. While much was accomplished in their weeklong trip, there is more work to be done. OA hopes to send additional support in the future months.



Dr. Matt Camuso educating Dr. Pierre Louis about the instruments brought by OA



Fig. 1

# Pre-Skiing Performance Training

By Michael J. Mullin, ATC, LAT

If your winter sports activities were not as polished in 2010 as you would prefer, start now to prepare for winter 2011 by using

performance training techniques. Activities such as snowshoeing, ice skating, snowboarding, nordic, alpine and telemark skiing are all

popular in Maine. While snowshoeing, nordic skiing and ice skating are activities that also have a fitness benefit, some of the faster sports such





Fig. 2

as snowboarding, alpine and telemark skiing demand more dynamic strength, balance and trunk control in order for an individual to participate in the most enjoyable and safest way.

In order to prepare for these types of sports, it is best to do some preparation to get yourself in top condition. Alpine and telemark skiing, in particular, require a strong base which means incorporating more than just a regular exercise program. Specific exercises, designed in a sequence, should be instituted where progression is gradual and should address the main components of the sport: flexibility and mobility, cardiovascular and core conditioning, strength and balance training, and power and endurance development.

Mobility and flexibility top the list because you cannot train for strength if you cannot get into the positions needed. Dynamic flexibility is a great way to introduce movement-based stretches that increase tissue and joint movement while at the same time activating muscles for activity. This can be done through a self-stretching program (refer to *OA Update*, Vol. 1, Issue 1, Page 5, at [www.orthoassociates.com/\\_pdfs/OA\\_Update\\_Vol1\\_Iss1.pdf](http://www.orthoassociates.com/_pdfs/OA_Update_Vol1_Iss1.pdf)) or introducing a tai chi, yoga or Pilates class to learn other ways to improve mobility.

Once you are able to get into a fairly deep squat position with feet flat on the ground and the body stable over the legs, then building the base of cardiovascular and core conditioning takes over. Regular activities such as cycling, elliptical and stair machines, brisk walking, running and inline skating are excellent choices for cardiovascular training. Incorporating core conditioning exercises such as crunches, planks

with leg lifts, side planks, on-all-fours alternate leg and arm lifts while bringing the knee to the opposite elbow help develop a strong trunk and midsection. Most exercises on a physio ball are also great for core conditioning.

Strength and balance training come next. Squatting and lunge-based exercises are excellent strengthening programs. Performing a combination of both and adding medicine ball rotations, pulling on sport cords, rotating the upper torso with or without weight, pressing a weight overhead or performing on an unstable surface, are all great options to increase the challenge on the body.

Power and endurance development come after all the other factors have been addressed. The foundation has been built; it is time to increase the challenge to the system by introducing more jumping, bounding and aggressive resistance training. Plyometrics are a good way to accomplish this by jumping on and off boxes, up and over objects—both forward and backwards—as well as side-to-side. Holding onto resistance bands and performing loading and jumping exercises are another way to increase your power output.

Proper positioning over the skis is essential, in particular the pattern of movement the hips and pelvis should go through as the weight is transferred from one ski to the other. The ability to actively shift the pelvis back as you transition through your pole plant from your uphill ski onto the downhill ski is critical for proper turning and reducing risk for injury. Most people feel more comfortable performing this on one side versus the other. Use the following tests to determine which side may be more restricted

or weaker. You can then use this information to focus more on exercises into that position.

### Ski Position Self-Assessment

#### *Determining your dominant side:*

Stand facing a table. Place your feet skiing distance apart, pointing to the right at a 45 degree angle with your left foot a little back of the right. This is mimicking a turn to the right while skiing. Rest both hands lightly on the tabletop and let them slide forward as you slowly squat down, shifting back through your hips. Let hands slide forward and try to avoid leaning back and hanging on with your hands. Keep your weight evenly distributed between heels and toes and between both feet. Perform five times and make note of tightness, weakness or coordination on one side versus the other. The side that does not feel as natural or strong is the side you should focus on. Note that the back is slightly rounded, allowing for forward reach, as in skiing. For telemark skiers, keep the front foot flat and go up onto the toes of the back foot with good weight distribution. (See Fig. 2)

Stand with your arms out in front in pole position. Jump forward a little and plant your feet at about 45 degree angles to the left, with your right foot a little back of the left. Sink into your hips, shifting back on the downhill ski side and notice what the movement feels like. Apply the same principles as above with foot width, weight distribution and trunk position. Perform the same on the opposite side, back and forth, and compare one side versus the other. Note the square shoulders and even arm position. For telemark skiers, land with your front foot flat and your back foot on the toes with good, even weight distribution. (See Fig. 1)



# Plantar Fasciitis

By Kristina Kramer, PA-C  
OA Foot and Ankle Center

The plantar fascia is a strong fibrous band that runs along the bottom of the foot connecting the heel bone to the toes. It provides arch support and stability to the foot. Fasciitis is inflammation of the fascia. Pain is most commonly felt at the bottom of the heel extending into the arch. Plantar fasciitis is one of the most common foot complaints and is a condition that affects people of all ages. The most common symptoms are pain and burning in the bottom of the heel. It is typically worse upon arising in the morning or after being sedentary. Prolonged standing and walking may exacerbate symptoms.

There are many factors that contribute to plantar fascia pain:

- Foot structure—flat foot, high arch
- Tight Achilles tendon
- New or increased physical activities
- Weight
- Shoe wear—poor support and/or cushion
- Acute injury or fascia tear

The plantar fascia has a poor blood supply and inflammation may take months to a year to resolve. Early diagnosis and treatment expedites healing and pain relief. Plantar fasciitis is diagnosed by physical examination and symptomatology. An x-ray can rule out other causes of heel pain such as a stress fracture. Bone spurs are often seen on x-ray and are not the cause of heel pain; many people have bone spurs and have no pain.

Non-operative treatment is directed at decreasing inflammation and pain:

- Appropriate shoes
- Non-steroidal anti-inflammatory medications
- Ice
- Daily stretching and physical therapy
- Orthotics—heel cushion, arch supports
- Night splinting
- Walking cast
- Cortisone injection

Approximately 90 percent of patients will have resolution of their symptoms with the treatment algorithm. For persistent pain surgery may be indicated. Extracorporeal shock wave therapy is a noninvasive ultrasound performed under light anesthesia to stimulate blood supply and healing. Another surgical option is the plantar fascia release to loosen tight fibers at the attachment to the heel bone. Topaz™ microtenotomy has proved to be a successful minimally invasive surgical option. Under anesthesia small needle punctures are made to allow a radio frequency probe to release tight fascia and heat tissue to stimulate blood supply and healing. There has been great success and patient satisfaction with this procedure at the OA Foot and Ankle Center.

To learn more about your foot condition and to determine what treatment options are most appropriate for you, please see your physician for further guidance.



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# Trigger Finger

## What it is. Why it happens.

By Sacha Matthews, MD

### Anatomy of a Finger

Bending your fingers actually starts within your forearm. The muscles responsible for the movement are located in the forearm—one muscle for the thumb and two muscles for each finger. The muscle-tendon junctions, where the muscles blend into the tendons, are in the part of the forearm just before the wrist. The tendons then pass through the carpal tunnel and out into the hand. At the base of the fingers and thumb the tendons enter a sheath that guides them to their insertion, or attachments. Without the sheath, the tendons would bowstring away from the bones and the fingers would not be able to make a fist. A tissue called tenosynovium, which provides lubrication and nutrition, surrounds the tendons. When the tendons become stuck or snap, the result is referred to as trigger finger.

### Cause

The cause of trigger finger, in the vast majority of cases, is idiopathic, or unknown, likely because there are many different factors that can result

in a trigger finger. Ultimately, the condition results from an imbalance between the normal “wear and tear” that we subject our bodies to daily, and the body’s ability to heal that damage. It is more commonly seen in patients with diabetes, gout and rheumatoid arthritis.

### Symptoms

As the tenosynovium becomes inflamed, it causes pain at the base of the finger and pressure in the flexor tendon sheath. This results in a crunching sensation with movement of the finger and may result in swelling. As the tenosynovium becomes more inflamed, the patient may experience clicking and eventually, painful locking of the finger—either straight or bent, as a nodule develops in the tendon and the mouth of the tendon sheath thickens.

### Treatment

Initial treatment for trigger finger involves moist heat in the morning and icing at

night with anti-inflammatory medications. Avoiding known provocative activities such as weeding, knitting, and other things requiring pinching, along with utilizing night splinting, will help some patients. If this fails, then occupational therapy may be tried. Injections of cortisone are another option. If these efforts fail, then surgery where the mouth of the tendon sheath is opened, taking the pressure off the tendon, may be necessary.

Additional resources: visit [www.youtube.com](http://www.youtube.com). Search key words “ASSH Trigger Finger.”

*Dr. Sacha Matthews is a hand surgeon in the OA Hand Center, which provides comprehensive coverage for the diagnosis, treatment and rehabilitation of all types of hand and wrist problems. He is a fellow of the American Academy of Orthopaedic Surgeons and a member of the American Society for Surgery of the Hand. He also has a Certificate of Added Qualification in Hand Surgery.*

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Linda Ruterbories MS, ANP and Dr. Douglas Brown in surgery



# Leading the Way

## OA Surgery Center celebrates 20 years

By Carrie Bui

For the past 20 years OA Centers for Orthopaedics Surgery Center (OSC) has been providing a patient-focused healing environment known for its high-quality, cost-effective and cutting edge procedures performed by expert surgeons.

OSC's parent organization, OA Centers for Orthopaedics (OA), was founded in 1982 with a vision and a commitment to provide outstanding orthopaedics care in southern Maine—a concept that is the foundation of OSC as well. The specialists at OA focus on a particular area of the body such as the knee or hip, becoming experts in diagnosing and treating related problems. The practice now includes satellite centers in Windham and Saco.

Multiple centers within OA's Portland office provide convenience and familiarity for the patient. “The patient has an MRI, a physician follow-up, a history and physical, pre-admission testing, surgery and physical therapy all within the same building, allowing the patient and their family members not only a unique operative experience, but also a unique orthopaedic experience,” said Linda Ruterborries, ANP-C and Director of the Surgery Center.

One of the founders of OA Centers for Orthopaedics, Dr. Douglas Brown, explained that an outpatient surgery center was always part of the plan. “As we contemplated building a new practice facility, we felt strongly that we should aim to integrate our clinical practice with one, an outpatient surgery center, and two, an outpatient physical therapy center. We felt confident that by owning and managing all three of these orthopaedics practice facilities, we could ensure high quality, efficiency and convenience—for patients and ourselves.”

“The OSC provides an environment that demands the high-quality care be delivered, focuses on patient safety and satisfaction at all times and promotes communication between staff and surgeons resulting in innovative new ways to improve the care we provide,” said Thomas Murray, MD former Medical Director of the OSC.

It is also more cost effective due to several reasons, added Dr. Murray. Because of the specialized medical staff, surgical times tend to take less time than within a general setting. There are also lower complication rates, avoiding expensive problems, and hospitals also cost-shift, to make up for the difference in insured and uninsured patients. Because the center performs a high volume of arthroscopic procedures, they are able to negotiate a better rate for equipment and implants. These savings are passed on to patients.

**Quality**

The surgery center is committed to performing quality outpatient surgical procedures and is nationally recognized and accredited by the Accreditation Association for Ambulatory Health Care. “Everything we do, from reduced pre-operative waiting times to avoiding mixing pre-op and post-op patients demonstrate our desire to put ourselves in our patients’ shoes and treat them as we would like to be treated ourselves. Everybody is a VIP in the OSC,” said Dr. Murray.

Said Ruterbories, “Patient culture has shifted. They understand and identify with quality and make their own choices based on these principles.” OSC strives to meet and exceed those expectations.

The OSC staff believes the key to a positive outpatient surgical experience begins by creating a caring environment for the patients and their families. Patients who arrive at OA are immediately wrapped in a warm blanket—literally. “Patient’s family members are frequently

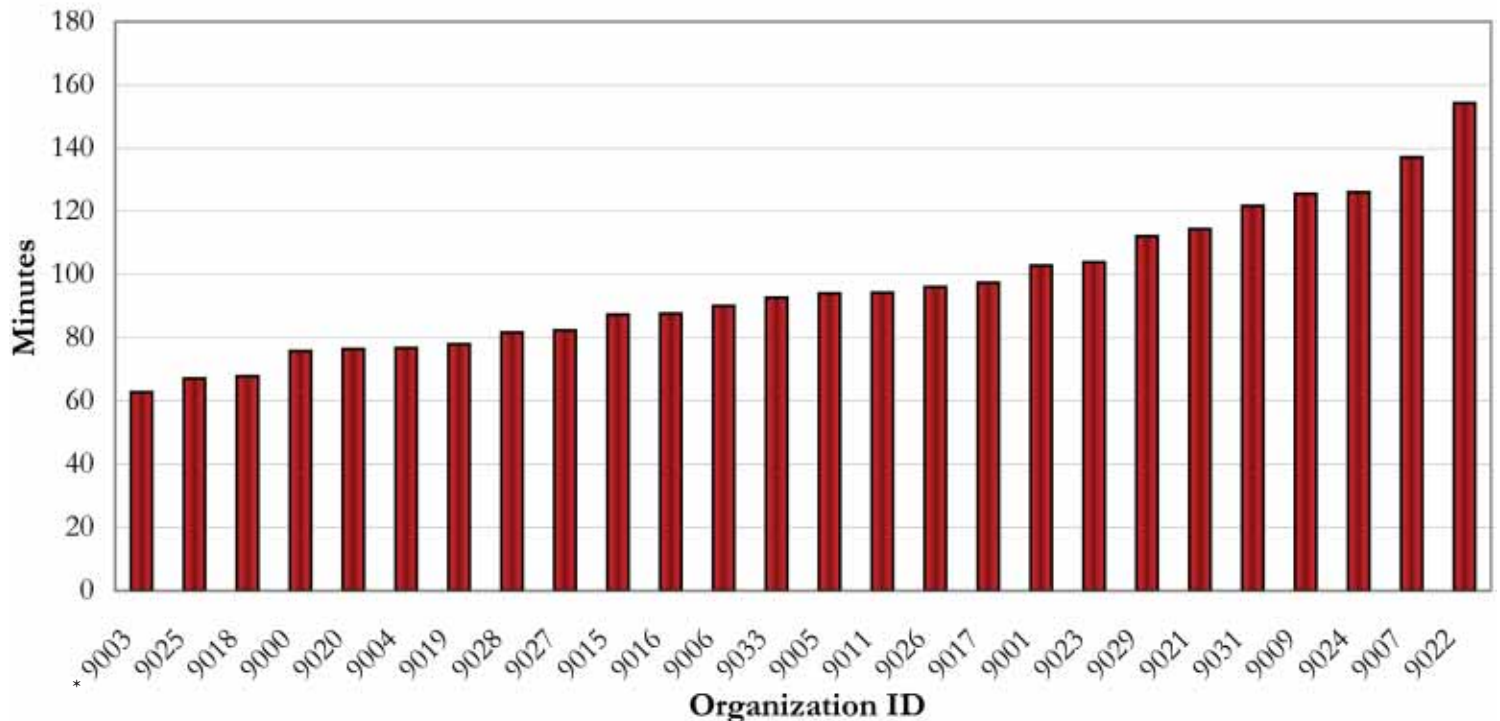
nervous and concerned throughout the time that their loved ones are in surgery, and when the warm blanket is placed on the patient in our holding area, there is often a visible calm that comes over both the patient and their family member,” Ruterbories explained.

OSC’s commitment to increase surgical knowledge, their ongoing determination to reassess and refine patient procedures and their intrinsic dedication to patient comfort through the “warm blanket” philosophy, means OSC not only remains a leader in outpatient surgical procedures, they enhance the quality of the patient experience as well.

Quality begins before surgery, with a pre-admission visit (PAT) to the facility. Prior to a scheduled surgery, the patient meets with a medical assistant and tours the facility in order to feel more at ease within the center’s environment. “This initial visit gives the patient and their support person an idea of what to expect on the day of surgery and gives them a chance to feel the nurturing environment,” Ruterbories said. “Most hospitals now perform the PAT over the phone and the patient and the family never visits the facility until the day of surgery.”

The surgery center was ranked No. 1 in the country for pre-procedure times by the AAAHC Institute for Quality improvement study of knee arthroscopy with meniscectomy comparing 29 outpatient surgical centers around the country representing 11,500 arthroscopies annually, Ruterbories said. The pre-procedure time begins when the

**Average Pre-Procedure Time by Organization**



\*9003 represents OA’s Surgery Center

Graph included with the permission of the AAAHC Institute for Quality Improvement.

patient walks into the facility and ends when they enter the operating room. The average pre-procedure times of the other sites are 93 minutes. The OSC average pre-procedure time is 63 minutes.

Rutberbories and the doctors continually attribute OSC's success to the staff. Said Dr. Brown, "Our people make the major difference—from those who clean the facility every day, to the instrument technicians, who clean, maintain, sterilize and organize our instruments and equipment, to the specialized recovery room nurses, to the specialized OR nurses and scrub techs—everyone has become more capable every year. This also applies to the independent anesthesia group that we work with every day, all of whom have been handpicked for their expertise and interest in teamwork in our outpatient facility."

Dr. Murray describes OSC's "culture of accountability" as one of its defining characteristics. He said, "Our OSC Director teaches each staff member that his or her performance is critical to each patient's quality care experience. Staff has a genuine interest in achieving excellence in orthopaedics surgical care and does so daily."

Quality care extends after the surgical procedure through follow-up calls to patients to check on them post-surgery. The employees go out of their way to try to reach the patients and that even extends into holidays. "Linda came in on Friday (New Year's Day) and called 17 patients at home that day to see how they were doing," said Dr. Murray. "I think she leads by example by doing that sort of thing, but she expects that same kind of behavior from the other members."

Periodic review of surgical outcomes is important for OA surgeons to ensure a quality result for their patients. "We feel it is important to prove our surgeons have results comparable to the best reported outcomes," said Donald P. Endrizzi MD, and Medical Director of the Surgery Center. "The staff excels at what they do and the physicians are compelled to provide the best care for our patients. That means reviewing our outcomes, participating in CME at a level higher than that required for board certification and continuing to introduce state-of-the-art orthopaedic surgical procedures to Maine and the greater Portland area."

### Safety

The surgery center carefully evaluates each potential patient to determine whether or not outpatient surgery is a viable option. "First of all, the patient has to be a candidate for surgery that we know we can perform safely and comfortably as an outpatient," explained Dr. Brown. "Second, the patient has to be in good enough general health that they will not have any unusual risk factors, particularly for anesthesia."

Due to the surgery center's careful evaluation of eligible patients and the specialized expertise, the surgery center has lower complication rates than a hospital, however, preparing for the worst keeps complications in check. All OSC nurses are ACLS certified, Malignant Hyperthermia drills are performed annually, and in-services are provided to all employees covering topics ranging from avoidable complications to response to medical emergencies.



Dr. Thomas Murray and Scott Benevides, PA-C in surgery

### Practice Makes Perfect!

The physicians of OA Centers for Orthopaedics are committed to providing quality care that results in the best patient outcomes. Our physicians are orthopaedic sub-specialists trained in one or two specific fields of interest. Consequently, the surgeons perform a high volume of the same types of specialized surgery both in the Orthopaedic Surgery Center (OSC) as well as at the local hospitals. We believe, and research has shown, that more experience leads to better outcomes for patients.

#### Most common procedures performed in OSC in 2009

Knee Surgeries	1,145
Shoulder Surgeries	919
Hand/Wrist Surgeries	409
Foot/Ankle Surgeries	315
Spine Surgery	46
Hip Surgeries	44

#### Total joint replacement procedures performed in a hospital setting in 2009

Total Hip Replacement	797
Total Knee Replacement	686
Total Shoulder Replacement	95



OA Waiting Room



OSC Staff Training

### Innovation

Across the last 20 years, the staff at OA's Surgery Center has benefited from numerous technological advances. Ruterbories cited the advances in anesthetics and in digital imaging as being especially beneficial. As medicine and technology continue to intersect, OA intends to be at the forefront of medical advancement and for their patients to reap the rewards of increased efficiency, lowered costs and faster healing. Ruterbories said electronic health records will add to the practice's ability to be efficient, and minimally invasive procedures will allow more surgeries to be performed in an outpatient setting at a lower cost.

One of the center's initial innovations dealt with minimizing pain management for patients. The center tracked pain management and post-operative nausea and vomiting. Said Ruterbories, "We did the research and followed patients very closely to make sure that they were getting the best possible all-around experience, from minimizing pain to being satisfied with their surgical experience."

Every subspecialty area of orthopaedics has been impacted by improved pain management. "We have been able to perform many procedures from fractures and joint reconstructions, through spine surgery and total joint arthroplasties that 20 years ago would not have been possible on an outpatient basis," added Dr. Endrizzi.

Hand and foot and ankle surgery have been significant areas of growth within OA Centers for Orthopaedics. Dirk Asherman, MD a foot and ankle surgeon, joined the practice in 2000. Advances in foot and ankle surgery have allowed more complex operations such as subtalar, ankle and midfoot fusions and ankle ligament reconstructions to be performed in an outpatient setting. The addition of popliteal blocks performed by the anesthesia service provides further pain control allowing for even more complex procedures to be performed in the center. Other foot and ankle procedures routinely done within OSC are Achilles tendon repairs, and internal fixation of ankle fractures.

When Sacha Matthews, MD joined OA in 2003, his expertise in hand



Anesthesiologist monitoring a patient during surgery



Brian Halla, PA-C scrubbing for surgery

brought complex hand and wrist procedures to the surgery center that previously would not have been done in an outpatient setting. Advances in equipment in hand surgery include a special table that allows patients to stay on the stretcher instead of having to transfer them to a more uncomfortable operating table. This table has streamlined the patient flow. The latest developments in hand surgery in OSC include the use of nerve grafts and neural tubes for the treatment of nerve injuries.

The addition of these two surgeons warranted an expansion that included building two additional operating rooms and expanding the adjoining patient support areas.

OSC has always positioned itself as a leader in outpatient surgical procedures and that tradition continues today. The surgery center was a pioneer in outpatient knee ligament reconstruction, outpatient meniscus transplantation, allograft articular cartilage transplantation and new shoulder arthroscopy procedures. “The OSC continues to be the leader in northern New England for arthroscopic knee, shoulder, wrist, elbow, ankle and hip arthroscopy,” said Dr. Murray.

Added Dr. Brown, “Most recently, one of our surgeons has perfected the techniques and the environment to safely and comfortably perform total hip replacements as an outpatient procedure, something that is highly innovative and done only in a handful of places in the world.”

“Much of orthopaedics research today is focusing on growth factors that will allow us to speed the healing of bone and soft tissue injuries and replace cartilage defects. Joint replacement technique improvements will likely result in outpatient knee and hip replacements becoming more common,” said Dr. Murray. The center is currently tracking common benchmarks for shoulder procedures post-surgery to see when the benchmarks are achieved. Tracking the progress of patients helps the surgery center measure quality.

The surgery center’s attention to quality, safety and innovation ensures its continued success.

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# Holding Hands

The specialty of hand therapy

By Stacey Doyon, OTR/L, CHT

OA offers hand therapy services at both its Portland and Saco offices. A hand therapist is either an occupational therapist or a physical therapist who, through extra training and experience, develops specialized knowledge of the upper extremity (arm). Hand therapists have a more in-depth knowledge of anatomy, surgical procedures and wound healing. Therefore, we are able to get you better faster, as well as help patients understand when therapy is not a benefit. Both OA facilities use hand therapists that have advanced certification as certified hand therapists. In order to sit for the CHT exam, a therapist must have at least five years of experience, and more than 4,000 hours providing therapy specifically in the area of hand therapy. CHTs must maintain certification through annual continuing education courses to ensure quality care for patients.

### Why hand specialists?

The hand is very complicated. It is comprised of 27 bones held together by a series of ligaments. Ligaments go from bone to bone and allow movement. Helping to move your fingers are tendons (going from muscle to bone) and muscle. Some of the smaller

muscles are in the palm of the hand. The larger muscles are actually in the forearm and start at the elbow. There are no muscles in the fingers themselves. The muscles are able to function by nerves. The three main nerves that affect the hand are the median, radial and ulna. These nerves innervate the muscles that help move the fingers and provide sensation to the hand. One of the complicating factors of the hand is that problems occurring in the neck and shoulder region can actually show up in the hand. A hand therapist must be able to screen this region as well.

### What does a hand therapist do?

Patients of all ages, from infancy to adulthood, are treated by hand therapists. We evaluate and treat any problem that occurs with the finger, hand, wrist, forearm or elbow. Patients can be seen after a surgery or after an injury. Patients may also experience a condition from overusing their hands/arms or from ongoing problems due to an illness or disease. CHTs may also see patients to prevent further injury.

These injuries and diseases may include fractures, sprains, arthritis (osteoarthritis and rheumatoid arthritis), overuse issues

(e.g., tennis elbow), burns, congenital deformities, tendon lacerations, crush injuries and nerve injuries. OA's course of action always starts with a full evaluation to determine what treatment would best suit the patient. Treatment is then variable and may include any of the following:

- Regaining range of motion
- Strengthening
- Coordination
- Controlling swelling
- Treating pain
- Managing a healing wound to be certain it does not become infected
- Managing scar formation so it will not stick to underlying tissue
- Sensory reeducation
- Education with regard to ergonomics and job modifications.

Hand specialists also do splinting (orthotics). Splints are used for a variety of reasons. They can support a joint, protect a joint so it heals properly or increase range of motion. Splints are either custom-made or prefabricated. The hand therapist is trained to understand which splint is the best one for an injury or disease, as well as how to fit them properly.

### What types of injuries or conditions does a hand therapist see?

CHTs treat a variety of hand, wrist, forearm and elbow injuries including but not limited to:

- Osteoarthritis—this occurs a lot on the base of the thumb
- Rheumatoid arthritis
- Sprains and ligament tears
- Fractures of a finger, wrist, forearm or elbow
- Overuse syndromes such as tennis elbow, golfer's elbow, deQuervain's syndrome (pain on thumb side of wrist)
- Carpal tunnel syndrome
- Tendon lacerations
- Amputations



### Why use a hand therapist?

Because of our advanced training and specialized knowledge hand therapists are able to provide more effective and efficient treatment. Because our practice is focused on one area of the body we are able to identify what is, or is not, typical for an injury or disease. If an injury is not typical then we know to contact the physician about the situation and explain our concerns in greater detail. The unique thing about getting treated at OA is that the physicians are immediately available for consultation regarding findings that are not consistent with an injury or disease.

If you would like more information in regards to hand therapy, please feel free to ask your OA doctor or contact one of the hand therapists.

*Stacey L. Doyon, OTR/L, CHT- Portland Office 207-828-2121 or Catherine Morell-Ambo, OTR, CHT-Saco Office 207-710-5504*



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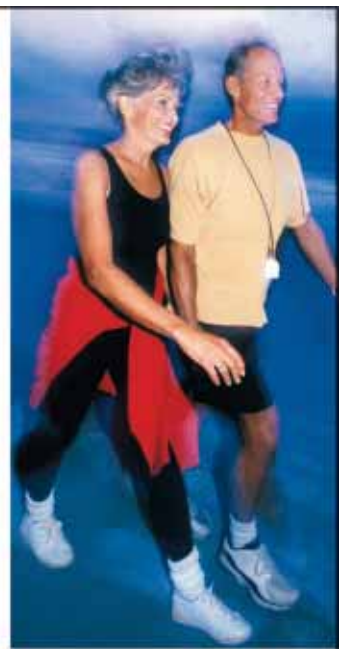
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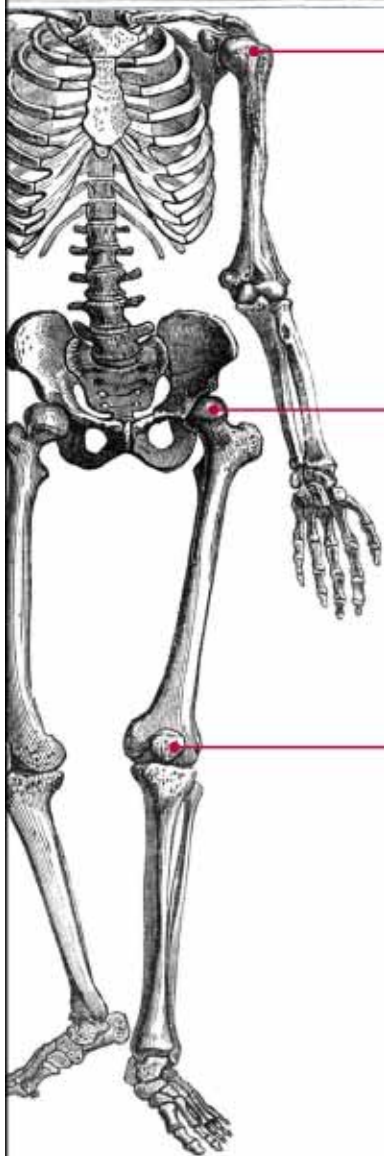
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