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Greetings from the President of JOI...

Now in its 17th year, Jacksonville Orthopaedic Institute continues to grow and expand to meet the needs of the Northeast Florida and Southeast Georgia communities. We are 32 physicians strong, and offer seven office locations, nine rehab centers as well as three MRI sites.

Our JOI-Baptist South location expanded into a much larger office space at the new Baptist – South Medical Office Building II in order to accommodate eight physicians – Drs. Brandon Kambach, Gregory Keller, Gary Kitay, Jennifer Manuel, Richard Picerno, Robert Savarese, Gregory Solis, and Bruce Steinberg. Now, each service JOI offers is represented in this St. Johns County region: Hand, Foot and Ankle, Joint Replacement, Spine, and Sports Medicine. More than 130 guests visited the state-of-the-art suite during the Baptist South “on-campus” open house.

Our JOI-Orange Park location has changed its name to JOI-Orange Park/Clay County, and moved from their site on Blanding Boulevard to an expanded new office at Fleming Island on Town Center Boulevard. Also, JOI Rehabilitation – Orange Park/Clay County has opened next door offering patients additional convenience for their post-surgical needs. Always interested in supporting major community events, Drs. Pat Hutton and Aaron Bates participated in the Orange Park Rotary Run, where participants were greeted by dozens of JOI volunteers as they ran by the office during this annual effort.

JOI-Riverside supported this year’s Jacksonville Barbeque Championship for the second year, which was a fund-raiser for the Daniel and Glyn Cook Memorial. Over two dozen teams, representing the best of the best in BBQ, came together for the Jacksonville community.

We are very proud of the two JOI physicians who traveled to Haiti just after the devastating earthquake as part of a humanitarian effort. Richard Picerno, MD, chief of orthopaedics at Baptist South, and John Von Thron, MD, JOI-Beaches, provided “in the field” orthopaedic medical services during this time of complete destruction and critical need for medical care of epic proportions. In addition, JOI made a community call to Greater Jacksonville asking people to bring in used orthopaedic equipment (walkers, crutches, wheelchairs, etc.) – an entire 72-foot truck from Raven Transport was filled from top to bottom, then the supplies were driven to Ft. Lauderdale where they were airlifted to Haiti as part of “Operation Walk Haiti.”

As part of our community efforts, JOI presented the “River Walk to R.A.M.” (Riverside Arts Market) in March, a fundraising event for R.A.M. and Greenscape. More than 200 registered and more than 100 JOI employees staffed the booths with vendors and sponsors, including Baptist Health, Solantic, WOKV Radio, and IMAX at World Golf Village, just to name a few. More than 20,000 attended the event, which opened the 2010 R.A.M.
In addition, JOI continues its Community Spirit Initiatives by participating in the River Run Expo along with corporate partner Jacksonville University; becoming a presenting sponsor for Arthritis Walk 2010 and the Florida State College Golf Classic; and JOI runners participating in the Jacksonville Symphony Orchestra River Classic – all gratefully staffed by JOI volunteers. Our rehab and physician staff is frequently seen “on the field” at area high schools as well as colleges and universities providing expertise in sports medicine in order to keep area athletes safe. All of these activities are part of JOI’s focus on community involvement.

JOI physicians continue to provide continuing medical education through three key events per year, entitled “Orthopaedic Update for Primary Care.” As a service to referring physicians, these programs are also videotaped and made available to physicians and paraprofessionals, at no cost to obtain CME credits.

JOI physicians have a reputation with both regional physicians as well as patients for conservative care, with a focus on efficient and effective management of resources and services. Each JOI physician is dedicated to providing the highest level of care possible to each patient from diagnosis and treatment all the way through rehabilitation. We are very proud to be a synergistic part of Jacksonville in so many ways, and will continue our efforts to provide the best medical care possible and enhance the quality of life of all individuals as well as families in the region.

Michael S. Scharf, MD
President

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Dr. Von Thron

Dr. Picerno

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JOI sponsors three “Movies at R.A.M.” (Riverside Arts Market) and more than 1,000 turn out to enjoy the family events on the St. Johns River underneath the I-95 Bridge.
For Getting Better, It Doesn’t Get Any Better!

When on the road to recovery, every stop on your journey is important. That’s why JOI offers its own first-rate rehabilitation facilities. We find it is the best way to offer cohesive, seamless care. As with every aspect of your care, JOI will provide expert therapists, the best equipment and technology, and an outstanding environment to bring about the best results. All you need is the desire to improve. We will encourage you along the way to keep you motivated and thinking positive about your treatment. If you choose a non-JOI rehabilitation facility, we will work with other rehabilitation facilities as well.
The shoulder is a ball (humeral head) and socket (glenoid) joint that allows a tremendous amount of mobility in the upper extremity. The rotator cuff is composed of four muscles and tendons (supraspinatus, infraspinatus, subscapularis, and teres minor) that cover and stabilize the ball and socket allowing normal shoulder motion.

Rotator cuff tears can be painful and disabling in adult patients. Causes of this injury range from a single traumatic episode to a chronic overuse injury over several months or years. Typically, patients engaging in repetitive overhead activities or motions are most at risk for rotator cuff tears.

Common symptoms include pain on the outer aspect of the shoulder, difficulty sleeping on that side, pain with attempted overhead motions and radiation down to the elbow. It is important to realize that pain radiating past the elbow does not typically originate in the shoulder and may be related to issues in the neck or peripheral nerves. With significantly larger tears, patients may have difficulty raising their arm over their head. In addition, many patients describe a crackling sensation when moving the shoulder in different positions.

Diagnosis of a rotator cuff tear can be made with a combination of history, physical exam, and radiographic studies. By thoroughly examining patients with shoulder pain and tests specific to this type of injury, patients may be sent for a confirmatory test such as a magnetic resonance imaging (MRI). This imaging modality is the test of choice to evaluate for a rotator cuff tear (Figure 1).

Treatment options for rotator cuff tears include conservative and operative management. Typically, tears occurring over time can be initially treated non-surgically. Rest, anti-inflammatory medications, steroid injections and physical therapy are common modalities utilized to alleviate the common symptoms of rotator cuff injuries. Physical therapy serves to strengthen the healthy rotator cuff muscles and tendons in an attempt to compensate for one that has torn.

Surgical treatment may be an option after a traumatic injury or after a trial of non-surgical management. In addition, it is important to realize that rotator cuff tears can progress over time and that symptoms can return or worsen.

Rotator cuff repairs have been performed for many years. However, advancements in surgical technique
and equipment are improving our ability to treat these injuries. Initially, the procedure was performed through an invasive approach with a large incision. Surgeons became more comfortable with the anatomy and began to make smaller incisions to decrease the pain and disability from surgery. With the advent of arthroscopy, repairs could be performed with minimally invasive techniques requiring only small incisions. In addition, the advances in arthroscopic equipment and materials have further enhanced our ability to achieve a strong, durable repair.

In a soon to be published article in the orthopaedic surgery literature, I describe a technique (The NET bridge designed by Dr. Neal ElAttrache) that I tested in a biomechanics laboratory and found it to be the strongest rotator cuff repair reported to date. The NET bridge utilizes a combination of high strength suture materials in a novel configuration to achieve the maximal strength of repair while also maximizing the contact between the torn tendon and bone of the humerus (Figure 2). One of the biggest pitfalls with rotator cuff surgery is avoiding a re-tear of the tendon. However, a common complication that can also be a considerable challenge is post-operative stiffness. By providing a stronger, more durable repair in utilizing the NET bridge, my patients can expect an early return to their daily activities through range of motion exercises and shorter time in a sling.

The rehabilitation process entails a period of passive motion, where a therapist mobilizes the shoulder. The next step requires regaining full active motion of the shoulder and the final stage allows the patient to strengthen the repaired rotator cuff muscle and tendon.

Rotator cuff tears can cause significant disability. However, through the use of the appropriate treatment protocol and when indicated, this innovative and highly effective technique, patients experiencing this injury can expect a quicker and successful return to their daily activities.
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Photo Credit: Hope Kinchen
Jacksonville Orthopedic Institute (JOI) offers 32 specialty-trained physicians, many with fellowships, who are dedicated to delivering comprehensive care for the muscles, bones and joints.

Our diverse practice includes five Centers of Expertise:

- Foot & Ankle
- Hand
- Joint Replacement
- Spine
- Sports Medicine

Our mission is to provide the highest level of coordinated care so all aspects of recovery are seamlessly integrated from initial diagnosis through rehabilitation.

Serving this region, we have seven convenient office locations, nine rehabilitation centers and three MRI centers.

JOI accepts more than 140 health plans, including Aetna, Blue Cross Blue Shield of Florida, CIGNA, Medicare, Humana, United and workers’ compensation. We make every effort to work with our referring Primary Care physicians to serve the needs of patients and their plan requirements.

Questions about our physicians, facilities or treatment options?

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   - Michael S. Scharf, MD
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   - Dale A. Whitaker, MD
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2. **Hand**
   - Philip R. Hardy, MD
   - Robert J. Kleinhans, MD
   - Steven J. Lancaster, MD
   - Brandon J. Kambach, MD
   - Kevin Michael Kaplan, MD
   - Gregory C. Keller, MD
   - Jennifer L.M. Manuel, MD

3. **Joint Replacement**
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   - Robert G. Savarese, DO
   - Robert G. Savarese, MD
   - Maxwell W. Steel III, MD
   - Maxwell W. Steel III, MD
   - Bruce Steinberg, MD
   - Bruce Steinberg, MD

4. **Foot & Ankle**
   - H. Lynn Norman, MD
   - William G. Pujadas, MD
   - Robert G. Savarese, DO
   - M. John Von Thron, MD
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   - Dale A. Whitaker, MD
   - Dale A. Whitaker, MD

5. **Spine**
   - H. Lynn Norman, MD
   - William G. Pujadas, MD
   - Robert G. Savarese, DO
   - Maxwell W. Steel III, MD
   - Bruce Steinberg, MD
   - Bruce Steinberg, MD
   - Edward D. Young, MD

Our physicians include those who have completed specialized fellowships and are dedicated to delivering comprehensive care for bones and joints.

We make every effort to work with our referring Primary Care physicians to serve the needs of patients. We accept a variety of insurance providers including Florida Blue, United, Cigna, Medicare, and Humana.

Jacksonville Orthopedic Institute (JOI) offers 30 specialty-trained physicians, including joint replacement, sports medicine, hand, and spine specialists.

For questions about our physicians, please refer to the contact information provided.
Jacksonville Orthopaedic Institute Office Locations

1. **Baptist South**
   - 14540 Old St. Augustine Road, Suite 2201 - Jacksonville, FL 32258
   - P: 904.880.1260 • F: 904.880.1210

2. **Beaches**
   - 410 Jacksonville Drive - Jacksonville Beach, FL 32250
   - P: 904.241.1204 • F: 904.241.7331

3. **Orange Park/Clay County**
   - 1845 Town Center Blvd., Suite 405 - Fleming Island, FL 32003
   - P: 904.276.5776 • F: 904.276.5958

4. **Point Meadows**
   - 7740 Point Meadows Drive, Suite 7 - Jacksonville, FL 32256
   - P: 904.241.1204 • F: 904.241.7331

5. **Riverside**
   - 2 Shircliff Way, DePaul Building, Suite 300 - Jacksonville, FL 32204
   - P: 904.388.1400 • F: 904.388.9644

6. **San Marco**
   - 1325 San Marco Boulevard, Suite 200 - Jacksonville, FL 32207
   - P: 904.346.3465 • F: 904.396.0388

7. **University**
   - 5737 Barnhill Drive, Suite 102 - Jacksonville, FL 32207
   - P: 904.739.3319 • F: 904.448.1416

Rehabilitation Centers

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- **North** 12961 North Main Street, Suite 201 & 202 - Jacksonville, FL 32218 • P: 904.757.2474 • F: 757.5541
- **Orange Park/Clay County** 1845 Town Center Blvd., Suite 410, Fleming Island, FL 32003 • P: 904.621-0396 • F: 904.621-0397
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Understanding Carpal Tunnel Syndrome

by Bruce Steinberg, MD
Hand, Joint Replacement, Sports Medicine
BAPTIST SOUTH, SAN MARCO

The most common cause of numbness and tingling of the upper extremity is carpal tunnel syndrome. Symptoms may also include sharp, piercing pain that radiates from the wrist to the fingertips, and/or from the wrist to the shoulder. When these symptoms occur, individuals will often stop what they are doing, and may shake their hands in order to obtain relief. This pain may occur while performing simple activities such as driving and typing. The symptoms of carpal tunnel syndrome are very similar to those experienced when sitting for a long period of time, such as in a movie theatre. When one stands up, the foot feels as if it is “asleep.” A sensation of “pins and needles” occurs within the foot, but by walking and shaking the foot, these symptoms go away. This condition occurs from compression or squeezing of the sciatic nerve along the back of the thigh. In the upper extremity, carpal tunnel syndrome occurs from compression or squeezing of the median nerve at the level of the wrist. The carpal tunnel is a narrow, rigid canal formed by a thick ligament (transverse carpal ligament) on one side, and the bones of the wrist on the other (Fig. 1).

The carpal tunnel houses the median nerve and the tendons of the fingers. Swelling within this canal leads to the squeezing of the nerve as it goes through this confined space. Electrochemical impulses travel from the neck to the fingertips, much like a garden hose transporting water. When the nerve is squeezed like the hose being kinked, the symptoms of pain, numbness, tingling, and weakness occur due to the decreased flow of the electrochemical impulses. In addition to having compression of the nerve at the level of the wrist, an individual may also have compression of the nerve at the neck from arthritis or a herniated cervical disk. The nerve, in this situation, is like a hose with kinks in two places, both decreasing flow. Metabolic conditions such as diabetes, thyroid disease, kidney disease, and vascular disease, may affect the amount of electrochemical impulses that travel down the nerve similar to a faucet on low flow (see Fig. 2).

The combination of a low faucet flow and kinking of the hose/nerve in more than one area can compound...
the symptoms. When evaluating for carpal tunnel syndrome, other conditions such as cervical spine disease and metabolic causes such as diabetes, etc., must be ruled out. A thorough history and careful clinical examination from the neck to the fingertips and sometimes an electrophysiological test (EMG/NCV) will help confirm the diagnosis. Once the diagnosis of carpal tunnel syndrome has been established, the treatment is aimed at taking away the compression of the nerve at the level of the wrist. A simple over-the-counter wrist splint positioned to extend the wrist decreases the kinking of the median nerve. Anti-inflammatory medications such as Motrin and Aleve may also be helpful by decreasing the swelling of the tendons within the carpal canal. When these remedies fail, an injection of cortisone into the carpal tunnel combined with a splint, can significantly diminish the swelling leading to decreased compression of the nerve and thus resolve symptoms. If these conservative treatments fail to decompress the nerve, the canal space can be made larger. Unfortunately, there are no manipulations or devices that will expand the rigid carpal tunnel canal structure.

Surgery is aimed at opening the thick transverse carpal ligament that forms the roof of the canal, giving more room for the median nerve. By opening the transverse carpal ligament, the kink of the nerve is removed and the electrochemical impulses can now flow more normally. The pain, numbness, tingling, and weakness can resolve if the nerve has not been significantly damaged by long-standing compression.

Surgical intervention for carpal tunnel syndrome has significantly progressed. The old technique of an open carpal tunnel release creates an incision within the sensitive palm of the hand. While this approach takes away the kink of the nerve by opening the transverse carpal ligament, the downside is a tender, painful palm. This drawback has been overcome by using an endoscopic device which allows the operation to be done through a 1/4 inch incision site away from the palm at the wrist crease.

The median nerve is directly visualized and therefore the contents of the carpal tunnel can be safely decompressed by releasing
the transverse carpal ligament (Fig. 3). While this operation is more technically demanding than the open carpal tunnel procedure, with training and experience, this surgery is safer and leads to excellent relief of the symptoms while allowing faster return to full activity.

Figure 3: Endoscopic carpal tunnel release

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Whether by car, boat, train, bus or airplane, most people travel these days. Business and pleasure-related travelers rarely think twice about stuffing their suitcases to the brim. In fact, it seems to be the norm for many. More times than not, people pack items they never use, making the luggage cumbersome and bulky. The larger and heavier the luggage, the more susceptible a traveler is to neck, back and shoulder injuries. To avoid injury, the American Academy of Orthopaedic Surgeons (AAOS) urges people to use proper judgment when packing, lifting and carrying luggage.

According to the U.S. Consumer Product Safety Commission, more than 49,100 luggage-related injuries were treated at hospital emergency rooms, doctors' offices and clinics in 2004. Injuries to the back, neck and shoulder may be attributed to the mismanagement of heavy, over-packed luggage, which can be a common travel mistake.

“Lifting and carrying bulky luggage can strain your bones, muscles and joints, so it is important to pack lightly,” said Frank B. Kelly, MD, orthopaedic surgeon, and chair of AAOS’ Board of Councilors. “To minimize orthopaedic injuries, bend at the knees and lift luggage with your leg muscles – not your back and waist – and avoid twisting or rotating your spine.”

The Academy offers the following tips for lifting and carrying luggage:

- When shopping for new luggage, look for a sturdy, light, high-quality and transportable piece, preferably one with wheels and a handle.
- Avoid purchasing luggage that is too heavy or bulky when empty.
- Use smart packing techniques and pack lightly. When possible, place items in a few smaller bags, instead of one large luggage piece.
• When lifting luggage, stand along side of it, bend at the knees – not the waist – lift with the leg muscles, then grasp the handle and straighten yourself up. Once you lift the luggage, hold it close to your body.

• Do not twist when lifting and carrying luggage. Point your toes in the direction you are headed and turn your entire body in that direction.

• Do not rush when lifting or carrying a suitcase. If it is too cumbersome, get help.

• Do not carry bulky luggage for long periods of time. Make sure to check heavier items when traveling rather than carrying them for the duration of the trip.

• Carry light pieces in each hand rather than one heavy item in a hand off to the side to decrease stress to the spine. Less weight on any one arm can also reduce the risk of developing “suitcase elbow,” a chronic condition similar to “tennis elbow.”

• When placing luggage in an overhead compartment, first lift it onto the top of the seat. Then, with the hands situated on the left and right sides of the suitcase, lift it up. If your luggage has wheels, make sure the wheel-side is set in the compartment first. Once wheels are inside, put one hand atop of the luggage and push it to the back of the compartment. To remove the luggage, reverse this process.

• If using a backpack, make sure it has two padded and adjustable shoulder straps to equally balance the weight. Choose one with several compartments to secure various-sized items, packing the heavier things low and towards the center. Slinging a backpack over one shoulder does not allow weight to be distributed evenly, which can cause muscle strain.

• If using a duffel or shoulder bag, do not carry it on one shoulder for any length of time. Be sure to switch sides often.

• Make sure to carry all rolling luggage when climbing stairs.

Source: AAOS American Association of Orthopaedic Surgeons

The larger and heavier the luggage, the more susceptible a traveler is to neck, back and shoulder injuries.
More and more children and adults are traveling the open roads on their bicycles for fun, transportation and fitness. As people take to the school yards, bike paths and neighborhood streets, the number of injuries caused by unsafe cycling rises.

Bicycle riders of all age groups and levels of experience need to be concerned about safety,” explained James H. Beaty, MD, orthopaedic surgeon and second vice president of the American Academy of Orthopaedic Surgeons (AAOS). “Most cycling accidents are the result of falls, and occur close to home.”

The U.S. Consumer Product Safety Commission (CPSC) reports that in 2003, 1.3 million people were treated in hospitals, doctor’s offices, clinics, ambulatory surgery centers and emergency rooms for bicycle-related injuries, costing more than $32.5 billion in lost wages, pain and suffering, medical costs and other expenses. The most common cycling accidents involve colliding with a car or another bicycle; loss of control; entangling hands, feet or clothing in the bicycle; or feet slipping off the pedals.

Studies have shown that wearing a bicycle helmet can reduce head injuries by 95 percent. “Wearing a properly fitting helmet is the single most important thing a cyclist can do to prevent injuries,” Dr. Beaty added. “Parents should not buy a helmet that is too large for a child, thinking that he/she will ‘grow into’ it.” The correct fit for cycling helmets is snug, but comfortable on the head. It should have a chin strap and buckles that stay securely fastened.

Cycling as regular, active recreation is one way to develop good exercise habits and improve fitness levels. To ensure injury-free cycling for everyone, AAOS offers these bicycle safety tips:

- Always wear an American National Standards Institute (ANSI) approved helmet. Make sure it fits snugly and does not obstruct your vision.
- Make certain the bicycle is the proper size for the rider. Consider using training wheels for young and first-time riders.
- Ensure your bicycle is properly adjusted and well maintained. Replace broken or missing parts.
- Avoid plastic pedals that can be slippery when wet.
- Wear bright fluorescent colors and avoid biking at night. If you have to ride your bike at night, make sure you have rear reflectors and a working headlight visible from 500 feet away.
- Stay alert and watch for obstacles in your path.
- Ride with traffic and be aware of traffic around you. Obey all rules of the road – bicycles are vehicles, too.
- Don’t ride double, attempt stunts or go too fast.
- Avoid loose clothing and wear appropriate footwear. Use pant leg clips to keep clothing grease-free and out of the bicycle chain.
- Wear knee, wrist and elbow pads to protect the bones and joints when falling.
- Avoid riding on uneven or slippery surfaces. Handbrakes may not work as well when wheels are wet and require more distance to stop.

Source: AAOS American Association of Orthopaedic Surgeons®
Exclusive Sports Medicine Provider for the Jacksonville Jaguars

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