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The last six months have been exciting times at Jacksonville Orthopaedic Institute. JOI continues to grow and meet the demands of our patients. Our 31 physicians continually assess new cutting-edge advanced technologies to provide medical leadership and state-of-the-art diagnostic and treatment services.

Two more JOI surgeons have been certified to provide the MAKO robotic-assisted partial knee resurfacing to patients meeting specific criteria for this procedure. They are Philip R. Hardy, M.D./San Marco, and Dale A. Whitaker, M.D./Baptist Beaches. These procedures have provided new cutting-edge technology and great results. Many of these patients are already back to walking, playing golf, swimming and enjoying life.

Recently, Pat Hinton, our former Chief Executive Officer, retired and we are pleased to welcome John G. Ricchini, MBA, CPA, FACHE, CHFP, CMPE, as our new Executive Director. John has extensive group practice experience and significant depth in financial operations.

JOI also welcomes the new NFL Jaguar Owner, Shahid Kahn, to Jacksonville. We are pleased to continue our long-term relationship with the Jaguars and are also proud to be “On the Field” working with area coaches and trainers with the Jacksonville Sharks, Jacksonville University, UNF, as well as regional high schools and colleges in order to lower athletic injuries.

As the president of the Jacksonville Sports Medicine Program (JSMP), we have been providing pre-participation physicals for our local student athletes since 1994. Our goal at JSMP is to prevent injuries in a pre-participation screening as the first step in this process. These comprehensive physical examinations are sports oriented and are conducted by volunteer physicians all over the community as well as healthcare professionals from Nemours and Wolfson Children’s Hospital. They represent a number of specialties and are interested in the health and well-being of our local student athletes. To date, JSMP has screened over 60,000 student athletes with more than 40 schools participating.

JOI Rehab-South has opened a new multidisciplinary spine center which provides the following services: medical laser, medical massage, and acupuncture. The professional staff is specifically trained to offer these unique services to patients with spinal problems. Appointments can be made at www.joionline.net (navigate to rehab services). Don’t miss an opportunity to attend a complimentary informative breakfast the first Saturday of each month (reservations required).

JOI supports various community spirit events throughout the year with a presenting sponsor for the annual FSCJ Foundation Golf Championship at Deerwood, which is being led by JOI Dr. Michael Scharf and Jim Tresca.
This event raised more than $36,000.00 to fund athletic scholarships. More than 75 JOI ambassadors distributed 10,000 bottles of water to enthusiastic runners and walkers, as part of our sponsorship of *Never Quit* in Jacksonville Beach.

Our physicians have also offered sports medicine education at the Red Zone Combine at UNF. Sports medicine seminars have been given on a regular basis at 1st Place Sports and Salt Life Fish Shack.

JOI sponsors a Weekend Warrior spot weekly which is aired with Melissa Ross’ award-winning “First Coast Connect” on WJCT’s 89.9FM.

Our physicians offer four Community Medical Education (CME) events annually. The March 2012 program took place at the Museum of Science and History (MOSH). Planetarium, where a “live video” connecting the Baptist-Downtown OR and the Planetarium in “real time” welcomed the guests; a first in Jacksonville! More than 65 physicians learned about Baptist-Downtown’s new MAKO Robotic Arm and the O-arm Surgical Imaging System.

**Patrick Hutton, M.D.**, JOI Orange Park/Clay County, was the recipient of the Certificate of Merit from the Florida Medical Association during the 2012 Annual Meeting. We are very proud of Dr. Hutton’s contributions to this organization, as he was a past president of the Florida Medical Association.

At JOI, we are dedicated to our Mission to serve you and your family, now and in the future. During the upcoming holiday season, our JOI family wishes you and yours a peaceful fall and a happy new year.

**R. Stephen Lucic, MD**
Chairman, Jacksonville Orthopaedic Institute
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, streamlined 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 for a particular reason you choose a non-JOI rehabilitation facility, we can work with other rehabilitation facilities as well.

**JOI Rehab**

OI Rehab – South’s new Spine Center offers treatment directed by experienced Spine Therapists, who work directly with JOI’s Spine Surgeons and Physiatrists (PMR – Pain Management and Rehabilitation), who coordinate **Medical Laser, Medical Massage, Acupuncture** and **Business Health Education** services.

Medical Laser services feature a series of deep-penetrating laser therapy, which creates a change at the cellular level as damaged cells absorb the light’s energy. These cellular changes in mitochondrial activity and cell permeability can result in quicker healing times and decreased pain. The safe, pain free, and quick treatments are effective for a wide array of orthopaedic conditions, including arthritis, degenerative disc disease, muscle strains, muscle spasm, sciatic pain, tendonitis, as well as other overuse injuries, and are not typically covered by insurance.

Our licensed Massage Therapists offer medically directed massage services, including those specifically designed to focus on soft tissue, spine-specific, and sports-related injuries. We work directly with JOI’s Physical Therapists in coordinating your care.

Our certified Acupuncturists offer appropriate treatment to support traditional PT protocols, and treatment can be adjunct to traditional care of orthopaedic conditions, such as chronic neck and lower back pain, arthritis, sciatica, and fibromyalgia, as well as other medical conditions, such as depression, weight loss, high blood pressure, sinusitis, allergies, and anxiety – also not typically covered by insurance.

In addition, we offer Spine Education Classes, or Back School, which review anatomy, biomechanics, common spine pathologies, and body mechanics training for all spine patients. These classes are recommended by JOI spine physicians for all back and neck patients. An on-site session is available for your group or corporate organization.

Want to learn more? Join us for a complimentary **Continental Breakfast on the first Saturday of each month** from 7:30 am – 8:30 am – call 288.9491 or go to joionline.net/scbreakfast to reserve your seat today!
One of the most common injuries I see in my office is a tear of the anterior cruciate ligament (ACL). Most of these injuries occur during a rapid change in direction, landing from a jump, pivoting, or from contact to the knee during activities like being tackled during football. Other high-risk sports include soccer, skiing, and basketball.

Most patients describe the sensation or the sound of a pop in the knee followed by difficulty ambulating and swelling. In addition, patients may describe the feeling of instability or buckling in the knee after tearing an ACL.

So what is the ACL and why is it so important to an active patient? The anterior cruciate ligament connects the femur (thigh bone) to the tibia (shin bone) (figure one). It is one of four main ligaments providing stability to the knee joint. The ACL prevents excessive forward motion of the tibia in relation to the femur. It also prevents excessive rotation of the knee joint.

By examining the knee, I can evaluate the ACL in addition to the other ligaments and cartilage in the knee. The Lachman test and anterior drawer test are the two best exams for determining the integrity of the ACL.

In order to obtain a definitive diagnosis, patients are sent for an MRI (magnetic resonance imaging). An MRI evaluates the soft tissue structures and will provide information about the cartilage and ligaments in the knee (Figure two).

Unfortunately, given the fact that the ACL is located within the knee joint and is surrounded by joint fluid, it does not have the ability to heal once it’s torn. The options after being diagnosed with an ACL tear are conservative management with bracing the knee in combination with rehabilitation or operative management with an ACL reconstruction. Nonoperative treatment is reserved for individuals who do not have symptoms of instability and do not plan on returning to high-level activities.

In active, healthy patients with the desire to continue activities requiring cutting and pivoting, my recommendation is to reconstruct the ACL. Reconstructing the ACL involves substituting a tendon in the location of the patient’s original ligament. This tendon then becomes the new ligament over a period of several months. The tendons used for reconstruction can be obtained from the patient (autograft) or can be obtained from cadaveric tissue (allograft).

Recent orthopaedic studies have shown greater than 20% failure rates when using allograft in patients younger than 25. Thus, in my practice, I strongly recommend autograft in this patient demographic. Patients older than 25 are given the options to have autograft versus allograft after a thorough discussion of all of the potential risks, benefits, and alternatives.

The two most commonly utilized autografts include the patellar tendon and the hamstring tendon. Both have shown similar high success rates in returning patients to an active lifestyle. Potential issues with patellar tendon autografts include...
the risk of anterior knee pain while potential issues with the use of hamstring tendons include the risk of decreased flexion strength. Commonly used allografts include the patellar tendon, achilles tendon, and the hamstring tendon.

Regardless of graft choice, ACL reconstruction is done on an outpatient basis and typically takes one to two hours to perform depending on if there is any other concomitant cartilage injury in the knee. With the aid of a camera and through small incisions in the skin, the new ACL is placed into the knee through tunnels in the femur and tibia and metal or bioabsorbable screws stabilize the graft in these tunnels (Figure three – five).

Rehabilitation begins immediately with a focus on obtaining full knee extension and working on strengthening the muscles surrounding the knee. Patients are placed into an extension brace and utilize crutches for support in the early postoperative period. The process of the new graft becoming a ligament takes several months to occur. During this period of ligamentization, the patient will be working on range of motion, strength, and agility training. Typically, running doesn’t begin until 4 months postoperative and a clearance to full sport occurs at 9 months.

I would like to finish up by answering common questions that I hear in my office in regard to ACL reconstructions. What is the success rate of this operation? The rate of success in creating a stable knee is between 85-90%. Over the last 10 years, we have focused on a more anatomic reconstruction of the ACL in attempts to decrease any potential failures. Can I re-tear my ACL? The new ACL (if allowed to gain it’s full strength over the rehabilitation period) can tear again, but should be at as much of a risk to tear as your native ACL. Am I going to get arthritis in the future? There is a chance given the injury and also if there is meniscus or cartilage damage at the time of injury that the knee may get arthritis in the future, but this is unpredictable. How can I put myself at risk for a re-tear after the surgery? Most patients feel comfortable and pain free after the first few months. However, what we know biologically is that the ACL graft does not incorporate and become a new ligament for quite some time. Trying to rush back to sports is one of the main reasons why athletes sustain early re-tears.

ACL injuries are devastating to both professional and recreational athletes. However, surgical reconstruction of this important stabilizing ligament has a high rate of success in allowing patients to return to their desired sport.

New Approach To Hip Replacement

By M. John Von Thron, MD
Sports Medicine, Joint Replacement, Foot & Ankle, Hand
BAPTIST BEACHES

In the care of people with advancing arthritis causing pain and disability, one of the most remarkable advancements in medicine has been artificial hip replacement. When completed successfully, it can be truly a life-changing procedure for patients who previously had significant hip pain, difficulty sleeping and were unable to do activities of daily living that they need to do or many activities they enjoy doing.

The technology and development of hip prosthesis has progressed over the years and continues to improve. This is providing longer-lasting prosthesis and better functional outcomes. The traditional approach to placing the hip replacement prosthesis has been surgical approaches through the side or back of the hip area. These approaches have worked well over the years. They do require splitting certain muscles and cutting several smaller muscles.

A new approach is available in total hip surgery.

This new approach to hip replacement utilizes an incision in the front of the hip. Rather than splitting muscles, we go between the muscles and just move them out of the way as we approach...
the hip joint. This approach does not cut any tendons and is truly a muscle sparing approach which helps in a more rapid recovery.

The anterior approach provides significant benefits over conventional surgical approaches. This includes smaller skin incision, reduced limping after surgery, decreased postoperative pain, significant reduction in the risk of hip dislocation, a shorter hospital stay, less blood loss during surgery, and a shorter rehabilitation and recovery time.

Not everybody is a candidate for the anterior hip approach. Depending on the anatomy involved with the arthritis and hip deformity and the body habitus of the person, it may prevent us from using this approach to the hip joint. However, if you are experiencing hip pain associated with arthritis, the anterior approach to the hip is performed at most Jacksonville Orthopaedic Institute locations.

Call us to see if you are a candidate.
Some frequently asked questions regarding concussions.

**What is a concussion?**
A concussion is a type of mild traumatic brain injury that changes the way the brain normally works. A concussion will temporarily impair how the brain functions and processes information.

**What causes a concussion?**
A traumatic injury to the head causes the brain to rapidly move back and forth inside the skull. This is usually caused by a bump, blow, or jolt to the head or skull.

**What are the symptoms of a concussion?**
Symptoms fall within four categories—thinking/remembering, physical, emotional/mood, and sleep. Thinking/remembering symptoms include difficulty processing new information and thinking clearly as well as difficulty concentrating. Symptoms under the physical category may be a headache, blurry vision, nausea, vomiting, and balance problems. Emotionally a patient may feel irritability, sadness, or anxiety. Lastly, a person may have trouble falling asleep or may be sleeping more than usual.

**How long does a concussion usually last?**
Most people recover from a concussion in 7 to 10 days. For older adults, young children and teens, recovery time may be longer.

**How common are concussions?**
According to the Center for Disease Control and Prevention, U.S. emergency departments treat an estimated 135,000 sports and recreation related brain injuries a year; this includes concussions.

**Who is most likely to get a concussion?**
Children and adolescents are at the greatest risk for getting a concussion. Concussions have a more serious effect on a young, developing brain. Recognizing and providing treatment for a brain injury such as this in young athletes is especially important because it takes them longer than adults to recover.

Those who have had a concussion previously are also at a greater risk. Repeat concussions can have long-term consequences so prevention for those individuals is essential.

**What is the treatment for a concussion?**
When you or someone you know gets a concussion it is necessary to see a physician. The doctor will probably perform a neurological exam which will test your balance, coordination, vision, hearing, and reflexes.

Your doctor will most likely prescribe complete rest; both physical and mental. Reading, working on the computer, video games, and television should be limited while the patient recovers.

Once you are free of symptoms you can gradually start to return to physical and mental activity. Know that just because you are symptom free does not mean you are fully healed. Slowly add activities back into your daily routine; with each new activity make sure to monitor your symptoms.
We offer 31 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 six convenient office locations and nine rehabilitation 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? Call for an appointment today.**
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Stephen J. Augustine, DO
Sports Medicine; Joint Replacement
Riverside

Steven M. Crenshaw, MD
Sports Medicine; Joint Replacement
San Marco

Philip R. Hardy, MD
Sports Medicine; Joint Replacement
San Marco

Aaron Michael Bates, MD
Sports Medicine; Joint Replacement
Orange Park / Clay County

David A. Doward, MD
Physical Medicine & Rehabilitation - Spine Team; Sports Medicine
San Marco

Timothy R. Hastings, MD
Sports Medicine; Joint Replacement
Foot & Ankle; Spine; Hand
Baptist Beaches

Sunday U. Ero, MD
Spine Surgery; Orthopaedic Traumatology
Riverside

Patrick M.J. Hutton, MD
Sports Medicine
Orange Park / Clay County

Hiram A. Carrasquillo, MD
Foot & Ankle; Sports Medicine
San Marco

Richard R. Grimsley, MD
Joint Replacement
Orange Park / Clay County & Riverside

Brandon J. Kambach, MD
Spine
Baptist Beaches

Kevin Michael Kaplan, MD
Sports Medicine; Joint Replacement
San Marco

Steven J. Lancaster, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

H. Lynn Norman, MD
Sports Medicine; Joint Replacement
Riverside

Michael S. Scharf, MD
Spine; Joint Replacement
San Marco

Carlos R. Tandron, MD
Sports Medicine; Joint Replacement
San Marco

Gregory C. Keller, MD
Spine; Joint Replacement; Sports Medicine
Baptist South & San Marco

Garry S. Kitay, MD
Hand; Joint Replacement; Sports Medicine
San Marco

Robert J. Kleinhans, MD
Hand; Joint Replacement; Sports Medicine
University

Steven J. Lancaster, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Stanton L. Longenecker, MD
Joint Replacement; Sports Medicine
Riverside

R. Stephen Lucie, MD
Sports Medicine; Joint Replacement
San Marco

Jennifer L.M. Manuel, MD
Hand
Baptist South

H. Lynn Norman, MD
Sports Medicine; Joint Replacement
Riverside

Richard A. Picerno II, MD
Sports Medicine; Joint Replacement
Baptist South

William G. Pujadas, MD
Joint Replacement; Spine; Sports Medicine
San Marco

Robert G. Savarese, DO
Physical Medicine & Rehabilitation - Spine Team
Baptist South & San Marco

Michael S. Scharf, MD
Spine; Joint Replacement
San Marco

Gregory Solis, MD
Foot & Ankle; Sports Medicine
Baptist South

Maxwell W. Steel III, MD
Sports Medicine; Foot & Ankle; Joint Replacement
University

Bruce Steinberg, MD
Hand & Upper Extremity; Joint Replacement; Sports Medicine
Baptist South & San Marco

Carlos R. Tandron, MD
Sports Medicine; Joint Replacement
San Marco

M. John Von Thron, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Dale A. Whitaker, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Edward D. Young, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Gregory C. Keller, MD
Spine; Joint Replacement; Sports Medicine
Baptist South & San Marco

Garry S. Kitay, MD
Hand; Joint Replacement; Sports Medicine
San Marco

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Hand; Joint Replacement; Sports Medicine
University

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Sports Medicine; Joint Replacement
Riverside

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Baptist South

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Joint Replacement; Spine; Sports Medicine
San Marco

Robert G. Savarese, DO
Physical Medicine & Rehabilitation - Spine Team
Baptist South & San Marco

Michael S. Scharf, MD
Spine; Joint Replacement
San Marco

Gregory Solis, MD
Foot & Ankle; Sports Medicine
Baptist South

Maxwell W. Steel III, MD
Sports Medicine; Foot & Ankle; Joint Replacement
University

Bruce Steinberg, MD
Hand & Upper Extremity; Joint Replacement; Sports Medicine
Baptist South & San Marco

Carlos R. Tandron, MD
Sports Medicine; Joint Replacement
San Marco

M. John Von Thron, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Dale A. Whitaker, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches

Edward D. Young, MD
Sports Medicine; Joint Replacement; Foot & Ankle; Hand
Baptist Beaches
Office Locations

1. Baptist Beaches
   1577 Roberts Dr., Suite 225 - Jacksonville Beach, FL 32250
   P: 904.241.1204 • F: 241.7331

2. Baptist South
   14540 Old St. Augustine Rd., Suite 2201 - Jacksonville, FL 32258
   P: 904.880.1260 • F: 880.1210

3. Orange Park/Clay County
   1845 Town Center Blvd., Suite 405 - Fleming Island, FL 32003
   P: 904.276.5776 • F: 276.5958

Rehabilitation Centers

A. Baptist Beaches
   1577 Roberts Dr., Suite 320 - Jacksonville Beach, FL 32250
   P: 904.247.3324 • F: 247.926

B. Mandarin
   12276 San Jose Blvd., Suite 716 & 717 - Jacksonville, FL 32233
   P: 904.288.9604 • F: 288.9643

C. North
   12961 North Main St., Suite 201 & 202 - Jacksonville, FL 32218
   P: 904.757.2474 • F: 757.5541

D. Orange Park/Clay County
   1845 Town Center Blvd., Suite 410 - Fleming Island, FL 32003
   P: 904-621-0396 • F: 621.0397

E. Point Meadows
   7740 Point Meadows Dr., Suite 1 & 2 - Jacksonville, FL 32256
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Here’s what the community has to say about JOI:

Community Voices
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Falling For Fashion...
The Footwear Dilemma

Properly-fitting footwear is essential to maintaining stability.

Mention falling, and what’s the first thing that comes to mind? Balance? Coordination? Eyesight? The problem may not be all that complex. It could come down to something as simple as your shoes!

Properly-fitting footwear is essential to maintaining stability. This hard fact of life is especially important for women to consider, as studies show that about 9 out of 10 females are forcing their feet into shoes that just don’t fit. If they’re choosing style over comfort, we could say that they are literally falling for fashion.

But falling isn’t the only problem associated with improper footwear. The wrong shoes can lead to numerous other dilemmas. Perhaps that’s partly why more than 11 million people age 65 and older—that’s one out of three seniors—have foot problems, including soreness, blisters, callouses, and permanent disfigurements. Add another 30 million people who aren’t seniors, and the scope of the problem becomes clear. The price tag on a fashionable pair of shoes is more than a matter of dollars and cents. So how can you prevent falls and orthopaedic problems related to shoes?
A Fitting Solution

The American Orthopaedic Foot & Ankle Society (aofas.org) spells out the first step to choosing footwear: “Your shoes should conform to the shape of your feet; your feet should never be forced to conform to the shape of a pair of shoes.”

With that basic premise in mind, consider the following factors when shopping for shoes.

The sole: The shoes you select should have non-skid soles. If the soles are slick, ask a shoe repair shop to add textured strips.

The heel: High heels place excess stress on the ball of the foot and on the forefoot. The American Foot & Ankle Society notes that “this uneven distribution of weight, coupled with the narrow toe box characteristic of most high heels, can lead to discomfort, painful bunions, hammertoes, and other deformities.”

A lower heel that’s thin—think stiletto instead of chunk—will provide an elongated look without sacrificing the well-being of your foot.

The toe box: It’s exactly what it sounds like—the area of the shoe that provides space for the toes. Is it rounded or pointed, narrow or wide? A pointed, narrow toe box tends to force your toes into an unnatural, triangular shape. High heels only worsen the problem.

The size: Once a size 8, always a size 8? Don’t count on it. It’s not uncommon for foot size to change. Also, be aware that a size 9 in one shoe brand may feel like a size 8 in another. Your feet aren’t fooling you. Shoe sizes may vary from one brand to the next.

The measurement: It’s best to have your feet measured each time you purchase shoes. Because your feet expand when they’re supporting weight, get the measurement while you’re standing, not sitting. Remember, too, that your feet tend to swell during a day’s activity. So you’ll probably get a more accurate measurement toward the evening.

Additional tips

Make sure that your heel is not slipping out of the back of the shoe as you walk.

Don’t fall for the idea that your shoes will expand after you buy them. The idea of a “break-in period” is a myth.

Make sure you take both shoes into consideration, since it’s common for one foot to be longer and wider than the other.

Always select your shoes according to the comfort of the bigger foot. An insole can be added to a shoe that’s too loose. But nothing can be done to a shoe that’s too tight.

Shoes with laces are safer than loafers or slip-ons, but a caution is in order: Always make sure that your laces are tied. Laces that are loose—or just too long—can cause you to fall.

In the end, you should always choose your footwear based on comfort, not fashion alone. Remember, as the American Orthopaedic Foot & Ankle Society puts it: “Your feet need to carry you around for a lifetime. Treat them kindly!”
Helmet Safety

No matter what your age or level of experience, whenever you bike, inline skate, ski or engage in other activity where your head is vulnerable to injury, you should wear a helmet. Children under age 12 should also wear helmets when they sled. You need a helmet on every trip, no matter how short. Many accidents happen near home.

Why wear a helmet?

Cuts, bruises and even broken bones will heal, but damage to your brain can last a lifetime. Even a low-speed fall can change your life forever: In an instant your head can smack the street, sidewalk, curb, a car, tree or anything else around you. Why be vulnerable to brain damage?

How do helmets protect you?

When you fall or crash, your helmet absorbs much of the force of impact that would otherwise hurt your head. Thick plastic foam (firm polystyrene) inside the hard outer shell of your helmet crushes to cushion the blow. The helmet takes the hit instead of your head. (Note: Replace your helmet after a crash.)

Bike helmets

Each year, bike-related crashes kill about 900 people and injure 567,000 others. Although more people than ever are using bike helmets, only half of the more than 80 million bike riders wear them all the time; about 43 percent never use helmets. Wearing a bike helmet reduces your risk of serious head and brain injury by 85 percent.

Choosing a bike helmet

Bicycle shops and discount department stores offer many models of helmets, priced around $20 and up. Choose one that meets the standards of the Consumer Product Safety Commission (CPSC) or the Snell Memorial Foundation. Take some time trying on helmets and choose one with the right size and fit.

Key factors:

- The helmet is snug: It does not slide from side-to-side or front-to-back.
- The helmet is level: It is square on top of your head, covering the top of the forehead. It does not tilt in any direction.
The helmet is stable: The chinstrap keeps the helmet from rocking in any direction. (Note: Replace the chinstrap if any part of the buckle breaks. Otherwise your helmet may fly off in an accident.)

Your helmet should be smooth and round. Choose one that motorists will see. Many helmets are ventilated, lightweight and fashionable in color.

**Children and helmets**

Young children are particularly vulnerable to head injuries. They have proportionally larger heads and higher centers of gravity, and their coordination is not fully developed. It is more difficult for children to avoid obstacles when biking, sledding, inline skating, skiing or doing other activities. Children aged 5-14 have the highest injury rate of all bicycle riders and bike accidents are a leading cause of death for children. Tips to help children understand the importance of wearing helmets:

- Teach by example: Always use your helmet when playing sports with potential for collision.
- Buy a helmet that fits your child now, not one to “grow into.”
- Be aware that your child is more likely to wear a helmet if he or she likes the way it looks.

More children than adults wear bike helmets. Bike helmets save lives and prevent injuries, but in a few cases they are not appropriate:

- Children should not wear helmets when they climb trees or playground equipment. A helmet may get stuck on a tree or piece of equipment and strangle a child.
- Because a baby’s neck muscles may not be strong enough to support a helmet, do not ride a bike at all with a child under the age of one.

Remember, head injuries occur with skiing and when they occur, they can be devastating. Ski helmets are now commercially available. At the very least, bike helmets can be used.
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: American Association of Orthopaedic Surgeons®

The larger and heavier the luggage, the more susceptible a traveler is to neck, back and shoulder injuries.
The average person takes between 2,500 and 5,000 steps each day. Try adding more steps to your daily routine with an exercise walking program. The benefits of a walking program are both physical and mental. By taking a brisk walk you can increase your intake of oxygen which will strengthen your heart thereby improving circulation and lowering blood pressure. Walking can also slow the development of arthritis and relieve existing arthritis pain. This type of program can also improve flexibility and posture while gently toning your muscles. Mentally, walking can reduce stress, help you feel younger, and help you sleep more deeply and restfully.

Before starting an exercise walking program, you need to make sure you have suitable footwear and proper technique. Good walking shoes will support your feet which will keep the rest of the body balanced and aligned. Walking sneakers should be comfortable, yet supportive, and not cause any blisters or calluses. They should support the arch of the foot and slightly elevate the heel. Sneakers should have stiff material to support the heel to keep you from turning your feet in or out or wobbling. You should have room to move your toes, but make sure the toe box isn’t too long because this could lead to tripping. When you are buying shoes, they should never feel too tight. Yes, there is a break-in period for all shoes, but those that are too tight to begin with will always be too tight.

When it comes to proper technique, there a few simple rules that you should follow in order to get the best out of your walk. Always stretch first. Stretching will prepare your joints and muscles and increase your range of motion. Focus on the neck, arms, hips, legs, and ankles. After stretching, warm up by walking as you normally would for five minutes then pick up the pace to whatever speed gets your heart pumping and lungs breathing deeper. While you walk, make sure to swing your arms and avoid clenching your hands or making a tight fist. Keep your head up, back straight, and shoulders straight but relaxed. Your abdomen muscles should be pulled in slightly to help support your torso and spine. Toes should be pointed straight ahead. Take long strides but don’t strain.

Keep up the faster pace for about 15 minutes when you start the program then increase the time as you feel more comfortable. Cool down by walking at your warm-up speed for another 5 minutes then end with the same stretches you did at the beginning of the routine. Appropriate footwear, combined with proper technique, will maximize the benefits of your exercise walking program.
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