



A WINNING TEAM...IOC's Scott Meyer, M.D., with two of his patients, State Wrestling Champions Tyler Sebolt and Nick Pickerell

State Wrestling Champions Seek Treatment for Injuries at Iowa Orthopaedic Center

They grew up together. Two young boys who have now grown into young men, who were not content with just participating in wrestling, they dreamed of being winners and then won...and won...and won.

Tyler Sebolt, known to most as T.J., and Nick Pickerell, will graduate this year from Centerville High School as friends, teammates, and winners. They have left their mark on Iowa's wrestling history during their

high school wrestling careers. Nick and T.J. began wrestling together in first grade and now, eleven years later, they are repeat state champions and record setters.

Both high school seniors at Centerville this year, Sebolt, completed a record-setting career by winning his fourth Iowa state high school title at the Iowa State Wrestling Championships earlier this

year. He became the 17th Iowa high school wrestler to capture four state titles. Sebolt also holds the Iowa state record with 137 career wins. Nick Pickerell's record is equally as impressive. Nick transferred from Albia to Centerville at the beginning of last year. During his high school wrestling career, Nick has captured 2 state championship titles in class 2A and a 51-0 record at 135 this past season. Talking to these two young men, a love of wrestling is contagious. They smile and laugh easily with each other. They show good sportsmanship even as they are being interviewed, each trying to give more credit to the other. They have worked hard for their wins and they are to be commended for their commitment and effort.

The long road to victory has not been without setbacks. The biggest setbacks for each of them came in the form of wrestling related injuries.

Nick injured both of his shoulders early in 2004 at the end of his sophomore year. While a wrestling opponent had his arm pulled and wrenched around his head Nick says "I heard

Continued on page 6

"Oh, my aching knee!"



If you've uttered the following statement... "Oh, my aching *knee!*" then read on. If you've tried it all and you're still suffering from knee pain, the skilled physicians at Iowa Orthopaedic Center can help. "Many patients come in with complaints of knee pain, having had an appropriate course of treatment, but the knee pain continues" states Joshua Kimelman, D.O., one of the joint replacement surgeons at Iowa Orthopaedic Center. Dr. Kimelman reviews the patient's treatment history and symptoms, and often times tells patients that there might be another option besides surgery for their knee pain. The vast majority of patients are relieved to hear that news. "Sometimes surgery is the only option for patients with severe knee pain that is dramatically reducing their activities. However, those patients with less severe arthritis or other knee conditions can many times benefit from joint fluid supplementation, also called viscous supplementation, which can help delay the need for surgical intervention" says Dr. Kimelman. He goes on to state that treatment is dependent upon several factors including the individual patient's symptoms, level of activity, and the Grade of osteoarthritis they have.

Osteoarthritis is a very common form of arthritis which affects the joints in the body, including the knee. If you suffer from osteoarthritis of the knee, you're not alone. Over 10 million Americans have been diagnosed with osteoarthritis. Osteoarthritis causes the surface of the knee joint to become damaged allowing the surrounding bone to thicken. When this occurs the damaged joints become painful. When pain starts, and movement becomes

restricted by pain and more difficult, this is the point where patients will typically begin to decrease their activities.

"Many patients don't take into account all the expectations we have of our knees. The knee is a very complicated joint, and we demand a lot of it. Our knees must have the **strength** to support weight, **lock** in numerous positions allowing us to stand in an upright position, act as a **hinge** to allow for walking, and **maintain its integrity** through the stresses of many activities including running, rapid acceleration and deceleration movements, twists, turns, and a variety of postures." Dr. Kimelman continues "It's not surprising that as we age, our knees can begin to cause us pain."

Dr. Kimelman notes that osteoarthritis is usually a gradual process developing over many years. In a simple context, over a period of time, osteoarthritis causes thinning of the cartilage surrounding thickened bones comprising the knee joint. As the cartilage thins, this allows the ends of the bones to rub against each other, known as bone-on-bone contact, causing gradual wearing of the bone...and pain...pain walking, pain standing, pain with sometimes even simple movement of the knee joint. Additionally, the knee joint is surrounded by a membrane like fluid called synovial fluid. The synovial fluid provides protection for the knee joint, while acting as a "cushion", or shock absorber, and nutrient carrier for the knee. However, as the aging process occurs, the body produces less of the necessary synovial fluid to cushion and protect the knee. "The synovial fluid is important in good knee health" states Dr. Kimelman, "not only is it the cushion and lubricant for the knee joint, but it is the only manner in which nutrients can be supplied to the cartilage in the knee and the method by which waste is removed."

The good news...through a procedure called *joint fluid supplementation*, or *viscous supplementation*, the synovial fluid can be replicated and synthetically replaced through a series of Synvisc® injections (usually three injections) directly into the knee joint over a period of three weeks. Synvisc® is an elastic and viscous fluid that is derived from hyaluronan that is present in the human body and found in large amounts in joints. Injecting Synvisc® directly into the diseased joint can restore the lubrication of decreasing or diseased synovial fluid and aid in cushioning the knee joint during movement...decreasing pain. Synvisc® injections take little time on the part of the patient and there are few potential complications and side effects.

While there is no cure for osteoarthritis, Synvisc® can reduce and frequently eliminate the symptoms associated with painful osteoarthritis of the knee for a period of time. While this procedure has been available for several years, Dr. Kimelman says "Americans are extending their very active lifestyles into the years of their lives where osteoarthritis begins to restrict and gradually stop some activities. The aging population in America has remolded

IOC Opens Fort Dodge Office

“Iowa Orthopaedic Center, is excited about becoming part of the Fort Dodge community.” says Iowa Orthopaedic Center CEO, Kevin Ward. He goes on to state that IOC provides the full range of orthopaedic services to the residents in Fort Dodge and the surrounding areas. “The opportunity in Fort Dodge happened through pure serendipity, and once a relationship with the physicians at Trinity Regional Medical Center was established we knew it was a perfect fit for our orthopaedic surgeons.”

IOC began looking into the development of an office in Fort Dodge in late 2005, but in early 2006 discussion turned into reality. Mr. Ward adds that in addition to evaluating and treating orthopaedic patients in Fort Dodge, the



Trinity Regional Medical Center

IOC orthopaedic surgeons perform surgical procedures at Trinity Regional Medical Center. “Patients want and deserve convenience. Schedules are busy. People are busy. Many patients who require orthopaedic care just don’t have the time to travel long distances to see a physician. Our approach is to develop a presence in

the community and bring additional sub-specialty care to the patients of Ft. Dodge.” This approach has worked well for the organization, which currently provides orthopaedic services at its own offices and through numerous satellite clinic locations. Having many convenient offices in the Des Moines Metro area,

and permanent locations in Pella, Ankeny, and now Fort Dodge is ideal. Ward adds that IOC continues to evaluate the need for other potential clinics throughout central Iowa.



Know Your Facts

1. Does arthritis affect more women or men?
2. Does arthritis cost the U.S. dollars?

Answers on back of newsletter.



Through Expansion Iowa Orthopaedic Center Remains *Centered* on Patients

When Iowa Orthopaedic Center (IOC) was founded over 50 years ago, the organization only had 4 orthopaedic surgeons. However, the foundation of the organization then, as it is today, was providing state-of-the-art orthopaedic care focused on *the patient*. Iowa Orthopaedic Center has remained committed to the foundation upon which it was established. As a Center of Excellence, IOC strives to continually bring the newest leading edge orthopaedic techniques to our patients. As a result of that commitment, IOC continues to evaluate and redefine our practice. This has brought the addition of ancillary diagnostic services, including MRI and EMG, new satellite clinic locations, and more recently the creation and development of newly designated specialty divisions and the addition of other specialties. IOC continues to raise the bar in our community and throughout central Iowa in the specialty of orthopaedics and related areas.

Orthopaedics

All of the orthopaedic surgeons at Iowa Orthopaedic Center are Board Certified/Eligible, by the American Board of Orthopaedic Surgeons. This assures patients that they are receiving their care from the highest qualified surgeons and that the highest standard of orthopaedic care is provided.

The specialty of orthopaedics has consistently moved forward and continues to be on the forefront of dramatic changes. The surgeons at Iowa Orthopaedic Center are leading the way in introducing these new techniques in Iowa. Our physicians are leaders in innovative, state-of-the-art orthopaedic surgical techniques, including minimally invasive surgical techniques, for spine, hip, and knee procedures. These new surgical procedures require a much smaller incision, resulting in less disruption and damage to the surrounding muscle and tissue than previous procedures. The benefits to the patients are numerous including: less post-operative pain, reduced recovery times, smaller incisions and scars and shorter hospital stays. As leaders in the area of orthopaedics, Iowa Orthopaedic Center was honored to be able to perform the first minimal access spine fusion surgery in Iowa.

Hand and Upper Extremity Division

During 2005, IOC was fortunate to add two hand and upper extremity surgeons to the team. **Michael Gainer, M.D.** (see photo) and **Ze-Hei Han, M.D.** (see photo) joined IOC's hand and upper extremity surgeon, Scott Shumway, M.D., allowing IOC to expand and develop a dedicated Hand and Upper Extremity Division. This division provides specialized treatment in the area of the upper extremity starting at the fingers extending through the elbow, including the hand and wrist. This dedicated, specialized division, has been highly successful in treating patients who have sustained a traumatic injury or fracture to the hand, wrist, or elbow, as well as, those suffering from more common orthopaedic hand and wrist problems including carpal, cubital, and ulnar tunnel syndrome, tendonitis, arthritis and ganglion cysts.

Pain Management

In March 2006, IOC was fortunate to add **Thaddeus Ray, D.O.** (see photo) to the team. With this addition, IOC is now able to offer patient's a fully integrated approach to the treatment and management of acute and chronic pain. Dr. Ray's expertise in the field of pain management has proven to be invaluable in treating our patients and providing one stop shopping for treatments. In



Michael A. Gainer, M.D.



Ze-Hui Han, M.D.



Thaddeus A. Ray, D.O.



Camille Rivera, M.D.



Bryan M. Trout, D.P.M.

addition to consultation and evaluation, IOC is now able to provide epidural steroid injections, nerve blocks, and other procedures to help patients reduce or eliminate their pain.

Physiatry

Joining Jill Meilahn, D.O., and Kurt Smith, D.O, is **Camille Rivera, M.D.** (see photo). Dr. Rivera specializes in the area of chronic pain assessment and management. She brings the added service of bilingual skills with her ability to speak and interpret Spanish. Dr. Rivera provides diagnosis and continued care to patients suffering with pain from trauma or chronic conditions.

Podiatric Department

IOC has always been a leader in integrated care, and was one of the first practices in Iowa to incorporate Podiatric care with Orthopaedic care to better service patients. For over 12 years, IOC's podiatrist, Dennis Kessler, D.P.M. has led the way in progressive clinical and surgical podiatric care. In April 2006, IOC expanded this division through the addition of **Bryan Trout, D.P.M.** (see photo), who joined Dr. Kessler in the Podiatric Department. This expansion expedites the treatment of patients with podiatric foot and ankle problems, and provides the added benefit of integrated care for patients.

Partnering in the Community

Iowa Orthopaedic Centers Sports Medicine physicians provide treatment to athletes throughout Iowa who have sustained an injury. Our physicians work with athletes, trainers, and coaches, to get the athlete returned to participation in their sport. Iowa Orthopaedic Center is proud to have achieved the status, of *team physicians for The Iowa Cubs and all Drake athletics*, including the Drake Bulldogs. We endorse and support athletic participation within this community and throughout central Iowa.

Diagnostic Services — Magnetic Resonance Imaging (MRI)

IOC provides state-of-the-art diagnostic services for orthopaedic injuries through the use of an MRI. The IOC MRI

generates high-quality pristine images. MRIs are safe and assist physicians greatly in diagnosing and treating many medical problems and injuries, including orthopaedic injuries. The MRI used at our facility is open on all sides, virtually eliminating any feeling of claustrophobia. For the patient's convenience, the IOC Open MRI center is conveniently located for easy patient access and offers *convenient hours, including evening and Saturday hours on request*. Physicians throughout central Iowa may schedule an MRI by calling our Open MRI center at 515-282-5288. The results of the study will be put into a report, which will be forwarded to your referring physician within 24 hours.

Diagnostic Services — Electrodiagnostic Studies (EMG)

IOC also offers EMG and NCS (nerve conduction studies) studies that greatly assist in the diagnosis and treatment of orthopaedic injuries and conditions. The physiatrists at IOC are specially trained in performing EMG and NCS studies, and have a wealth of experience serving patient needs. Convenient times and locations are available for these studies to be performed. The results of the study will be put into a report, which will be forwarded to your referring physician within 24 hours. An EMG or NCS can be scheduled by contacting our Outpatient Scheduling Department at 515-247-8400.

Our Commitment

While Iowa Orthopaedic Center continues to grow and expand, our commitment and focus remains centered on our patients. With more than 200 years of combined orthopaedic experience, the Iowa Orthopaedic Center surgeons and staff remain dedicated to bringing the citizenry of central Iowa the highest quality orthopaedic care and services to assist our patients in achieving the most active, productive, pain free lifestyles possible. For further information, contact Iowa Orthopaedic Center at 515-247-8400.

Knee ache...continued from page 2

itself into a very active group of individuals who want to continue to exercise, maintain their athletic participation in activities such as golfing, hiking, and running. They do not want to be limited by joint pain. Therefore, there is a very real potential, for those individuals with mild to moderate osteoarthritis of the knee, to have their symptoms reduced or eliminated through Synvisc® injections.”

Dr. Kimelman cautions that not every patient is a candidate for joint fluid supplementation stating “Patients who have a Grade I or Grade II osteoarthritis respond best to Synvisc®. Sometimes patients with a Grade III or Grade IV will respond well to Synvisc®, but realistically the opportunity for relief of symptoms decreases somewhat with Grade III or Grade IV osteoarthritis. When osteoarthritis is too severe and causing a patient to be totally inactive, then it is time to think about joint replacement.” “However,” he adds “surgery should be the last option.”

As stated in the beginning there is help, so if you, or a family member, have uttered “Oh, my aching knee”, come see the experts at Iowa Orthopaedic Center. *We'll help get you moving again.* For more information, or an appointment, please contact our office at 515-247-8400.



Wrestling Champs...continued from page 1

something pop and that was it. The pain continued and I later came to Des Moines and got checked out.” Nick was treated by Dr. Scott Meyer at Iowa Orthopaedic Center. “When I evaluated Nick he could barely lift his right arm over his head. The left arm was not as symptomatic, but he had a lot of pain with the left arm as well.” After a thorough work-up, Dr. Meyer diagnosed Nick with bilateral tears of the superior labrum, from anterior to posterior. What was needed...A SLAP...repair. Now, for a wrestling champ, a SLAP repair may have made them think they would be repaired on the mat, but SLAP is an acronym for Superior Labrum Anterior and Posterior. Nick would require a repair of both shoulders. Since, Nick’s right extremity was the most symptomatic, Dr. Meyer repaired it first. About six weeks after his right shoulder surgery, Nick was doing well with his rehabilitation and Dr. Meyer surgically repaired the left shoulder. “I participated in therapy before returning to wrestling in my junior year. My shoulders were still sore when I initially started wrestling, but that eventually went away.” says Nick of returning to wrestling following his surgeries.

“Superior labral tears are usually a traction type injury that can occur when a person falls onto an outstretched hand or shoulder. They may also develop in association with rotator cuff tendonitis and tears. Repetitive activities such as pitching may predispose individuals to this type of injury.” says Dr. Meyer of SLAP tears. These are often difficult to diagnose. Dr. Meyer adds “It’s important that people, especially athletes, maintain strong rotator cuff and shoulder girdle muscles. This may help to prevent some superior labral tears.”

T.J. injured himself in April 2005 during wrestling. “I was trying to take my opponent down during a practice, rolled and felt a pop trying to defend my move.” says T.J. He states he felt immediate pain in his right elbow. Nick’s mother had been very pleased with the service they had received at Iowa Orthopaedic Center and recommended T.J.’s parents bring him to see Dr. Meyer. So, they made the trip to Des Moines to see

Dr. Meyer. After consulting with Dr. Meyer they learned that T.J. had a nonunion of an olecranon fracture of the right elbow. “T.J. was a highly competitive athlete and he wanted to know what could be done to return to wrestling as soon as possible” Dr. Meyer recalls of the first visit with T.J. and his parents. Meyer continues “While we did discuss the possibility of non-operative treatment of this fracture, when I explained that it would be 3 – 6 months before T.J. could use his right elbow and I was uncertain the fracture would heal adequately, they opted for surgical treatment. I removed the scar tissue at the unhealed fracture site and the fracture was then repaired with internal fixation and a bone graft substitute. Following surgery T.J. did well and returned to win his 4th wrestling state championship title. “It’s still not what it used to be” T.J. says referring to his elbow as he extends his right arm and bends it at the elbow. “It was tough getting started, but it’s better now,” he adds.

Both athletes agree Dr. Meyer’s approach to an aggressive treatment plan and rehabilitation program helped them return and complete their high school wrestling careers. Dr. Meyer states “Most athletes who are serious demand aggressive treatment and rehabilitation. There are a lot of choices available for patients today and each treatment plan needs to be specific to the individual patient’s medical needs and lifestyle.”

So, while this story ends here, watch for T.J. next year when he attends Iowa State University, and Nick, who will be attending the University of Northern Iowa. Their story is not over yet.

T.J. and Nick...two friends who grew up together...got injured together...came to Iowa Orthopaedic Center...both recovered, and went on to be winners and achieve their dreams. You can too. Contact Iowa Orthopaedic Center at 515-247-8400 for more information.

Can Glucosamine and Chondroitin Sulfate Help with Osteoarthritis?

Patients who are not ready for joint fluid supplementation frequently inquire as to the benefits of Glucosamine and Chondroitin supplements. Research has demonstrated that these supplements can reduce the symptoms associated with mild to moderate osteoarthritis (OA). Studies indicate that these supplements slow the deterioration of cartilage between the joints and bones, thereby reducing symptoms of OA.

Glucosamine and chondroitin have an important role in joint health as they are considered to be the building blocks of connective tissue and are key components of the joints. It is believed that Glucosamine promotes the formation and repair of damaged cartilage and Chondroitin is believed to assist the joints in water retention and the elasticity of cartilage, that deter enzymes from breaking down healthy cartilage.

There are risks to consider before starting these supplements due to medications you may be taking, certain allergies (including certain types of fish) and other potential associated risks. *Do not start to take supplements without first consulting your family doctor to determine if glucosamine and chondroitin are right for you and an appropriate dosage.*

If you would like more detailed information on glucosamine and chondroitin you can log on to the Arthritis Foundation website at www.arthritis.org.



Case File: Mary's Knee Pain

Case Status: Closed

Meet Mary Lorey, Senior Workers' Compensation Specialist at Farm Bureau for the past 18 years. In Mary's position, she is responsible for many, many cases and she knows the importance of "closing" a case. So when Mary began experiencing pain in her right knee in 1999, she tried several different treatments, but to no avail. The pain only continued to worsen. Mary states, "The pain in my right knee had gotten severe enough, that over time it began to limit my activities. It hurt to walk for long periods of time, climbing stairs was the worst!" She continues, "I knew I had to do something, but I did not want to jump straight into surgery. I had tried numerous alternate treatments, without relief of my pain. I had been on anti-inflammatories so long that I was having stomach problems, so that was no longer an option either." That's when Mary decided to see Dr. Kimelman at Iowa Orthopaedic Center for her knee pain. Mary says of her first appointment with Dr. Kimelman in August of 2002: "When I saw Dr. Kimelman and he discussed injections into the knee, called joint fluid supplementation, I was relieved that there was an option other than surgery for me." Mary states that before becoming a patient of Dr. Kimelman's, she had worked with him on several of the workers' compensation medical case files she manages.

While she had never met him personally before she saw him for own knee pain, she valued his opinion and felt confident in his recommended course of treatment.

According to Dr. Kimelman, Mary was a good candidate for the procedure. "Her osteoarthritis was between a Grade I & II, almost right in the middle. Her x-rays showed she had a loss of joint space that correlated with her osteoarthritis and I felt she would most likely have good resolution of her symptoms with joint fluid supplementation."

Mary had her initial course of three joint fluid supplementation injections in August 2002, followed by a second course of three injections in October 2003. What does Mary have to say following her last injection in October 2003? "I have been virtually free of knee pain since that time." When asked how the procedure was, Mary responded, "While it was slightly uncomfortable, the benefit was certainly worth it!" Mary adds if her knee pain returned again, she would not hesitate to return for the procedure.

We can happily say that in the case of Mary Lorey's knee pain...case **CLOSED**.



Orthopaedic Surgeons

Joshua D. Kimelman, D.O.
Timothy G. Kenney, M.D.
Jeffrey M. Farber, M.D.
Kyle S. Galles, M.D.
Scott A. Meyer, M.D.
Cassim M. Igram, M.D.
Rodney E. Johnson, M.D.
Mark R. Matthes, M.D.
Stephen A. Ash, M.D.
Joseph F. Galles, Jr., M.D.
Craig R. Mahoney, M.D.
Daniel W. Vande Lune, M.D.

Physiatrists

Jill R. Meilahn, D.O.
Kurt A. Smith, D.O.
Camille Rivera, M.D.

IME & Special Evaluations

Martin S. Rosenfeld, D.O.

Podiatric

Dennis A. Kessler, D.P.M.
Bryan M. Trout, D.P.M

Main Office

411 Laurel St.,
Suite 3300
Des Moines, Ia. 50314
515-247-8400

Methodist Plaza Office

1221 Pleasant St.,
Suite 590
Des Moines, Ia. 50309
515-247-8400

Pella Office

404 Jefferson St.,
Suite L122B
Pella, Ia. 50219
641-621-1390

Ankeny Office

309 Ankeny Blvd.
Ankeny, Ia. 50021
515-247-8400

Mercy West Office

1601 N.W. 114th St.,
Suite 136
Clive, Ia. 50325
515-247-8400

Open MRI Center

1040 5th St.
Des Moines, Ia. 50314
515-282-5288

Presorted Standard
US Postage
PAID
Des Moines, IA
Permit No. 2995

**Trinity Regional
Medical Center**

800 Kenyon Rd.,
Physicians Office Building
Ft. Dodge, Ia. 50501
515-574-8333

Pain Management

Thaddeus Ray, D.O.

**Hand and Upper Extremity
Division**

Scott M. Shumway, M.D.
Michael A. Gainer, M.D.
Ze-Hui Han, M.D.



Questions, feedback, or change of mailing address regarding the Ortho-Scope can be sent to Iowa Orthopaedic Center, Shelly Thompson, 411 Laurel, Suite 3300, Des Moines, Iowa, 50314, or emailed to sthompson@iowaorthopaediccenter.com.

Answers to Know Your Facts

1. It's estimated that approximately 25.9% of females have osteoarthritis of the knee compared to 16.8% of males.
2. You bet it does. After age 15, arthritis is the leading cause of disability among Americans.