

"I Got My Life Back!"

A typical day for 55-year-old Stewart Everman of Corydon, Iowa, brings continual activities while working during the day as a bus mechanic for Wayne Community Schools. He then spends his evenings repairing trucks at his own business. He is the type of person that is always busy...that is, until one unforgettable day in late December 2005. Stewart injured his left shoulder while lifting several heavy oil drums at Wayne Community Schools. Mr. Everman recalls his symptoms after his injury, "Initially, after I had been lifting the drums of oil, my left shoulder hurt, but I thought I had just pulled a muscle. That was on Thursday. By Friday I wasn't feeling any better, but by Monday, I knew something was definitely wrong." That was when he went to see his family physician who referred him to Dr. Stephen Ash, Orthopaedic Surgeon, at Iowa Orthopaedic Center. P.C.

After Dr. Ash evaluated Stewart, and obtained an MRI, the suspected diagnosis of a rotator cuff tear of the left shoulder was confirmed. The rotator cuff is a sheet of tendon originating from four small muscles on the scapula, or shoulder blade. They blend together to attach to the humeral head, or ball of the shoulder. Dr. Ash recommended a minimally invasive procedure to arthroscopically repair the torn rotator cuff. There are three commonly utilized surgical techniques for rotator cuff repairs: open repair, mini-open repair, and arthroscopic repair. "Unlike open repairs of the rotator cuff, arthroscopic repair is a minimally invasive technique, utilizing multiple small incisions, called portals, and the use of arthroscopic technology to visualize and repair the rotator cuff through the small openings. A repair performed using the arthroscopic technique is less invasive due to the smaller incisions, resulting in less tissue disruption, and decreased blood loss during surgery. In most cases this usually means the patient has less pain post-operatively," says Dr. Ash. Additionally, arthroscopic repairs are often done as an outpatient procedure and do not require hospitalization.



Stephen Ash, M.D., Orthopaedic Surgeon at IOC, reviews a shoulder MRI, while discussing arthroscopic rotator cuff repair.

Mr. Everman concurs with Dr. Ash's statements. "I only took two pain pills on the first night after surgery, and I was able to return to work three days after the rotator cuff repair. I didn't use my left arm then, but I was able to do many things with my right arm that I needed to be able to do," states Mr. Everman. It is important to note that many patients have much more pain than Mr. Everman did in the early post-operative period.

"While rotator cuff tears can occur at any age, the incidence of rotator cuff tears increases each decade over age 60. In individuals over age 60 rotator cuff tears can be brought on by the natural history of degenerative changes in the shoulder, trauma, or both. Rotator cuff tears do not always cause pain. Research studies have shown that up to 30% of individuals over the age of 60 have rotator cuff tears, with no symptoms present," says Dr. Ash.

Symptoms of a rotator cuff tear can include pain in the shoulder or arm, especially with overhead activities,

Continued on next page

"I got my life back!" ...continued from front page

weakness and loss of motion, and pain at night while lying on the affected shoulder.

"Rotator cuff tears can also be managed successfully with non-operative treatments, which include stretching and light strengthening exercises, and modification of activities. Our orthopaedic research literature has not yet given us a good way to predict who will do well without surgery, and who will do better with operative treatment," according to Dr. Ash. He indicates that there are several variables to be considered in determining if surgery is an appropriate option for patients with rotator cuff tears. These include the type and size of tear, the cause of the tear (trauma v. degeneration), as well as the patient's overall health and lifestyle. "In general, patients who are younger, have a traumatic episode causing the tear, and

have high activity demands on their shoulders tend to do better with surgery," adds Dr. Ash.

"Following rotator cuff surgery, individuals will most likely return to light activities by three months. Full activities are considered six months post-operatively at the earliest. Patients who actively participate in vigorous sports need to wait at least six months, however, throwing activities with the repaired extremity can take longer," states Dr. Ash. He notes that a rotator cuff repair involves the patient's active participation in the rehabilitation program following surgery for the best outcome and return of function. "Patients are willing to participate in the rehabilitation process, knowing that this gives them the optimum chance for the best possible opportunity for return to their activities. Patients do need to

Below are examples of a rotator cuff tear **BEFORE**, and **AFTER** an arthroscopic repair, of another patient of Dr. Ash's.

remember that even if they have an arthroscopic repair, they still have to observe similar activity restrictions to an open repair. This is because in each case the repaired tendon needs to be protected from too much stress before it heals," says Dr. Ash.

Stewart Everman participated in his physical therapy program for almost four months following his surgery and he is glad that he did. He states he received a lot of advice prior to his surgery from well meaning friends cautioning him about the "horrors" of shoulder surgery. Despite that, he placed his trust in Dr. Ash and proceeded with the surgery. He now says, "I would recommend this procedure to anyone. I can't tell you how wonderful it is to have my shoulder...and my life...back."

Tear **BEFORE** Surgery



Tear **AFTER** Surgery



For more information about arthroscopic rotator cuff repair, and other minimally invasive procedures, come see one of the experts at Iowa Orthopaedic Center, P.C.

Serving with Compassion for 50 Years



When LaVerna Griffin, R.N., isn't working, you'll find her busy quilting or in her flower garden.

50

Congratulations, LaVerna!

Iowa Orthopaedic Center, P.C., has a proud tradition of caring for patients orthopaedic needs. For over 50 years, IOC has met the orthopaedic needs of the citizenry of central Iowa. This year, one of our team members, LaVerna Griffin, marks a milestone as she begins her 50th year as a registered nurse. LaVerna has been a nurse at Iowa Orthopaedic Center, P.C., for over 10 years, and prior to that she was a pediatric and general nurse for almost 40 years. LaVerna knew as she graduated from Nursing school in 1957, that she had chosen a career that she would always love. "I like people. When you have empathy and compassion for others, nursing is a good job choice," says LaVerna.

LaVerna gives a brief history of her time spent at nursing school, which in 1957 was three years long and required that you live at the school of nursing. "We weren't allowed to have a car or be married for the first year. Nursing

Continued on back page

Surgical Implants *May* Cause Airport Delays



The U.S. Transportation Security Administration, regulations state...Screeners will need to resolve all alarms associated with metal implants.

You've carefully planned for your trip. You've packed your bags and are ready for your flight. You arrive at the airport early and check in. Suddenly, as you enter the airport security metal detector, you hear the alarm. You've triggered the metal detector! As airport security personnel asks you to step aside for an additional screening...*you* know what triggered the metal detector...your metallic implant!

"Patients with metallic implants from fractures and joint replacements frequently ask if their implant or hardware will trigger airport metal detectors. This is concerning for them, especially in today's world of heightened airport security," according to Dr. Tim Kenney, General Orthopaedic Surgeon, at Iowa Orthopaedic Center, P.C. While it can inconvenience and delay you at the airport, Dr. Kenney notes that setting off the metal detector will not harm you.

Airport security post September 11, 2001, has increased significantly, as have the tools, to more closely and accurately monitor the flying public for potential security threats to air travelers. Metal detectors that are used to screen for potentially dangerous instruments, unfortunately, also pick up on the metallic implants of some patients. In fact, as part of

the Aviation and Transportation Act, the U.S. Transportation Security Administration, regulations state: *It is recommended (but not required) that you advise the screener that you have an implanted ...metal implant and where the implant is located. Screeners will need to resolve all alarms associated with metal implants.*

Dr. Kenney states, "Metal implants may include metallic plates, screws, and rods that are commonly used in the surgical treatment of many fractures, as well as, joint replacements. Most implants are made of stainless steel, titanium, chromecobalt alloys, or titanium alloys." He continues, saying, "The ability of metallic implants to set off metal detectors depends on a number of variables. For example, the *type* of metal used is a big factor. So is the implant *size, depth* of placement beneath the skin, and the *sensitivity* of the metal detector. All are contributing factors to hearing the alarm go off." Additionally, Dr. Kenney notes that these factors differ among individuals, airports, and even countries.

It is confusing for patients when they may quickly proceed through screening at one airport, and yet, that same day, when boarding after a lay-over at another airport, their implant will trigger a metal detector. This may be due to the newness of the screener used, or the sensitivity rating the screener is set to. For example, archway metal detectors can be adjusted for increased sensitivity, therefore, they are commonly set at different levels of security and can be changed as required. Studies conclude that wand metal detectors are even more sensitive than archway detectors, which is why they are commonly used when the archway metal detector is triggered.

Since this is a common problem, patients frequently request documentation indicating the presence of a metallic implant, which Dr. Kenney and all the physicians at Iowa Orthopaedic Center, P.C., routinely provide. While this documentation goes a long way towards explaining the alarm, please be aware that the patient may still experience a delay. "We do our best to assist our patients to avoid these delays, but there is not a document available that will excuse a person from the normal airport screening process," Dr. Kenney says, adding, "I cannot recall a patient informing me that they were not allowed to travel, or had significant problems with security, due to a surgical implant."

Dr. Kenney agrees with the recommendation of the U.S. Transportation Security Administration encouraging travelers with metallic implants to advise the airport screener of the presence of the metallic implant, *prior to entering the metal detector*. Dr. Kenney's advice to travelers with metallic implants, "Be prepared to answer a few additional questions and possibly a brief delay for an additional screening, but otherwise, you shouldn't experience any significant problems due to a metallic implant."

So, if you have a metallic surgical implant and you're planning a spring or summer get-a-way, while you're packing and preparing for your trip... don't forget to allow a little extra time once you arrive at the airport.



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

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.

**Hand and Upper Extremity
Division**

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

Physiatrists

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

Pain Management

Thaddeus Ray, D.O.

**The IOC Fort Dodge Office Has
Moved To:**

**804 Kenyon Road
Physicians Office Building West
Suite 320
Fort Dodge, Iowa 50501**



Mercy Medical Center
West Plaza
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
308 N. 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 Ave.
Des Moines, Ia. 50314
515-282-5288

**Trinity Regional
Medical Center**
804 Kenyon Rd.,
Physicians Office Building West
Suite 320
Ft. Dodge, Ia. 50501
515-574-8333



Serving for 50 Years...continued from Page 2

students had a curfew of 10:00 pm, but we were allowed one week-end night each month that we could stay out until midnight,” she says laughing quietly as she recalls that regulation. She continues, “Nursing students had a house mother, who ensured our studies were done every evening between 7:00 and 9:00 pm. The first nine months of nursing school, nursing students were considered to be a “probie”, because we were all on a probation period. After passing nine months, you then received your nursing cap. That was a big day. Of course, you still had over two years of school, but you had made it through the probationary period. There were a lot of students that didn’t make it the first nine months.”

LaVerna says one of the things that really impacted her years as a nurse, was the death of her father from lung cancer. “He died a year after I graduated,” she pauses a moment and then goes on, “I remember wishing I could have done more to help my Dad before he died.” LaVerna says that memory has stayed with her and helped her be more understanding and empathetic with both patients and their families.

LaVerna concludes saying, “The ‘look’ of nursing has changed much since the 1950’s when nurses wore starched white uniforms and white caps, but the heart and compassion of nursing is still the same in 2007 as it was in 1957.”

Congratulations and thank-you, LaVerna, from Iowa Orthopaedic Center, P.C., and the many patients you’ve served over the past 50 years!