Partnering to Expand Orthopedic Care in Fayette County

Get Moving Again with Joint Pain Treatments

Stay off the Sidelines with Solutions to Prevent and Fix Sports Injuries

Nonsurgical Options to Help You Beat Back Pain

Finding Relief with Innovative Reverse Shoulder Replacement

Keeping Your Stride

Put an end to your pain, prep your body for prevention, or recover from injury with new treatments ranging from medications to physical therapy and groundbreaking surgeries.

Department of: Adena Regional Medical Center
FAQ on Vertebral Compression Fractures

Can something as simple as opening a window lead to a broken back? Each year, up to 700,000 people in the U.S. suffer vertebral compression fractures resulting from osteoporosis — sometimes from simple, everyday activities.

James Fleming Jr., MD, orthopedic spine surgeon at Adena Spine Center, offers insight into this issue.

**Q: Who is at risk?**

**A:** “Postmenopausal, elderly females with diminished bone mineral density are at greatest risk.”

**Q: What are the symptoms of a vertebral compression fracture?**

**A:** “A compression fracture can cause sharp, debilitating pain or no pain at all. When pain is absent, a curved spine or loss of height can be clues.”

**Q: Can I prevent compression fractures?**

**A:** “Patients lessen the chances of fracture by being placed on bone-protective agents, such as medicines that inhibit bone loss or strengthen the mineral content of bones.”

**Q: What should I do if I suspect a compression fracture?**

**A:** “If you’re in debilitating pain, go to the ER or see your family physician. If you’re diagnosed with a fracture, you can be referred to Adena Spine Center for treatment.”

Tech’s Effects on the Spine

We were built to move, not slump, stare, and scroll. If you spend much time on your phone, your love affair with tech could be giving you a pain in the neck.

The human head weighs roughly the same as a bowling ball, 8 to 12 pounds. When you constantly look down at your handheld device, that “text neck” posture is taking a toll. Here’s what’s happening:

- At 15 degrees, the additional “force” on the cervical spine is 27 pounds
- At 30 degrees, it jumps to 40 pounds
- At 60 degrees, the added force is 60 pounds

So, the 10-pound bowling ball just became 70 pounds of pressure. This, say some experts, can lead to headaches, spinal degeneration, disc herniation, muscle or nerve damage, and even arthritis.

Here are tips for you and your kids to prevent “tech aches”:

- Hold your phone at eye level, rather than craning your neck
- Do stretches that bring shoulders back and realign posture
- Keep messages short
- Take breaks
- Use the hands-free and voice text functions

Get Great Glutes

If only sitting on our backsides counted for giving our rears a workout. But sitting and having poor posture make them weak and lazy. The gluteus maximus, the body’s largest and potentially strongest muscle, has work it should be doing: moving the hips through their full range of motion.

Weak glutes can result in pain in the low back, hips, knees, groin, and even the shoulders. Try exercises like hip raises, lunges, and squats to get your rear back into gear.

**NEXT STEP** Need help with more exercises to ease your pain? Call the Adena Rehabilitation and Wellness Center at 740-779-4825 to schedule an appointment with a physical therapist.
Taming Inflammation

Most people are familiar with the inflammation you can see, like the kind associated with swelling from an injury. But inflammation also occurs deep within the body, without you even knowing it. This can lead to chronic conditions such as arthritis, which takes a toll on your joints.

Chronic inflammation is caused by stress, autoimmune disease, excess body weight, poor sleep, and certain foods. Here are four foods that will feed inflammation and four that will tame it.

FOODS THAT FEED INFLAMMATION
- Sugar
- Alcohol
- White bread and other refined carbohydrates
- Prepared Asian food, fast food, soup mixes, and deli meats that contain MSG

FOODS THAT TAME INFLAMMATION
- Fatty fish like salmon and tuna
- Berries and citrus fruits
- Oatmeal, brown rice, and whole grains
- Vegetables such as broccoli, cabbage, spinach, and kale

It’s not just about what you eat, but how you prepare it. Foods cooked at high temperatures — think grilled, broiled, fried, and microwaved meats — produce compounds that increase inflammation, according to the Arthritis Foundation. Limit these cooking methods.

Losing 10 percent of your body weight can greatly reduce inflammation in the body, according to a study published in the journal Nutrition Research Reviews.

HEAD-TO-TOE CARE
That’s Joined at the Hip

Adena Bone and Joint Center is partnering with FCMH to bring you comprehensive orthopedic services

Adena Bone and Joint Center and Fayette County Memorial Hospital (FCMH) are pleased to announce a new partnership to provide you and your family with expanded orthopedic services in Fayette County.

For the past three years, FCMH has collaborated with The Ohio State University Wexner Medical Center for Orthopedics to create a solid foundation to its Orthopedics and Sports Medicine Program. But the hospital realized a need for general orthopedics over and above its current sports medicine offerings. The new partnership with Adena Bone and Joint Center will allow FCMH to provide more treatments and surgeries “close to home.”

Starting Aug. 1, Adena’s highly experienced bone and joint team — including specialists Brian S. Cohen, MD; Karen Evans, MD; Neil Ghany, MD; and Jason Foster, MD, ATC — began offering state-of-the-art procedures and technology at FCMH. We are excited to provide our community with personalized orthopedic care, utilizing noninvasive treatments, as well as minimally invasive and traditional surgical procedures.

Conditions treated include:
- Arthritis
- Sprains and strains
- Joint pain
- Nerve impingement
- Nerve pain
- Bursitis
- Fibromyalgia and myofascial pain
- Bone fractures
- Ligament and tendon injuries
- Disc herniation
- Spine fracture
- Osteoporosis
- Tendinitis

Adena Bone and Joint Center accepts most insurances, including MediGold.

FAYETTE County Memorial Hospital
Care. Attention. Excellence.

Medical Arts Building 1
1450 Columbus Ave.
Washington Court House, OH 43160

OPEN HOUSE If you’d like to be invited to our community open house and stay updated on our new Fayette County orthopedic program, please sign up at adena.org/fayette. To schedule an appointment, call 740-779-4598 or visit adena.org/fayette.
GET HIP to Treatment Options
Nonsurgical alternatives can offer relief and restore motion to painful hip joints

If you live with osteoarthritis or bursitis, but you’re not hip to surgery, you don’t have to settle for a life of pain. There are other pain-relieving treatments an orthopedic specialist can offer.

“It depends on the severity of the pain and problem, but most of the time hip pain is not a surgical problem,” says Jason Foster, MD, a sports medicine physician with Adena Bone and Joint Center. Two of the most effective nonsurgical treatments are physical therapy and injections.

**BOTTOM LINE?** Don’t let pain or immobility linger. Foster suggests seeing the doctor if pain is severe; limits your ability to walk or sleep; or if you have numbness, tingling, or weakness in the lower extremities.

**TREATMENT OPTIONS**

**Physical therapy** uses a range of exercises to strengthen the core and hip muscles. “This can help keep the hip joint stable,” Foster says, noting that physical therapy can also increase mobility, lessen pain, and reduce risk of injury.

**Ultrasound-guided injections** can be delivered directly into the hip joint or the bursa, offering immediate pain relief for osteoarthritis, bursitis, or tendonitis. A combination of a corticosteroid and anesthetic injections can relieve osteoarthritis pain for up to several months. “Bursitis and tendonitis are actually reversible with treatment injections,” Foster says.

**Hip replacement surgery** is an option for patients who have exhausted conservative treatments. “We try to find that ‘sweet spot’ for patients — that window where we just have to do hip replacement once. The ideal candidate is a healthy patient in their 60s or 70s who has tried and failed conservative treatments,” he says.

The hip bone’s connected to the knee bone.

Hip problems can actually cause pain in the back, groin, thighs, or knees. Similarly, knee problems can cause hip or back pain.

“It can be a little bit tricky to sort out,” says Jason Foster, MD. “And patients are sometimes surprised. They’ll come in for knee pain and see that restricted range of motion in their hip really is the culprit.”

**Sound familiar? Here’s what to do:**

> Make an appointment with an orthopedic specialist.
> Be prepared for a full workup, including physical exam, X-rays, and possibly more advanced imaging such as MRI or CT scans.
> Stick with your treatment plan! “I just did a hip injection for a woman in tremendous thigh pain, and her pain improved,” Foster says, noting that physical therapy, injections, and pain medication can offer relief.

**Jason Foster, MD**

*Medical school:* American University of the Caribbean School of Medicine  
*Residency:* The Ohio State University, Columbus  
*Fellowship:* Primary care sports medicine, University of Toledo  
*Clinical interests:*
  > Sports medicine  
  > Osteopathic principles and practice

**EASE YOUR PAIN** If you’re living with pain, limited range of motion, or numbness or weakness, make an appointment with an orthopedic specialist at Adena Bone and Joint Center today. Call 740-779-4598 or visit adena.org/ortho.
HELPING the Hurt

Treatment options abound for patients with osteoarthritis joint pain

When it hurts to climb stairs, or get out of a car, or reach up to those highest closet shelves, there’s a good chance the culprit is osteoarthritis. After all, some 27 million Americans are affected by the condition.

For many of them, the ultimate, permanent fix will be joint replacement surgery. But between that first achy joint and your date with a surgeon, there are plenty of options to ease your pain, says Adena Health System orthopedic and sports medicine physician Aaron Roberts, MD.

When someone comes in with chronic knee, hip, or shoulder pain, Roberts says, “The first thing I do is a thorough exam, and possibly X-rays, to determine the source of the problem.”

By the time most patients see a doctor about the pain, they have tried over-the-counter pain relievers, Roberts says. But, he says there are other treatment options, including:

- Physical therapy
- In-home exercise
- Injections
- Stabilizing measures such as braces

Physical therapy and exercise can help improve posture, put less strain on joints, and build muscle surrounding the painful joint to create better support. A physical therapist also can help patients use braces, shoe inserts, and other pain-relieving devices.

Corticosteroid injections can relieve pain, usually for several months. “They can be repeated, but we try not to give them too frequently because over the long term, cortisol weakens the bone,” Roberts says. The injections also can cause blood sugar spikes, a potential problem for patients with diabetes.

For patients with osteoarthritis in the knee, another option is injection with hyaluronic acid, a joint-lubricating fluid. Unlike corticosteroid injections, hyaluronic acid doesn’t appear to do long-term damage. But, patients with egg or chicken allergies may not be candidates for hyaluronic acid, because most of the products are made from rooster comb, Roberts says.

None of those treatments reverse or even halt osteoarthritis progression, Roberts says. But they can effectively relieve pain, and often that is enough.

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SIGNS You’re Ready for Surgery

For many people, medication and exercise can tame joint pain indefinitely. But osteoarthritis is a progressive disease and for some, the pain eventually gets so bad that conservative treatments stop working.

When that happens, joint replacement surgery can provide lasting relief, says Adena Health System orthopedic and sports medicine physician Aaron Roberts, MD.

Roberts says he presents surgery as an option to patients, explaining how joint replacement surgery works, and what they can expect. He also shares what recovery and post-surgery life will look like before referring them to an orthopedic surgeon.

The ultimate decision, he says, is a personal one. “Deciding to have surgery is really a big step for a lot of people.”

He says there is no right or wrong time to have joint replacement surgery. Rather, Roberts recommends patients consider factors that include age, overall health, and how active they’d like to be.

In general, it may be time to consider joint replacement if:

- The pain keeps you up at night
- Pain makes everyday activities difficult
- Your hip or knee is severely swollen
- Your leg is bowing
- You feel a “grating” of your joint

TAKE A QUIZ Is it time for surgery? Take our quiz at adena.org/joint-replacement-quiz to see if surgery may be right for you. If the time is right, sign up for a preoperative joint education class at Adena. To learn more, simply call 740-779-8389.

Aaron Roberts, MD

Medical school: American University of the Caribbean, West Indies
Residency: Aultman Hospital, Canton, Ohio
Fellowship: Sports medicine fellowship program, Riverside Methodist Hospital, Columbus, Ohio
Clinical interests: Nonoperative sports medicine
Stay in the Game

Expert tips for understanding, avoiding, and treating sports injuries

They say injuries are part of the game. But understanding what causes sports injuries can prevent them — so you can stay in the game.

“Many of the sports injuries we’re seeing in kids stem from a shift toward playing the same sport year-round, perhaps not taking adequate rest time between seasons,” says W. Bradley Strauch, MD, a board-certified sports medicine and family medicine physician with Adena Health System. For adults, lack of conditioning combined with “weekend warrior” or too-much-too-soon patterns lead to injuries. Below Strauch outlines what you need to know.

### SPORTS INJURIES IN KIDS AND ADOLESCENTS

<table>
<thead>
<tr>
<th>What is</th>
<th>How it happens</th>
<th>Prevention</th>
<th>Treatment options</th>
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</thead>
<tbody>
<tr>
<td>Growth plate injuries</td>
<td>Trauma/injury to the growing tissue at the end of an adolescent’s long bones.</td>
<td>Limit stress to growth plates until bones are fully developed. “For example, pitchers should not throw breaking pitches until they can shave,” Strauch says.</td>
<td>Rest from the offending activity, RICE (rest, ice, compression, elevation), anti-inflammatory medication, immobilization.</td>
</tr>
<tr>
<td>Runner’s knee</td>
<td>The kneecap doesn’t “track” properly with motion.</td>
<td>Too much running too soon, leg muscle imbalances, improper footwear or running technique.</td>
<td>Stretch hamstrings, calf muscles, and quadriceps; ease into activity. Physical therapy to strengthen muscles and correct muscle imbalance, bracing/taping, NSAIDs.</td>
</tr>
<tr>
<td>Pars stress fracture</td>
<td>A stress fracture in the lower spine.</td>
<td>Repetitive stresses and overuse during running, twisting, kicking, or jumping. Sports such as soccer and gymnastics are highest risks.</td>
<td>Ease into activity, avoid year-round single sport participation, and participate in core strengthening. Rest, time away from sport, core strengthening.</td>
</tr>
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</table>

### SPORTS INJURIES IN ADULTS

<table>
<thead>
<tr>
<th>What is</th>
<th>How it happens</th>
<th>Prevention</th>
<th>Treatment options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tendonitis</td>
<td>Inflammation in the tendons that attach muscles to bone (e.g., rotator cuff or Achilles).</td>
<td>Stretch appropriately, use moderation, and ease into activity.</td>
<td>RICE, decreased intensity and duration of activity, NSAIDs, physical therapy, steroid injections.</td>
</tr>
<tr>
<td>Stress fracture</td>
<td>A tiny crack in a bone, commonly in the foot or lower leg.</td>
<td>Overloaded muscles transfer stress to bone.</td>
<td>Rest between activities, especially new activities; get adequate calcium and vitamin D if you’re deficient. Rest and immobilization.</td>
</tr>
<tr>
<td>Plantar fasciitis</td>
<td>Microtears in the plantar fascia, the band of tissue that connects your toes to your heel bone.</td>
<td>Overuse, anatomy (low or high arches), excess weight, tendon tightness in the plantar fascia and/or Achilles.</td>
<td>Stretch the plantar fascia, calf muscles, and Achilles. Stretching, rest, night splints, orthotics, change of footwear, NSAIDs.</td>
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**GOT GAME?** Improve your sports performance with Adena’s **Next Level classes and Functional Movement Screenings**. See Page 12 for details.
TAKING MATTERS Into Your Own Hands

Today’s rehab programs truly ease pain after injury

Working with physical therapists has long been a proven strategy to help recover from injuries or a recent surgery. Sometimes, rehabilitation can even help patients avoid or delay surgery.

But what’s the biggest advancement in the field? It might just be you.

“There’s a real paradigm shift in rehab toward giving patients the keys to their own recovery,” says Melissa Richendollar, AT, outpatient rehabilitation manager for Adena Physical Therapy Services.

Empowering patients
In a nutshell, physical therapy works by strengthening major muscle groups to support areas that are weak or injured. The goal is to restore motion, strength, and function.

Shawn Strange, a 51-year-old Chillicothe resident, illustrates the importance of persevering with an at-home PT program, while leaning on skilled physical therapists in a clinic. Having battled severe knee pain for years, she had two total knee replacements in 2014. Complicated by her weight, her recovery was grueling.

“It’s the hardest work I’ve ever done. If I didn’t have my therapy team to lovingly push me through, I would have stopped,” she says. “My therapists helped me to see clear goals — and the steps I would need to take to meet them.”

Today, Strange is pain-free, has shed 20 pounds, and is able to do simple things she could not do before, like taking her grandchildren to the park. “I can participate in my life again,” she says.

As Strange’s story illustrates, rehab is now less about what’s done to you and more about what you can do. “There’s a big movement in rehabilitation to stay away from connecting patients to machines and instead connect them to things they can do on their own,” Richendollar says. “The goals of rehabilitation have shifted more to helping patients with their strength, posture, and the mechanics that are driving problems.”

Richendollar loves that “aha” moment when understanding and motivation merge for patients. “Rehab is an active process. It’s exciting when patients see we are giving them a plan they can carry out themselves.”
Send Back Pain Packing

Innovative new treatments relieve back pain without surgery

His lower spine loaded up with arthritis, Mark Johnson retired early at age 62 from his job at a local plant. He wondered if he’d ever stand up straight again, much less travel the country with his wife in their sporty Nissan 300ZX. “My back had deteriorated so badly, it was hard just to get out of bed,” says the Jackson resident.

His physician, Andrew Porter, DO, an interventional pain specialist on staff with Adena Health System, told Johnson, now 66, about a nonsurgical procedure called ablation, which uses heat to destroy the nerves transmitting pain signals to the brain. “It has been a godsend for me,” Johnson says, adding that the landscaping project he’d worked on at a snail’s pace because of pain prior to ablation was finished with a flurry after the procedure.

“A new generation of treatments — many of them nonsurgical — can really improve quality of life for patients with back pain,” Porter says. He outlines three common conditions that involve the spine, as well as prevention tips and treatment options.

1. Degenerative disc disease
   As we age, the discs between vertebrae in our spine lose their ability to cushion. “They lose water, they lose height, and they start to bulge and tear,” Porter says.
   Prevention: “Disc degeneration is a combination of genetics and lifestyle,” he says. So control what you can — eat well, strengthen your core, and lift properly.
   Treatment: Medication, physical therapy, steroid injections, and nerve blocks can help with pain. Some injured discs require surgery, which can include an advancement called artificial disc replacement (see next page).

2. Osteoarthritis
   Injury or wear and tear can damage cartilage, leading to a painful joint disease called osteoarthritis.
   Prevention: Maintaining a healthy weight improves joint health. Physical activity strengthens the muscles that support your joints. More than half of diabetes patients have arthritis, so maintain good blood sugar levels.
   Treatment: Physical therapy, anti-inflammatory medications, lubricant injections, and surgery to repair or replace damaged joints can offer pain relief.

3. Diabetic neuropathy
   A painful family of nerve disorders, diabetic neuropathy strikes 60 to 70 percent of people with diabetes. “In the southern reaches of Ohio, one in four individuals has diabetes,” Porter says. Commonly causes pain in the toes, feet, legs, and hands, but pain signals travel through the spine.
   Prevention: For diabetic patients, it is critical to manage blood sugar because prolonged exposure to high blood sugar damages nerves.
   Treatment: Once blood sugars are under control, oral analgesics or skin creams can soothe pain. Spinal cord stimulation through electrodes placed in the spine can also be implanted to interrupt pain signals, Porter says.

Pain Meds Gone Mad

The U.S. is in an opioid overdose crisis — and Ohio is in the crosshairs. Opioids, including prescription pain medications, were estimated to have killed more than 59,000 people in 2016 — with Ohio experiencing a 25 percent increase in deaths over 2015. New research shows that the lower the dose and duration of time on opioids, the lower the chance of addiction. The CDC recommends patients not use opioids longer than three to seven days. To avoid the use of opioids or if your pain has not been relieved in that time period, consult a pain specialist.
Don’t Back Away From Surgery

If your back hurts, you’re not alone. An estimated 10 percent of people experience lower back pain sometime in their lives. For most, the pain goes away in a few days. But when pain is persistent or worsening, it may be time to seek medical treatment.

Typically, back pain treatment begins with a visit to a primary care physician, who may prescribe over-the-counter pain relievers and physical therapy. But for some, those approaches don’t provide relief. For them, surgery may be the best option.

You may be a candidate for spine surgery if:

> You have tried physical therapy without success
> You don’t get lasting relief from medications, or can’t take medications due to side effects
> You’ve tried steroid injections
> Images or testing has identified a structural cause of your pain
> Pain affects your quality of life or activity level

Time won’t heal you. In fact, the opposite often is true. When the cause of back pain is structural, it may worsen, rather than improve. If you’ve tried other treatments and you’re still in pain, it may be better to have surgery sooner rather than later. Among people with a herniated disc, those who waited more than six months to undergo surgery after symptoms began had worse outcomes than those who had surgery within six months of first experiencing pain.

For certain conditions, spine surgery has been found to provide significant benefits over more conservative treatments. According to findings in the Spine Patient Outcomes Research Trial (SPORT), those conditions include:

> **Spinal stenosis**: Patients with this narrowing of the spinal canal reported greater pain reduction and improved function, compared with other treatments.
> **Herniated disc**: People with herniated discs in the lower, or lumbar, spine experienced pain relief and greater long-term improvement with surgery, compared with other treatments.
> **Persistent sciatica from lumbar disc herniation**: Patients with this condition reported less pain and greater long-term improvement after surgery, compared with more conservative treatments.

For patients with back pain who have tried nonsurgical treatments such as physical therapy and steroid injections but still have pain resulting from herniated discs, artificial disc replacement may be a viable option. In the past, spinal fusion was the surgical gold standard for patients with degenerative disc disease.

“Artificial disc replacement shows promise with alleviating pain and lessening the chances of problems at adjacent levels of the spine,” says James Fleming Jr., MD, orthopedic spine surgeon at Adena Spine Center.

### DISC FUSION
> Removes the diseased disc and “welds” two vertebrae into one
> Limits range of motion
> Better for multilevel cases or severe arthritis

### DISC REPLACEMENT
> Retains natural space between vertebrae by replacing the diseased disc with an artificial one
> Typically used for one level of damage

### BACK PAIN ASSESSMENT
If you’ve had back pain for more than a few weeks, a spine assessment can provide you with a diagnosis and treatment plan. To learn what to expect with an assessment, go online to [adena.org/spineassessment](http://adena.org/spineassessment). Or if you are ready to schedule an assessment, call 740-779-7100.

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**Andrew Porter, DO**

*Medical school:* Philadelphia College of Osteopathic Medicine  
*Residency:* Anesthesiology, University of Maryland Medical Center  
*Fellowship:* Interventional pain medicine, University of Maryland Medical Center  
*Clinical interests:*  
> Interventional pain management
> Chronic back pain

**James Fleming Jr., MD**

*Medical school:* Case Western Reserve University School of Medicine, Cleveland  
*Residency:* Cleveland Clinic Foundation  
*Fellowship:* Weill Medical College of Cornell University, New York  
*Clinical interests:*  
> Orthopedic spinal surgery
> Vertebral fractures
All work and no play make Jack a dull boy. But when work and play are at risk due to injury, being dull will be the least of your worries. Loss of income, inability to participate in activities that bring you joy, or living with pain can limit your life.

The good news is, many of these injuries can be prevented. Roger Wiltfong, MD, a hand surgeon with Adena Bone and Joint Center, offers strategies to avoid accidents and injuries.

### Repetitive Motion Injuries

Whether you type on a keyboard, enjoy gardening or painting, or work on an assembly line, you may be at risk for repetitive motion injuries. “From posture to positioning of hands, you want to avoid the risk of microinjuries that build up over time and lead to chronic pain,” Wiltfong says.

Top tips to avoid pain and strain:
- Establish good posture
- Take breaks from your work
- Stretch overtaxed muscles
- Use tools that fit the job you are doing
- Talk to your employer about workplace ergonomics
- Ask your health care provider for a referral to an occupational health therapist if you start to feel pain

### Lifting Injuries

If you have a job that requires lifting, pay attention: According to the U.S. Bureau of Labor Statistics, most workers do not consistently use back safety practices.

Try these tips to avoid injury:
- Use forklifts or hand trucks to lift/move heavy items
- Lift with your legs and core: “Don’t bend over at the waist to lift,” Wiltfong says, adding that bending at the waist stresses the back
- Avoid twisting while lifting; move your feet, not your torso, to turn
- Lift close to the body in a “lifting zone” similar to a strike zone in baseball
- Rotate heavy lifting jobs with other employees

### Cuts or Crush Injuries

Construction and factory laborers are at risk for lacerations or “crush” injuries. “As a hand surgeon, I see tendons that need to be sutured back together, or crushed fingertips and bones that happen along the assembly line,” Wiltfong says.

The best strategy is a simple one: “Wear proper safety and protection equipment. That is the best way to avoid an acute injury,” Wiltfong says.

Finally, Wiltfong outlines symptoms that mean you should see your doctor:
- Fever/chills
- Numbness/tingling/loss of strength
- Pain not relieved by anti-inflammatories, ice, or activity modification
- Symptoms that wake you up at night
- Symptoms that interfere with daily activities

“There’s not always a magic answer that can take all symptoms away,” he says. “But you shouldn’t just live with pain. Sometimes there are simple things we can do that offer relief.”

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**Roger Wiltfong, MD**

**Medical school:** Albert Einstein College of Medicine, Bronx, N.Y.

**Residency:** Orthopedic surgery, Mount Carmel Medical Center, Columbus, Ohio

**Fellowship:** Hand fellowship program, University of Pittsburgh Medical Center

**Clinical interests:** Orthopedic surgery, Hand surgery

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**BACK TO WORK** If you have suffered a repetitive or workplace injury, Adena Bone and Joint Center’s pain management, orthopedic, and neurological experts can provide the care you need. Call 740-779-4598.
REVERSING
47 Years of Pain

A patch of black ice and an ill-fated decision to go out on the town at age 19 forever limited 67-year-old Richard Cecava’s life.

Strike that. “Forever” is such a strong word.

Thrown from a car on that wintry night in 1970, Cecava suffered with debilitating shoulder damage for decades. “I had shoulder pain and a weak, ‘hanging arm’ my entire adult life,” says the retired college business instructor. “Every day felt like the hurt from the first day of football practice. The pain never relented.”

Until one day it did.

Cecava’s son, Eric, the chief operating officer for Adena Health System, told his dad about Brian S. Cohen, MD, an orthopedic surgeon skilled in reverse shoulder surgery. Cecava flew from Nebraska to Ohio to meet with Cohen. “He examined me and said, ‘Your shoulder is not paralyzed. I’m going to fix it.’” Cohen performed a reverse shoulder replacement, and the results were immediate. Within hours, Cecava fully felt his fingers for the first time in 42 years.

Today, he relishes simple things like picking up a pencil or reaching all the way to his back pocket to grab his handkerchief — to dab tears of joy. “I am free from pain. I have full motion again. There is no greater feeling.”

Inside-Out SOLUTION to Shoulder Pain

FDA-approved since 2004, reverse shoulder surgery is no longer considered the “new kid on the block.” But finding a surgeon who is experienced in this highly technical shoulder operation? That’s another story.

Lucky for residents of southern Ohio, it’s also a local story.

Brian S. Cohen, MD, chair of Adena Bone and Joint Center, has performed more than 1,800 reverse shoulder procedures — one of which made headlines in 2015 when it was simulcast live to Germany and across the U.S. “We are an education destination. I have surgeons come here from all over the country and world to train in reverse shoulder replacement,” Cohen says.

> **What is it?** Reverse shoulder implant surgery replaces the ball and socket of the shoulder — in reverse. This shifts the load of lifting the arm from damaged rotator cuff muscles to the deltoid muscle.

> **Who is a candidate?** Patients with a large torn rotator cuff and/or subsequent severe arthritis; also some patients with complex fractures or failed standard shoulder replacements.

If shoulder pain is limiting your life, call Adena Bone and Joint Center at 740-779-4598 or visit adena.org/shoulder to download a patient guide about shoulder surgery.
CONCUSSION Care

While many sports injuries or falls affect the bones and joints, the brain is also susceptible to injury.

As the dangers of concussion become more understood, sports medicine physician W. Bradley Strauch, MD, offers this message for parents and athletes: “Never cover up your symptoms to get back to playing, even if they seem mild.”

Concussion is a type of brain injury that, while common, can also be serious. It is caused by a sudden hit to the head or body that causes the brain to bounce in the skull. Symptoms include:

- Headaches
- Dizziness
- Confusion
- Feeling sad or anxious

One concussion increases risk for a second. “By easing athletes back into activity via a stepwise return-to-play protocol, we are trying to prevent what’s called second-impact syndrome,” Strauch says. A second concussion on top of an unhealed first concussion can be devastating.

W. Bradley Strauch, MD

Medical school: West Virginia University School of Medicine
Board certifications: Family medicine, primary care sports medicine
Clinical interests:
> Sports injuries
> Running medicine
> Sports concussions

For about 90 percent of people who sustain concussions, symptoms disappear within seven to 10 days.

Heads Up!

Adena Bone and Joint Center conducts baseline cognitive testing for contact sports athletes, offering a valuable, objective measure of brain function before injury.

“If they’re injured, we retest them to know how they are recovering cognitively against a baseline measure,” Strauch says. The baseline test can be done online for just $5.

GET TESTED

Learn more at adena.org/concussion-care or call 740-779-8943.