

Orthopaedic Excellence

An Informational Source for Your Orthopaedic Health from the Physicians of Midwest Orthopaedics at Rush

Volume 3 Issue 4

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New Orthopaedic Building Takes Shape

Dennis Viellieu, Midwest Orthopaedics at Rush CEO

Midwest Orthopaedics at Rush physicians are known for innovative care in areas ranging from sports medicine, joint replacement, upper and lower extremity reconstruction, and spine surgery to cartilage restoration, pediatric orthopaedics, limb preservation, trauma, and orthopaedic oncology. This fall, these world-renowned orthopaedic surgeons and physicians will be providing all of these services at a new location.

The new Orthopaedic Building at Rush University Medical Center is a single

site, multidisciplinary center that contains all aspects of orthopaedic care including state-of-the-art digital X-ray, physical and occupational therapy, point-of-care available advanced imaging (CT and MRI), and a comfortable environment for office-based evaluation and management of orthopaedic conditions.

The building is located at 1611 W. Harrison Street (on the corner of Ashland Avenue and Harrison Street). With its many exam and treatment rooms incorporated into an efficient design, the new facility will result in an enhanced patient experience for

diagnostic services and outpatient procedures, as well as increased convenience for inpatient care due to the proximity to Rush University Medical Center. It will also provide additional space for growth to meet an increasing demand for orthopaedic patient care services.

The new Orthopaedic Building offers a wide range of features and amenities for patients and their families, including:

- State-of-the-art digital X-ray
- Physical and occupational therapy facilities

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Rush Study: Softball Windmill Pitching Can Cause Injury



Nikhil Verma, M.D. Sports Medicine, Knee, Elbow, and Shoulder surgeon

In fastpitch softball, the “Windmill” delivery is the most common pitching motion. By making one or one and a half revolutions of the arm, the pitcher is able to throw the ball with exceptional velocity. Elite softball pitchers can reach 60-70 miles per hour on the radar gun. They can also put different spins on their pitches, making the ball rise, drop, or cut.

Conventional wisdom held that this efficient motion placed much less stress on the arm than overhead baseball pitching, thereby allowing pitchers to work elevated pitch counts and/or on short rest. A recent study conducted by Rush University Medical Center, however, has found that the “windmill” pitching motion used by softball players is not as safe as previously thought.

As a team physician for the Chicago Bandits professional women's softball team and for DePaul Blue Demons softball, over the past few years I've noticed that many of the pitchers were reporting the same injury: pain in the front of the shoulder.

Sports medicine physicians have speculated that Windmill pitching produces high forces and torques at the shoulder and elbow, making the biceps labrum complex susceptible to

overuse injury. Little was known, however, about the muscle firing patterns during a windmill pitch. The hypothesis of our study was that biceps muscle activity is greater during a windmill pitch than during an overhand throw.

In the study, seven female windmill pitchers underwent motion analysis and surface electromyography evaluation of their biceps muscles during windmill and overhand throwing. Marker motion analysis, muscle activity, and ball release were captured simultaneously. Surface electromyography trials were collected and related to the athletes' phases of pitching and throwing, identified based on predefined softball and baseball pitching mechanics.

Our study found that the windmill delivery puts more stress on the biceps than the overhand delivery used by baseball pitchers. Therefore, it's the windmill delivery itself that is causing injuries to the biceps tendon, which produces the painful condition in the front of the shoulder. It also stands to reason that excessive use of that motion will lead to this type of injury.

It is our hope that this study will spur a discussion among softball pitchers, coaches, and trainers on the dangers of overuse. Ideally, softball pitchers should be adhering to the similar pitch count and rest regimens that are prevalent in baseball today. ■

New Physicians Join MOR Practice

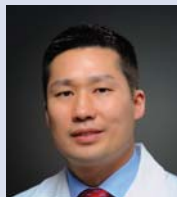
Charles Bush-Joseph, M.D. Managing Partner

On behalf of Midwest Orthopaedics at Rush, I'm pleased to announce the addition of three new physicians to our orthopaedic patient care, education and research practice. Shane Jay Nho, M.D., will be joining the practice August 1. Krystian Bigosinski, M.D., and Robert Wysocki, M.D., will start on September 1.



Robert Wysocki, M.D., is a hand surgeon who will be joining the existing Section members Drs. Cohen and Fernandez. Dr. Wysocki is currently

in fellowship at Duke University Medical Center in Durham, North Carolina, and before that he was a Resident at Rush University Medical Center. He graduated from North-western University Feinberg School of Medicine. Dr. Wysocki's current research projects involve innovative hand and wrist arthroplasty techniques.



Shane Nho, M.D., is a sports medicine surgeon who will be joining our sports medicine group. Dr. Nho, a Rush Medical School graduate, is currently in a fellowship at Rush University Medical Center and prior to that was a resident at The Hospital for Special Surgery in New York. During his residency and fellowship, Dr. Nho has authored over 30 peer reviewed manuscripts and is considered a rising star in the field. Dr. Nho will join the group after completing an additional three month traveling fellowship in advanced hip arthroscopy with noted national leaders in the field.



Krystian Bigosinski, M.D., is an internal medicine physician who will be joining our primary care sports medicine group providing musculoskeletal care. Krystian joins Drs. Weber, Palmer

and Mjaanes in this Section. Dr. Bigosinski is currently in a fellowship at Rush University Medical Center and completed his residency at Swedish Cherry Hill Medical Center in Seattle, Washington. He graduated from the University of Illinois College of Medicine. Among his recent projects were Performance Enhancing Substances and Congestive Heart Failure and Valve Replacement.

The additions of Drs. Bigosinski, Nho, and Wysocki serve to reinforce our position as the region's leading sports medicine and upper extremity orthopaedic practices. Coupled with the construction of our new orthopaedic building on the Rush campus, these are very active and exciting times for the practice.

For additional information about Drs. Bigosinski, Nho, or Wysocki, call us at 877 MD BONES. ■

Cartilage Replacement Patient Climbs Mt. Everest



Brian Cole, M.D.
Section Head,
Cartilage
Restoration
Center at Rush,
Rush University
Medical Center

Insurance executive and avid mountain climber John Golden was told that his knee pain would ground him forever. An old college football injury had wreaked havoc on John's knees. By his late 30s, the cartilage in the knee was destroyed and he was unable to walk without crutches.

Today, John is making an assault on the peak of Mt. Everest. That may sound like a fantastic story, but it's absolutely true.

John underwent a total of 23 knee surgeries in the 20 years after his football injury—13 on the injured right knee and 10 on the left (due to his overcompensation for the original injury). Finally, when surgical procedures failed to alleviate John's pain, his orthopaedic surgeon told him he needed an artificial knee.

"He basically told me to go buy a ranch-style home because I may not be able to do stairs," John said.

Cartilage damage is not cancer, it's not going to kill you, but for a person like John who was used to being active, having that taken away from you can put a person under heavy emotional duress. It's amazing how joint pain transcends every single level of life.

People like John are excellent candidates for cartilage transplantation: relatively young, active, hard working, and absolutely not ready for an artificial joint. In a cartilage transplant, a plug of the tissue is removed from a donor cadaver. The plug is then surgically inserted into the joint of a person with severely damaged or reduced cartilage and actually forms new cartilage that attaches itself to surrounding bones.

After John's rehab, he asked me if he could climb a mountain. Less than a year later, he climbed the peak of Mt. Rainier. I was humbled and amazed when I accompanied John on his next climb. It really changed the way I see my patients. I now have a different



prospective of what is capable through this procedure.

As I write this article, John is approaching the summit of Mt. Everest. Through his efforts, over \$160,000 has been raised for orthopaedic research. If you would like to learn more about John's story and his efforts to advance orthopaedic research, visit www.goldenexpedition.org.

Dr. Cole is head of the Cartilage Restoration Center at Rush University Medical Center. He has performed the cartilage restoration procedure for 12 years. He now performs up to 200 such surgeries a year, replacing cartilage in knees, elbows, hips, shoulders and ankles. ■

Building, cont.

- State-of-the-art advanced imaging center (CT and MRI) which will be available as needed at the time of the doctor visit, eliminating the need for another visit
- Rush's Motion Analysis and Gait Lab
- Orthotics and prosthetics services

Also, by consolidating patient services into one convenient location, the Orthopaedic Building will allow us to close our location at 800 S. Wells in the River City building complex and combine downtown outpatient facilities on the Rush campus.

For more information on the Orthopaedic Building, call 877 MD BONES. ■

Support Arthritis Walk 2009

Inaugural Event Needs Local Supporters

The Arthritis Walk is the Arthritis Foundation's annual nationwide event that raises awareness and funds to fight arthritis, the nation's most common cause of disability. It is a tremendous opportunity to help improve the lives of the 46 million men, women and children doctor-diagnosed with arthritis. This year, Midwest Orthopaedics at Rush has formed a team and is supporting the inaugural event in Orland Park. Please join Team Midwest Orthopaedics at Rush! Register Today!

Event Details:

Saturday, September 12, 2009
Centennial Park
15600 West Avenue
Orland Park, IL 60462

Event Day Schedule:

8:00 am: Day of registration begins, money turn-in, t-shirt pick-up
9:50 am: Warm-up exercises at start line
10:00 am: Arthritis Walk step-off

For more information, visit www.rushortho.com/news/arthritis_walk.cfm

Physicians

Howard An, M.D.
Gunnar Andersson, M.D., Ph.D.
Bernard Bach Jr., M.D.
Richard Berger, M.D.
Krystian Bigosinski, M.D.
Charles Bush-Joseph, M.D.
Mark Cohen, M.D.
Brian Cole, M.D., M.B.A.
Craig Della Valle, M.D.
Christopher DeWald, M.D.
David Fardon, M.D.
John Fernandez, M.D.
April Fetzter, D.O.
Jorge Galante, M.D.
Steven Gitelis, M.D.
Edward Goldberg, M.D.
K.W. Hammerberg, M.D.
George Holmes Jr., M.D.
Joshua Jacobs, M.D.

Monica Kogan, M.D.
Simon Lee, M.D.
Brett Levine, M.D., M.S.
Johnny Lin, M.D.
Jeffrey Mjannes, M.D.
Shane Nho, M.D.
Gregory Nicholson, M.D.
Trish Palmer, M.D.
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Frank Phillips, M.D.
Anthony Romeo, M.D.
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TEAM PHYSICIANS
Chicago Bulls & Chicago White Sox

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PATIENT LETTERS

Knee Replacement “Life Changing”

Dear Dr. Della Valle:

In June 2007 you performed bilateral knee replacement surgery on me. The surgery has been life changing for me. I have gone from being an individual who had a severe limp and having pain with each step to “a new me!” I am writing to you to tell you about one of my recent efforts to get back into shape and increase movement in my knees.

In August 2008, I competed in a Sprint Triathlon! The big news is that I not only competed but completed it!!! I swam 400m, rode my bicycle 22k (13 miles), and walked 5k (3 miles). The many hours of training really paid off and I am truly thankful to you for helping me toward a better quality of life. The care I received at Rush was top-notch and state of the art! Thank you for being there for all of us who need you to help restore us to better health.

With much gratitude,

Patricia Ulk



Image courtesy brightroom.com