

Common Questions in Orthopedics

MIDWEST BONE & JOINT
INSTITUTE

ORTHOPEDICS/ORTHOPEDIC SURGERY

SHOULD I USE ICE OR HEAT?

A general rule is to use ice for 20 minutes out of the hour for the first 48-72 hours following an injury. The idea is to decrease blood flow, which in turn reduces pain and swelling. Heat increases blood flow and aids in healing. But, you should not use heat during the initial phases of an injury. Heat is recommended for chronic injuries or those that have no inflammation or swelling.

I TORE THE ROTATOR CUFF IN MY SHOULDER, DO I NEED SURGERY?

It depends on the type and size of the tear along with the amount of pain and disability it is causing. Initially, the goal is to treat most rotator cuff tears with anti-inflammatory medications and physical therapy. A rehabilitation program can help improve range of motion, increase shoulder strength and decrease pain. An injection of cortisone can decrease inflammation and pain. Although most partial rotator cuff tears may not require surgical repair, complete tears and those that fail conservative treatment usually do require surgery. Rotator cuff tears are fixed surgically with minimally invasive techniques, which decrease post-operative pain and shorten recovery time.

WITH ACTIVITY, MY KNEE GIVES OUT. WHY DOES THIS HAPPEN?

Instability or "giving out" is most commonly caused by two conditions: 1. Kneecap (patella) instability. Meaning, the kneecap moves too freely and does not track properly. When this occurs, a person experiences pain and the sensation of the knee giving way. 2. A ligament injury. Most commonly, an Anterior Cruciate Ligament (ACL) tear, which is usually associated with a traumatic event (many times involving an audible "popping" sound), followed by knee swelling and pain.

WHY DOES MY KNEE MAKE SOUNDS WHEN I BEND IT?

Everyone's joints can make noises with motion. It can be related to the unevenness of the joint surface (arthritis) or excess swelling (fluid) in the joint. When these noises are associated with pain it is advisable to seek medical attention.

ARE THERE ANY NEW WAYS TO TREAT TENDONITIS/OVERUSE INJURIES?

Platelet Rich Plasma (PRP) Therapy is a minimally invasive injection used to treat many common orthopedic conditions such as tendinitis and muscle injury. A PRP injection is prepared by taking a patient's own blood and isolating a high concentration of platelets. Platelets are a normal component of blood that play a significant role in



The physicians of the Midwest Bone & Joint Institute have been caring for patients in the Barrington area since 1981. All physicians are board certified/eligible and fellowship trained in a subspecialty. They are: (In front, from left) Dr. Fister, Dr. Gitelis, Dr. Kogan, and Dr. Savino. In back, from left: Dr. Stanley, Dr. Alpert, Dr. Cannestra, Dr. Palmer, and Dr. Seeds.

helping recruit cells that repair tissue and speed the rate of recovery. PRP Therapy is used to treat tennis elbow (lateral epicondylitis), golfer's elbow (medial epicondylitis), Achilles tendonitis, rotator cuff tendinitis, plantar fasciitis and patellar tendonitis. It can lead to higher rates of healing, faster rehabilitation and a quicker return to athletics. The procedure is less expensive than surgery and can potentially improve tissue healing and get patients back to activities quickly and safely.

WHEN WILL I KNOW IT'S TIME TO GET MY HIP OR KNEE REPLACED?

This answer is different for each person. Many non-surgical treatments are available and are typically offered before replacement is considered. Once your surgeon has given you the diagnosis of a painful joint due to arthritis and offered a joint replacement as a solution, the choice is up to you.

WHO SHOULD I HAVE PERFORM MY JOINT REPLACEMENT SURGERY?

All hip and knee replacement surgery is performed by orthopedic surgeons. Some physicians complete an additional year, called a Fellowship, to gain expertise in the specialized field of joint replacement. More importantly, studies show that surgeons who perform at least 100 joint replacements per year have a much higher rate of patient satisfaction and a much lower rate of complication.

This guideline is not location dependent as a University Center has no advantage over your community hospital when your surgeon is experienced.

WHY SHOULD I GET AN EPIDURAL FOR MY BACK PAIN? WON'T I NEED SURGERY ANYWAY?

Epidural steroid injections can offer long-standing pain relief, sometimes for years. The complication rates associated with injections are much lower than surgery. However, it does not make sense to continue injections if they are not working. As a general rule, if the first two or three injections have not helped, then additional injections should not be attempted. Also, short-term relief from an epidural can indicate that surgery will be beneficial.

Contact Information:

MIDWEST BONE & JOINT INSTITUTE
420 West Northwest Highway
Suite M
Barrington
847-382-6766
www.midwestbonejoint.com