

InterCONNECTION

March 2008

Moore Clinic— we're your muscle and bone experts!

Our Locations:

Downtown

14 Medical Park, Suite 200
Columbia, SC 29203
803.227.8000

MRI & Physical Therapy Center

4721A Sunset Blvd
Lexington, SC 29072
803.227.8000

Ambulatory Surgery Center

104 Saluda Pointe Drive
Lexington, SC 29072

Our Physicians:

Craig M. Burnworth, M.D.
Kim J. Chillag, M.D.
William T. Felmy, M.D.
David B. Fulton, M.D.
S. Wendell Holmes, Jr., M.D.
Mark D. Locke, M.D.
Earl B. McFadden, M.D.
Frank K. Noojin III, M.D.
Aran M. O'Malley, M.D.
Bradley P. Presnal, M.D.
W. Alaric Van Dam, M.D.

Our Priority is You

By Sean McNally, CEO

Vincent Lombardi, the great Green Bay Packer head football coach, was quoted as saying, "the achievements of an organization are the results of the combined effort of each individual." Our organization truly comprehends that! The Moore Clinic is able to provide the highest quality of care to our patients solely because our talented staff has devoted their time, energy, and skill to the organization and the community that we serve. I am very honored to be a part of such a tremendous group of professionals and thank each employee for their devoted energy and commitment to the Moore Clinic team. ●



Sean McNally, CEO

The Moore Clinic is able to provide the highest quality of care to our patients through the efforts of our talented staff.

Sports Medicine and Science Network High Performance Award

Congratulations to Physician Assistant Andy Eberheart (Dr. Frank Noojin's team) who was recently honored with the High Performance Award by the High Performance Network.



Andy Eberheart

The High Performance Award is the highest level of achievement in the USA Swimming Sports Medicine and Science Network. The High Performance Network (consisting of a Travel Medical Staff) is a highly screened network of practitioners currently working with, or qualified to work with, USA Swimming's



The High Performance Network is a highly screened network of practitioners currently working with or qualified to work with USA Swimming's National Team.

National Team. It was designed to facilitate the development of relationships between National Team coaches, Olympic hopefuls, and the top Sports Medicine and Sports Science professionals in the country and

to making the swimming-specific services of Sports Medicine and Science professionals accessible on a regular and immediate basis. Andy, also a licensed massage therapist and certified athletic trainer, is currently the only practitioner in the entire state of South Carolina that has earned this distinction. ●

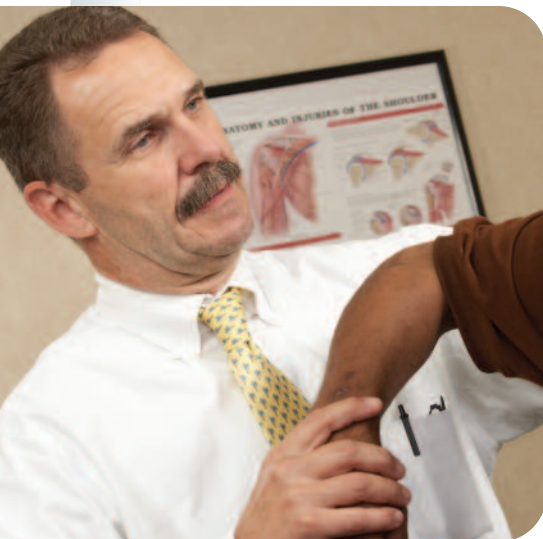
 **MOORE**
— Orthopaedics —

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Radial Tunnel Syndrome: An Often Forgotten Problem

By Dr. Earl McFadden

Over my 20 years of practice, one of the more often missed problems I have encountered in the upper extremity is radial tunnel syndrome. Typically, patients present with a variety of complaints ranging from numbness and tingling in the top of the hand and thumb, to proximal forearm (just below the elbow) pain with lifting. Many of these patients have had symptoms for a long time and have been misdiagnosed or even had surgery that has not corrected the problem. This is mostly due, in part, to the difficulty of accurately diagnosing this syndrome.



So what is radial tunnel syndrome?

The radial nerve is one of the four major nerves in the arm. Beginning in the neck, multiple nerve roots come together to form the radial nerve. It then courses down the back of the arm and around the outside of the arm close to the elbow. After crossing the outside (or lateral) aspect of the elbow, the nerve dives through a small muscle called the

supinator muscle and under a ligament called the ligament of Frosche. Also in this area, multiple vascular leashes sometimes cross the nerve. Due to the confined space in this area, the nerve can become compressed in several locations along this route. Most commonly, the compression occurs at the ligament of Frosche or from one of the vascular leashes. Rarely, this compression can be caused by inflammation resulting from a direct blow to the nerve. This compression is known as radial tunnel syndrome.

Diagnosis of this syndrome can be difficult for the physician. It is often confused with “tennis elbow,” carpal tunnel syndrome or de Quervain’s syndrome. History and thorough examination are needed to make the diagnosis. EMG and nerve conduction studies may or may not be useful in that they are frequently negative in this syndrome, causing the physician to miss the diagnosis altogether. Many times, the patient’s primary complaint is of numbness, leading to a diagnosis of carpal tunnel syndrome. The more common scenario is inflammation of the wrist extensors (or “tennis elbow”) and radial nerve entrapment, which would both need to be addressed at the time of surgery.

One differentiating symptom when looking at radial tunnel syndrome as opposed to “tennis elbow” is the location of pain. In radial tunnel syndrome, pain is generally felt by the patient approximately two inches away from the elbow as opposed to directly over the lateral aspect of the elbow (which is a very common site for “tennis

elbow”). When numbness is present, the numbness is generally on the back of the hand as opposed to the palm of the hand. Therefore, when “tennis elbow” and carpal tunnel syndrome have been ruled out but reports of numbness and pain persist, radial tunnel syndrome should be considered.

What can you do for radial tunnel syndrome?

Treatment of radial tunnel syndrome can be very frustrating. Conservative treatment often fails due to the range of motion and functional limitations required to correct the problem. Activities that aggravate the symptoms include typing, vibratory tools, and screwdrivers, to name a few (most any repetitive movement activity for the fingers and wrist). These activities are generally limited with compensatory strategies and bracing or splinting. Stretching and strengthening are also often recommended. With conservative treatment, symptoms may take months to improve.

When conservative treatment fails, surgery may be indicated. Surgery is typically done as an outpatient procedure under regional anesthetic (where you are not put to sleep). The procedure includes a two-inch incision on the outside of the forearm and the nerve is decompressed where it dives through the ligament of Frosche. Vascular leashes are released as well, making for a much less confined area of passage for the nerve. A light dressing and sling are applied to the arm and the sling is removed once the patient regains feeling in their arm. If comfortable, light activity can be resumed almost immediately, and the patient can shower the next day after the dressing has been removed. Rarely (5% or less of the time), the nerve is slightly damaged during the procedure, but this damage is self-limiting and typically resolves over a short period of time. ●

What exactly is Physical Therapy?

A Question and Answer with Stephanie Taylor, P.T.

What do they do?

Physical therapists are people trained in working with muscles, bones, joints and other soft tissues. They differ from athletic trainers and personal trainers in that physical therapists are specialty trained in rehabilitation and using different modalities (such as exercise, education, etc.) to return patients suffering from injury, illness or disease to their prior level of functioning.

What type of training do they have?

A physical therapist is educated in a 4-year undergraduate program and then 2 to 3-year post-graduate program where they earn a clinical Doctorate or Master's degree. A physical therapist has heavy coursework and training in the anatomy of the human body, biomechanics (how the body and joints move) and therapeutic exercise.

What is the first visit like?

Therapists evaluate their patients (typically after receiving a prescription from a physician) by taking a thorough medical history followed by a structured objective physical (including range of motion, strength testing, and neurological assessment). After a complete evaluation, the

therapist (in collaboration with the patient) set treatment goals and develop a treatment plan to achieve those goals.

How long do you have to go to physical therapy?

Treatment with a physical therapist regularly consists of cardiovascular activity (i.e. aerobic exercise), stretching, strengthening, pain management, manual therapy (i.e. massage), activity management, and patient or caregiver education. Once a patient has met all of the functional goals that were set with their physical therapist, they are discharged from formal physical therapy to continue their home exercise program on their own. ●

Our commitment is to use state-of-the-art facilities, equipment, modalities and techniques to return our patients to their previous level of functioning as quickly and as safely as possible.

Rehabilitation

Physical Rehabilitation plays a vital role in our patients' full recovery.

Our staff of Occupational Therapists, along with our physical therapy services (offered in collaboration with HealthTouch Rehabilitation), provide evaluation, therapeutic treatment and education for our patients and their families. Our commitment is to use state-of-the-art facilities, equipment, modalities and techniques to return

our patients to their previous level of functioning as quickly and as safely as possible. Our rehabilitation programs include Sports Medicine, Hand & Upper Extremity specific, Pediatric Occupational & Physical Therapy, Back and Neck specific, Total Joint Replacement, Occupational Rehabilitation and other

general therapies. Each program is specifically geared towards meeting our patients needs and affording each patient the opportunity to get back to their previous lifestyle.

The Moore Clinic currently has ten staff occupational therapists and assistants and HealthTouch Rehabilitation has nine staff physical therapists and assistants. ●



For more information about our physical rehabilitation program, please call (803) 227-8009 or visit our website at <http://www.mooreclinic.com/Services/PhysicalRehabilitation.aspx>.

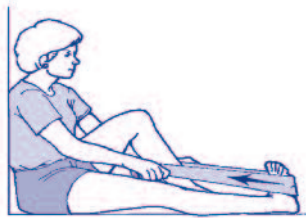


The Youth Center

Severs Disease

By Pamela Olenchuk P.T. (Pediatric/Youth Specialist)

If your child is between the ages of 8 and 13 and complaining of heel pain when they run and/or jump, a possible diagnosis may be Severs Disease. During the pre-adolescent phase of life, growth of the calcaneus (heel bone) is



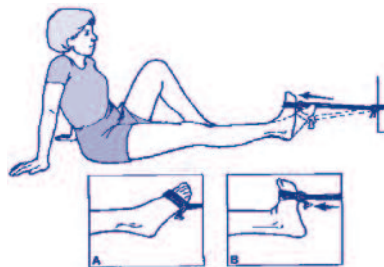
Heel Stretch

Turn foot in a little, and then pull up. Do 4 times.



Hamstring Stretch

Hold for 20 seconds. Do 4 times.



Strengthening Stretch

Insert foot into a strap or belt tied to a post. Flex and release foot slowly 4 times.

taking place at a faster rate than the tendons. As a result, muscles and tendons become tight. The heel area is less flexible and can put increased pressure on the growth plate, causing a high risk of injury, especially in very active youth.

Treatments may vary due to the severity of the disease and your doctor's recommendation, but some treatments are as follows:

- 1) **Cut back on activities causing pain**, but the child may continue with activities like biking and swimming that does not stress the heel.
- 2) **Ice for 15 minutes/ 3 times a day.** Freeze a water bottle and roll the heel over the bottle back and forth (avoid going barefoot).
- 3) **Consult your physician!** The doctor may prescribe heel cups or inserts to place in shoes.
- 4) **Exercise both legs** even if only one of them is involved.

Severs Disease commonly lasts from 2 weeks to 2 months. It is important to continue the stretches even after the pain subsides to prevent further injury. ●

February Employee of the Month Gene Kolb



Gene Kolb

Moore Clinic's Systems Administrator, Gene Kolb, was enthusiastically endorsed by the staff of Moore Clinic for our February Employee of the Month. According to staff members, "Gene is one man doing three people's jobs. Gene is always available and willing to help our staff, whether it's computer related or not. Not only is Gene competent at what he does, he does it with a smile. Gene has worked very hard, especially with the transition to the new facility and always seems happy to do so. He is the BEST!"

Gene is a graduate of the University of South Carolina with a B.S. in Technology Support and Training Management. He also served in the U.S. Army as a Staff Sgt. E-6 from 1993-2002. ●

New Employees

Welcome our newest employees:

- Carla Haworth (MRI)
- Casey Corcoran (Dr. Felmy's Care Team)
- Nelda Caldwell (Dr. Holmes' Care Team)

Employee Birthdays

- Diane MuszynskiMarch 1
- Jessica CornwellMarch 5
- Avril BrownMarch 10
- Kevin YoungMarch 13
- Jenni CaldwellMarch 18
- Denise ViehwegMarch 22
- Phyllis AtkinsMarch 23
- Elizabeth ZetzMarch 25



INTERESTING FACTS:

- March is National Foot Health Month
- Every day is about 55 billionths of a second longer than the day before it, so for those of you who are always saying, "If I only had more time in a day...", you will tomorrow!

