

InterCONNECTION

May 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 and Pediatric Rehabilitation

4721A Sunset Blvd
Lexington, SC 29072
803.227.8000

Ambulatory Surgery Center

104 Saluda Pointe Drive
Lexington, SC 29072
803.227.8000

Our Physicians:

Craig M. Burnworth, M.D.
Kim J. Chillag, M.D.
William T. Felmly, 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.

SCVarsity.com high school football combine

Saturday, May 3rd, The Moore Clinic sports medicine team (consisting of seven staff members) covered SCVarsity.com's All State High School Football Combine at White Knoll High School in Lexington, SC. This combine, the only one of its kind in the state, is the premier high school athletic testing event in South Carolina. It allows for the top football players in the Palmetto state to see where they stand with their peers and provides unbiased and objective statistics from respected professionals in the sports performance training industry. The testing protocol includes testing each participant's 40-yard dash time, pro shuttle time, vertical leap, bench press, height and weight and position skills testing. The system used was developed by SCVarsity.com founder Jim Baxter and Athlete's Arena's Josh Ortegon.

The Moore Clinic sponsored this event to allow for all 315+ athletes to be able to participate FREE of charge, and also provided medical coverage in the event of a sports-related injury or illness. Moore Clinic staff in attendance was Dr. Wendell Holmes, Dr. Craig Burnworth, Robbie Ingle, Chris Greenleaf, Lyndsay Pickens, Susan Buol and Matt Frick. For more information about SCVarsity.com, visit their website at www.scvarsity.rivals.com.



Athletic trainer Chris Greenleaf protects an athlete's lateral ankle ligaments with a supportive tape wrap.



Dr. Holmes examines an injured athlete's hip.

 **MOORE**
— Orthopaedics —

www.MooreClinic.com

A tradition of “cutting edge” orthopaedics

By Sean McNally, CEO



Sean McNally, CEO

In 1928, Dr. Austin T. Moore began his pioneering approach to orthopaedics at a small converted office on Gervais Street in downtown Columbia, SC. Orthopaedic history was changed forever in 1940 when Dr. Moore used the

hip prosthesis that he designed to perform the first hip replacement surgery.

Moore Clinic physicians have continued the same trend of excellence exhibited by its founder over 80 years ago. One of Dr. Moore’s mentees, Dr. Emmett Lunceford, further developed the standard set forth by Dr. Moore by serving on the Federal Food and Drug Administration’s approval committee for new orthopaedic products and designing hip and knee prostheses. Over the subsequent decades, Moore Clinic physicians continued that cutting edge tradition in the field of orthopaedics by being the first to perform arthroscopic ACL reconstruction, meniscal (knee cartilage) transplants and pediatric thoroscopic spinal fusion in the state of South Carolina.

Now with over 100 clinical and administrative employees, eleven physicians, and five physician assistants, the Moore Clinic is in a position to continue as pioneers in the field of quality orthopaedic care for many years to come. ●

A stylized, handwritten signature in black ink, appearing to read 'Sean'.



Highlighted Department Cast techs

A “cast tech,” or orthopaedic technologist, is a specifically trained allied health care individual who assists the orthopaedic surgeon in the practice of medicine. An orthopaedic technologist is an extension of the orthopaedic surgeon and assists in the care of sick and disabled persons. Orthopaedic technologists must have the ability to relate well to other people, be considerate of their medical conditions and be able to communicate with patients in understanding their anxieties and fears. An orthopaedic technologist is familiar with routine office and departmental procedures and is able to perform certain basic nursing functions. An expert in plaster and synthetic cast application, an orthopaedic technologist is responsible for instructing patients about the dangers of this form of treatment. An orthopaedic technologist has

the skill to remove casts with care and fragility, is equipped with the general principles of traction techniques, prepares or sets up specific types of traction requested by the orthopaedic surgeon and is able to assess patients in traction, detect deficiencies in the apparatus and make adjustments as necessary.

In order to become a certified orthopaedic technologist, an individual must complete a NAOT-recognized Orthopaedic Technologist School/Program or have two years of full time on-the-job training in orthopaedics under the direct supervision of an orthopaedic physician, and complete an examination consisting of 150 multiple choice questions. The Moore Clinic presently has four “cast techs” that serve our two main office locations; James Davis, Robert Williams, Odell Thomas and Gary Joiner. ●

What is Femoral Anteversion?

By Pamela Olenchuk

Femoral anteversion is the most frequent cause of in-toeing in children and occurs more commonly in girls than in boys. The femur is the long bone that goes from the hip to the knee. Femoral anteversion is a condition in which the femoral neck leans forward with respect to the rest of the femur, causing the lower leg to turn in. Growing children should have some degree of rotation of the femur; it is considered abnormal only if the rotation significantly exceeds the standard range for a child of that age.

Femoral anteversion is a condition in which the femoral neck leans forward with respect to the rest of the femur, causing the lower leg to turn in.

As the bones continue to grow in this position, some of the muscle groups attached to the femur are put at a disadvantage, causing significant muscle imbalances. One of the muscle groups affected are the quadriceps, which lose ability to eccentrically contract effectively. This makes it difficult to go down steps or squat to the floor in a slow, controlled manner. Some of the muscles of the hips are also weak, causing the knees to bow inwards with stepping up a step or jumping. In active children, this can put a lot of pressure on the knee causing patellofemoral ("knee-cap") pain or instability.

Your doctor may recommend physical therapy for femoral



This step up exercise reveals a patient's knee is turning in when it should be straight.



This patient's hips turn in; instead of in-toeing, she compensates with her lower legs turning out

anteversion. Physical therapy can help by stretching out the tight muscles and strengthening the weak muscles, as well as working on walking, running, and jumping with the proper mechanics. Severe femoral anteversion may require surgery, but in most cases great improvements can be achieved by continuing a good home exercise program, especially during the growing years. ●



Stretch for femoral anteversion. Hold for 30 sec, repeat 3-4 times.

Interesting facts

- May is *National Fitness and Sports Month*
- Right-handed people live, on average, nine years longer than left-handed people.
- No piece of paper can be folded in half more than 7 times.



April new employees

Jane HawfieldDr. Holmes' Care Team
 Lyndsay PickensDr. O'Malley's Care Team
 Jessica HillDr. Fulton's Care Team
 Bridget CooperDr. Presnal's Care Team
 Shannon ViningAmbulatory Surgery Center
 Amy AyersAmbulatory Surgery Center
 Kim WertsOccupational Therapy
 Whitney OxneX-ray

May birthdays

Derek Freshman2
 Bridget Cooper2
 Elizabeth Sharpe3
 Phillip Burr7
 Andrea Benjamin7
 Jessica Hill7
 Melissa Hevia21
 Loretta Heming22
 Lori Smith22
 Whitney Oxner22
 Courtney Morton25
 Sean McNally30

First high school physicals event a HUGE success!

A special thanks to all staff and volunteers who helped make the first of our two high school physical screenings a huge success! Held on April 26th at, and in collaboration with Providence Hospital Northeast's Orthopaedic and NeuroSpine Institute, we saw approximately 400 student-athletes from over 11 different schools. Our next physical screening date is scheduled for Saturday, May 17th at the Moore Clinic Ambulatory Surgery Center in Lexington. For more details, call (803) 227-8159 or visit our website at: www.mooreclinic.com/services/sportsmedicine/schoolphysicals.aspx.

Employee of the Month: Pam Watkins

Pam began working at the Moore Clinic in July of 2001. After graduating from Brookland-Cayce High School, Pam owned a day care business for over 6 1/2 years. She left the day care business to join us at the Moore Clinic. Pam is married and has one son who will graduate from USC next year.

According to her co-workers, "Pam is a wonderful person and friendly voice for patients to speak to when calling the clinic; a perfect 'first impression' for them."