

InterCONNECTION

November 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. Bret Smith, D.O.
W. Alaric Van Dam, M.D.

Moore Clinic is Now Offering Massage Therapy Services

The Moore Clinic is pleased to introduce massage therapy as a new service for our patients. Whether for one of our student-athletes, post-surgical patients or just someone looking to relieve a little stress, massage therapy may be just what is needed to begin feeling better!

Massage therapy is the treatment and practice of soft tissue manipulation with a physical and functional purpose. It has been shown to decrease anxiety and to increase white blood cell count. It has also been proven to be helpful in decreasing blood pressure in people with hypertension, alleviating pain in migraine sufferers and improving alertness and performance in office workers. The Massage Therapists at the Moore Clinic work in concert with our Physicians, Rehabilitation Therapists and Athletic Trainers to ensure the most appropriate treatment. Some common conditions treated by our Massage Therapists are: muscle spasms, muscle contractures, plantar fasciitis, tendonitis, osteoarthritis, fibromyalgia and stress.

Our primary location for massage therapy will be at our Health Touch Rehabilitation location in Irmo. Billing for these services are via self-pay or insurance. Please call our Massage Therapy Line at (803) 227-8144 for a list of insurances and fee schedule for self-pay patients or visit our website for more details. ●



Massage therapy offers relief to the stress and tension of everyday living that can lead to disease and illness.

Let's Be Thankful

By Sean McNally, CEO



Sean McNally, CEO

It's hard to believe that 2008 is almost over. What a wonderful year it has been! When thinking about this time of year, some folks think about hot chocolate, some college football rivalries and others even think "only one

Christmas shopping month left!" One thing that crosses all of our minds, however, is Thanksgiving Day. Thanksgiving for some is a once-a-year time when many of us gather with family; maybe for others it's just another day or so off of work. There are even some of us who dread the hassle that comes with preparing food, packing and traveling.

"The more you praise and celebrate your life, the more there is in life to celebrate."
— Oprah Winfrey

This Thanksgiving decide to make it a time of purely giving thanks. So often, we take for granted the things in our lives for which we should truly be thankful... our parents, spouse, children and friends. Or, what about things outside of ourselves, like a breezy autumn day, this wonderful country and the freedoms it affords, and other blessings?

I want to let you, the Moore Clinic family, know how thankful I am for you. The uniqueness of the personalities, the character and integrity of our people, the skill and ideas and the commitment to excellence in patient care, no matter the sacrifice. Moore Clinic is what it is because of you and for your spirit of servanthood; I am thankful. ●

The Youth Center

Foot on Fire!

Inflammation in Kids' Feet

By Dr. Mark Locke

Foot and ankle injuries are some of the most common conditions affecting the young athlete. In this article we will discuss four conditions I see in kids almost daily.

1. Sever's Syndrome

The heel bone in growing children has an open growth center. This area is prone to stress during growth spurts, especially in active kids. Pain is localized to the heel and becomes worse after activity. Chronic inflammation here may actually represent a stress fracture.

X-rays are useful to rule out a bony cyst. Treatment includes rest, ice, compression and elevation (RICE) with an emphasis of calf flexibility.

2. Plantar Fasciitis

The muscle that runs the length of the foot on the bottom is called the plantar fascia. This is one of the most common running injuries and is usually seen in older adolescents. Pain is present on the heel and through the arch. The first steps in the morning are the worst. Individuals with flat feet may be prone to inflammation. X-rays are generally not needed. Treatment is similar to Sever's, with the addition of supportive shoe wear.

3. Islen's Syndrome

In this problem inflammation is present on the outside of the foot where the peroneal tendon attaches. This is common in 8- to 12-year-olds. Swelling and pain are present and X-rays show the growth center. An ankle brace along with RICE helps.

4. Sesamoiditis

The sesamoids are two pea-size and shaped bones on the bottom of the base of the big toe. They can become inflamed in activities such as dance and ballet. Special X-rays can show these bones and help to rule out a fracture. This diagnosis can be tricky. Accommodative padding and rest are used for treatment. ●



Sport-Specific Conditioning

Getting Fit for Your Sport

By Joshua Ortegon, CSCS
Athlete's Arena Sports Performance

Every sport has specific demands on your body. Whether your sport is a speed and power-dominated sport, or you are an endurance athlete, it is important to understand these demands when attempting to condition your body. Common mistakes in sports conditioning are overtraining aerobic endurance, which will diminish many of the strength and power gains achieved in the off-season, as well as attempting to maintain conditioning levels for too long. Without getting into bioenergetics, here are a few mistakes that occur when training to be "in shape" for your sport:

Mistake #1: Focusing on "steady state" or long distance running to condition for a power sport.

This is one of the most common issues seen when working with athletes. Comments I hear from athletes are, for example: "I play soccer and I run between 3-5 miles in my game. So, to condition I run 5 miles a few times during the week."

Solution: True, you run 3-5 miles in a soccer game, but not continuously and with the same heart rate. Soccer players cover that distance by sprinting, walking, jogging and changing direction and cutting at all angles. Steady state jogging will decrease strength and power gains by stimulating slow twitch fibers and increase chance of injury. Conditioning with intervals similar to your sports demands (example: the average football play lasts 4-6 seconds with 45 second rest) at different distances and heart rates would best get a power athlete (most field and racquet sports) ready for their sport. **Rule of thumb: "Train slow and be slow."**

Mistake #2: Mixing short, medium and long distance sprints within the same workout.

Many athletes attempt to condition by running a wide range of distances (40-400 meters) in the same workout in the attempt to train speed (anaerobic) and conditioning (aerobic) the same day. The demands on the body at the multiple distances are very different. Any benefit other than making the workout difficult will likely not occur. This type of training would be similar to maxing out on squats after doing 3 sets of 20 reps or doing power cleans for sets of 10 reps! Poor technique and injury can occur.

Solution: Pick a goal for that day and work that goal. If it is conditioning, work medium distances with short rest periods. If speed or speed endurance is the goal, work those shorter distances with longer rest periods to allow for recovery and a higher quality of work. **Rule of thumb: "Quality over quantity."**

Mistake #3: Training on the treadmill or surfaces other than the one you play on.

Now, before my email fills up with nay-sayers, let me say this: bikes, rowers, elliptical trainers and other modes of exercises are often used on active recovery days as a low impact form of a light cardiovascular workout. The concern here is the different metabolic demands of these modes of exercises when conditioning and how they differ from the demands of most sports. I will pick on the treadmill. When was the last time the ground moved underneath you when you ran down the football field avoiding would-be tacklers? In sports, we apply force through the ground to overcome inertia and our own body weight. We also accelerate, decelerate (huge in injury prevention) and change direction with precision and accuracy. We should attempt to condition under the same situation we play.

Solution: Condition with agility drills that meet the demand of your sports. We will use tennis for example which has a high rate of injury in young participants. Why would they condition with long, slow distance running or on a machine? Drills that incorporate multiple changes of direction that last 6-8 seconds with a short rest period (15-25 seconds) would be a better way to condition a tennis player! **Rule of thumb: "The Russians used the 'same-same principle.' Train in the same environment in which you play."**

Mistake #4: Attempting to stay in shape or compete all year-round.

This is a huge mistake with athletes who specialize in their sport at a young age and with athletes who play their sport year-round (baseball, tennis and soccer to name a few). Many of these athletes attempt to condition their body to stay in peak shape all year-round which leads to overtraining or over-reaching, injury and sometimes leads to a shorter career. These athletes are referred to as "over-achievers," and in some cases, the same personality trait that makes them desire to work hard is the same trait that makes them successful. I spend most of my time holding highly motivated athletes back to prevent overtraining and very little time pushing them to train hard.

Solution: Plan a period of rest and recovery, strength and performance training, and participation in another sport around your season or most important tournaments. Many of the supporters of Istvan Balyi and the developers of Long-Term Athletic Development take it a step further and focus on developing early stages of a young athlete's career before year-round participation and sports specialization occurs. The rising rate of injury among our young athletes is due to year-round participation, early specialization and an over-emphasis on winning and high performance in young kids. **Rule of thumb: "Plan your work and work your plan."**

These tips can help all athletes participate in their sport at their highest potential without injury. Give it a try!

Athlete's Arena, LLC has a primary location in Irmo, SC. As part of our Sports Medicine team, staff from Athlete's Arena train clients at the Moore Clinic Surgery Center location off of Hwy 378 in Lexington. To schedule an appointment with one of the Athlete's Arena trainers or for more information, call (803) 750-9036. ●



Don't Forget...

On December 5th and 6th, **Dr. Wendell Holmes**, **Dr. Frank Noojin** and **Dr. Craig Burnworth** will be presenting at the Update in Orthopaedic Sports Medicine 2008 Conference here in Columbia, SC. Local therapists, athletic trainers, coaches, and physicians are encouraged to attend. Details regarding CME's and CEU's will be available on our website soon. For more information or to register for this conference, contact Steve Hasterok at (803) 434-4211.

October Employee of the Month

Kay Horton

Kay Horton has been employed by the Moore Clinic for over 32 years. A graduate of Andrew Jackson High School, she was born and raised in the town of Kershaw in Lancaster County. After graduating from high school, Kay attended Midlands Technical College and received a two-year Associates Degree in Radiology. After completing her post-high school training, Kay began work at the Moore Clinic when it was located on Laurel Street. She has worked for the Moore Clinic ever since. Kay has been married to her wonderful husband, Bobby, for four years and enjoys reading, gardening and spending as much time as possible with family.

“Kay is so knowledgeable about everything related to patient care.”

Here is what some of her coworkers had to say about her: “Kay is so knowledgeable about everything related to patient care. She can step in and out of different positions — no matter the care team — and fit in perfectly. She is a dedicated and caring person and, most recently, has been a real asset in getting the new Smith team trained.” ●

October New Employees

- Eric MonschPhysical Rehabilitation
- Lisa HannaSurgery Department
- Marie LeachPhysical Rehabilitation

November Birthdays

- Amanda Pelfrey1
- Linda Gonzalez4
- Teri Zigila8
- Tina Beckman8
- Eric Monsch10
- Alison Shaw12
- Amy Ayers13
- Kelly Brown15
- Courtney Dunlap15
- Tracy Spurlock27
- Melissa Ellington30

Congratulations:

Annette Busbee

Annette Busbee (formerly Moseley) married James Busbee on October 11, 2008. Annette is on Dr. Alaric Van Dam's care team.

Interesting Facts:

- November is National Diabetes Awareness Month
- November is also National Adoption Month