



BACK IN THE SWING: RECOVERING FROM A SHOULDER INJURY

Kyle Thieman was a typical high school student-athlete who loved baseball—a sport he had played since he was a child. As pitcher for the Noblesville High School baseball team, he was looking forward to his senior year and what was sure to be a memorable season.

In typical style for a baseball player, Kyle practiced all year, spending a considerable amount of time honing his skills over the summer.

“I started to notice a painful feeling in my left shoulder,” said Kyle. “It was a popping, catching feeling of dislocation and every time I would swing, the pain was there. It was getting worse and worse, and eventually it was unbearable.”

When the pain became so bad that Kyle could no longer swing a bat, he decided it was time to visit his family doctor, Lee Sredzinski, MD. That visit with Dr. Sredzinski led Kyle to a pair of board certified orthopedic surgeons at Riverview Hospital. Jeffrey Ginther, MD, first saw Kyle and recommended he make an appointment with his colleague, Stephen Jacobsen, MD, who specializes in sports injuries and shoulder issues. Kyle was already familiar with Dr. Jacobsen from a sports medicine clinic he conducts at Noblesville High School.

After examining Kyle's shoulder and reviewing the results of his MRI, Dr. Jacobsen told Kyle he had an injury to a part of his shoulder called the labrum. The labrum is a cuff of cartilage that helps compensate for the shallowness of the shoulder by forming a pocket for the arm bone to move within. In simple terms, Kyle had a tear in the lining of his shoulder socket.

“This injury is common among athletes because of repetitive motion,” said Dr. Jacobsen. “I always aim for the most conservative approach possible for my patients. However, in Kyle's case, surgery was going to be the most effective option for complete recovery.”

So Kyle underwent surgery in September 2012.



"While I was disappointed to have to refrain from any movement in my shoulder for four weeks, I was really grateful to Dr. Jacobsen for thoroughly explaining everything and relieving my pain," said Kyle. "I was so thrilled to get back on track just in time for the upcoming season, and I was devastated when my other shoulder started to hurt during practice."

As Kyle continued to practice, the pain in his right shoulder got worse and he decided to see Dr. Jacobsen again. After a visit with Dr. Jacobsen and an MRI, Kyle was diagnosed with a condition known as internal impingement, which had caused rotator cuff damage.

"A rotator cuff injury includes irritation or damage to the rotator cuff muscles and tendons in the shoulder," explained Dr. Jacobsen. "Rotator cuff damage caused by this condition is being recognized more and more in overhead-throwing athletes, like pitchers. Sometimes, these injuries can heal with limited movement and physical therapy, so we decided to try that approach first."

After extensive physical therapy—paired with rest, medication and later cortisone steroid injections—Kyle was still experiencing pain.

"The inability of our initial efforts to fully heal Kyle's rotator cuff indicated further action was necessary," said Dr. Jacobsen. "We did an arthroscopy of Kyle's shoulder to examine the area on the inside."

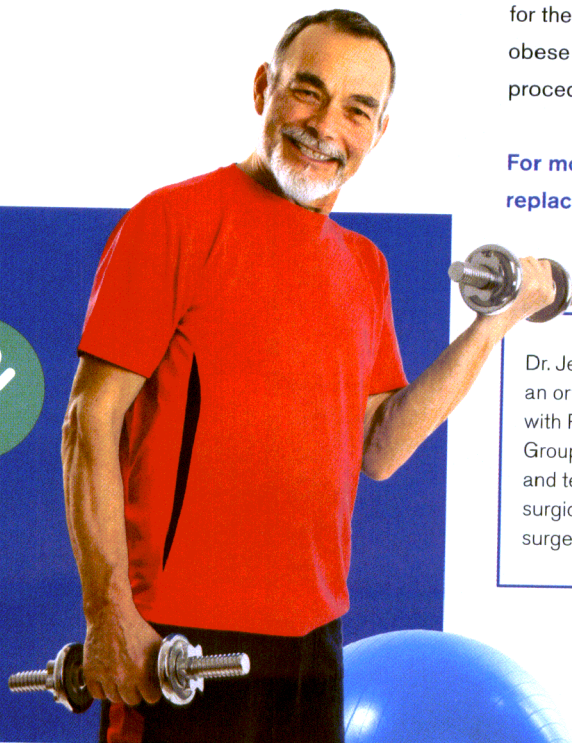
During the arthroscopy—commonly referred to as a scope—Dr. Jacobsen inserted a tiny camera through a small incision so he could view and repair the tissue inside Kyle's shoulder. Dr. Jacobsen found more damage than he anticipated, but fortunately, it was not a complete tear. He made the necessary repairs, and Kyle regained use of his shoulder in just six weeks. He even started back into a throwing regime that included a series of drills intended to replicate aspects of throwing motion.

Despite not being able to return to baseball for his senior season, Kyle successfully completed his rehabilitation and regained enough strength to take a job in landscaping this summer.

"Life sometimes has different plans for us," said Kyle. "I had to learn to live with not being able to play baseball my senior year, and instead be grateful that my pain was gone. My family and I are really thankful for Dr. Jacobsen and his team."

Today, Kyle is a freshman in college and enjoys assisting his younger brother's baseball team.

PICTURED AT LEFT
Kyle was pitcher of his Noblesville High School baseball team until being sidelined by a shoulder injury that required surgery at Riverview Hospital.



Exercising Arthritis

Exercise is vitally important for people with arthritis. It increases strength and flexibility and reduces joint pain. You don't need to run a marathon! Even moderate exercise can ease the pain and help you maintain a healthy weight.



ASK THE EXPERT

Anterior Hip Replacement: A New Approach

Q: What is anterior hip replacement?

A: The anterior surgical approach to hip replacement makes the surgical incision in the front (anterior) of the hip rather than the back (posterior) or side (anterolateral). This surgical approach enables the closest access point to the hip and is the least invasive of all surgical approaches used in total hip replacement.

Q: How does this procedure differ from traditional hip replacement?

A: The anterior approach allows surgeons to preserve the gluteal muscles that attach to the pelvis and femur. Because these muscles are not disturbed, they don't require as much healing time. Patients are able to immediately bend their hip freely and bear full weight. Most people who have this procedure have less pain and return to normal function much faster than traditional surgical approaches. The special surgical table used also allows for better patient positioning for X-rays during surgery, which enables more accurate implant placement.

Q: Who's a candidate for anterior hip replacement?

A: Most patients with severe hip arthritis seeking a hip replacement are candidates for the anterior surgical approach. Extremely obese patients may not qualify for this procedure.

For more information on anterior hip replacement, visit riverview.org.

Dr. Jeffrey Ginther is an orthopedic surgeon with Riverview Medical Group who performs and teaches the anterior surgical approach to surgeons across the US.

