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Welcome to another addition of *Healthy Living*. If you have seen our publication before we hope you enjoyed our past editions. If this is your first exposure to our publication we hope you will find the content interesting and informative. Regardless, we would appreciate your comments and welcome any suggestions on future articles.

Over the past 6 months we have seen changes within our office both from a facilities and a personnel perspective. July 1st we had the opportunity to have Dr. Dennis Bozarth and Dr. Geoff McCullen join our practice. We are excited to have them as a part of orthopaedic surgeon team as we dedicate ourselves to providing excellent orthopaedic care to the patients we serve. We also welcomed their respective physician assistants, Chuck Scholtes, PA-C and Mike Keoebnick, PA-C. As established practitioners many of their current patients have made the move over to LOC and we thank them for their patience during this transition. We look forward to serving their needs in the future. You will find more detail on these four providers in the pages ahead.

In order to accommodate the addition of these providers we did go through a slight modification of our office space to add more exam rooms and open up our front office area. If you have visited the office while those changes were in progress we thank you for your patience while we were "under construction".

Change seems to be the mantra in healthcare these days and it feels like something is being introduced daily that requires us to obtain more information from our patients and to communicate these changes to them. One of the new requirements is a mandated change in our Notice of Privacy Practices (NPP). With the new security requirements under the HIPAA-HITECH we have had to make changes to our NPP that includes statements related to the handling and security of our electronic medical records and other electronic patient protected health information. This change will require that each of our patients be offered our new NPP and to sign an acknowledgment that they have been offered a copy of our new notice. Thank you in advance for understanding our need to communicate and to advise you of these changes.

As the season changes we hope that you will enjoy this edition of Healthy Living and know that we are here and ready to serve you, your family and friends, should the need arise.

Best Regards,

**Doug Wyatt**

*Executive Administrator*
LOC Patient Story:
Mark Pieper and The Pieper Seven

Mark Pieper is an active father, husband, friend and long-time Monsanto employee. He has always had ample energy and drive and likes to be active. He is like a lot of other people who participated in athletics from childhood, and by age 40 Marks’ body would not allow him to do the same things. He always enjoyed hunting, coaching his kids’ teams and walking the corn fields for his job. Once those tasks became painful he and his wife, Michelle, called on long-time friend and orthopaedic surgeon, Dr. Scott Bigelow.

Rewind 30 years and Mark was attending UNL. He traveled back to his hometown of North Platte for Christmas break. While there he and the Bigelow boys were playing a pick-up game of basketball. Mark distinctly recalls making a “great move” on Mark Bigelow during their game and hearing a loud pop. This led to the first orthopaedic surgery on his left knee which was not done by LOC. In the 80’s it was common to be in a cast for eight weeks, after this type of surgery – also was the case with Mark.

After graduating college and marrying his wife Michelle, they moved to Sioux Falls, SD with Marks’ employer at the time, CIWA. In 1992, while playing a softball game, he slid into 2nd base and blew out his right knee. Mark asked Dr. Bigelow for a referral to an orthopaedic surgeon close to
Sioux Falls to perform an ACL repair on his right knee. After this surgery and physical therapy Mark has full function of his right knee again.

By the time Mark was 45 years old his left knee was bone-on-bone causing constant and severe pain. By this time he and his family had moved back to Lincoln. Mark said, “It got so bad by the time I was 50 that I couldn’t keep up with my five kids. I wasn’t able to coach little league or soccer, play sand or court volleyball and I couldn’t even workout.” Michelle and Mark again called on their friend, Dr. Scott Bigelow for his trusted medical opinion. Dr. Bigelow revealed, because of the way Marks’ first knee surgery was performed in 1980, he could operate and do a partial on his left knee and repair his left ACL at the same time. This puts Mark Pieper in a rare category of patient who has had 3 ACL surgeries in their lifetime.

Dr. Bigelow said, “Normally we can’t do a partial if the ACL is torn in that knee. But in Marks’ case we did both the partial knee AND re-repaired the ACL on the same knee at the same time.” Dr. Bigelow added, “That way we could do the partial and I felt that would give him the best long term results given how young he was at the time of his reconstructive procedure.”

Today Mark Pieper is a healthy, happy man and he enjoys the pain free life of patriarch to the, “Pieper Seven”. This is the term used by their close friends and family when referring to his close-knit family. The mother of this clan is Michelle, PA-C their children are; Courtney, 24 and Bernie, 23 both reside in Texas. Isaac, 21 works at Sandhills Publishing and Austin, 20 attends UNL majoring in Psychology. The youngest member of “Pieper Seven” is 13 year old Markus who is very active in soccer, baseball, football and basketball.

Mark and Michelle are very pleased they listened to friend and surgeon, Dr. Bigelow. The only regret Mark has is that he did not have the 3rd knee surgery a few years earlier. Now Mark has taken up golf, returned to hunting, coaching and leading the “Pieper Seven”.

In closing, Dr. Bigelow says, “Partial knee replacement is probably my favorite joint replacement surgery. It is truly minimally invasive arthroplasty, insofar as we only replace the worn out parts of the knee and leave the healthy parts. Patients generally recover quicker, and can have a better functioning knee than a total knee. And with modern implants, the results can be as durable as total knee replacement. Especially for younger and more active patients, it is an attractive option if the patient is an appropriate candidate for the procedure. Of course, we have to evaluate each individual patient to determine the best treatment in their situation.”

If you feel you are a candidate for partial or total knee replacement please contact Lincoln Orthopaedic Center at 402-436-2000.
Unicompartmental knee replacement, also referred to as partial knee replacement, is indicated for osteoarthritis that is primarily confined to one compartment of the knee.

There are 3 compartments in the knee; the medial, lateral, and patellofemoral compartments. By far, the most common unicompartmental knee replacement is the medial compartment. A partial knee replacement does require intact ligaments (or ligaments that can be reconstructed) and not indicated in inflammatory arthritis.

The advantages of this procedure over a total knee replacement includes

- Quicker recovery time
- Better range of motion
- Better function
- Easier revision

The disadvantage of uni-knee surgery is a higher risk of a revision needed, compared to a total knee replacement, in most studies.

In general, it is a minimally invasive knee replacement procedure that replaces only the worn out parts of the knee, not each compartment. It follows the old adage in surgery, “do enough, but not more surgery than is needed.”

If you feel you or a patient you treat could be a candidate for unicompartmental knee replacement please call Lincoln Orthopaedic Center to schedule a consultation with me 402-436-2000.
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Doug Tewes, MD serves as Medical Director overseeing protocols followed by an experienced team of certified athletic trainers who work tirelessly for many schools and communities. Each athletic trainer is assigned a specific school where they provide professional and compassionate care to student athletes. In addition, these athletic trainers provide coverage for a myriad of sports organizations and events in and around Lincoln. To name a few, Midget Football League, Lancaster Youth Softball Association, Lincoln High School Rugby and Lincoln Rugby Clubs.

While they work directly with one or two specific schools, there is a collaborative effort among this group of athletic trainers. If you are in one of the medical tents they work at you quickly pick up on a genuine camaraderie too. Many of them talk daily or weekly and share their work experiences with each other which they are able to use as an advantage for their student and youth athletes, their families and coaches.

Choc Bowen, Athletic Trainer at York High School said, “My role is to provide athletic training coverage to the High School athletes. This makes me visible and provides a great, convenient service to the York community. The biggest benefit is when the Physicians come to York and athletes can be seen locally.”

Wendy Karr, President of Lancaster Youth Softball Association says, “Working with this team of Athletic Trainers has really enhanced what we can do for athletes in the city of Lincoln. They are very knowledgeable and extremely competent. I have trusted my daughters care to them several times in the past few years and have nothing but good things to say.”

Andrew “AJ” Ropers, ATC, works with the athletes of Lincoln Lutheran and Parkview Christian. He said, “I am there to provide immediate, professional care to injured athletes and to help them return to play as fast and safely as possible. I also provide the needed support to continue participation in athletics.”

Lincoln Orthopaedic Center physicians support this team of certified athletic trainers by providing Saturday Sports Clinics each Fall. This allows them additional hours to send injured athletes to be seen by one of our physicians. Saturday clinic hours are 8-10:30am from August 30 through October 26.

If you are interested in learning more about these certified athletic trainers please go to: www.ortholinc.com/medical-team/athletic-trainer
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Director of Sports Medicine Outreach

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Waverly Public Schools

CHOC BOWEN, MAT, ATC
Athletic Trainer
York Public Schools

TERRY ADAIR, LAT, ATC
Athletic Trainer
David City Aquinas
David City Public Schools

TIM TOMMERUP, ATC
Athletic Trainer
Wahoo Public Schools

ANDREW “AJ” ROPERS, MA, ATC
Athletic Trainer
Lincoln Lutheran
Parkview Christian

MEGAN NEEMANN, ATC
Athletic Trainer
Lincoln Christian
Parkview Christian
With the incidence of concussions on the rise across the country, it is important to understand all aspects of the injury so patients receive proper care and can return to their activities of daily living.

According to the Center for Disease Control (CDC), a concussion is defined as a type of traumatic brain injury caused a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a blow to the body that causes the head to move rapidly back and forth.

Signs of a concussion, which can be observed by others:
- Appears dazed or stunned
- Confused
- Forgets an instruction
- Unsure of surroundings
- Unsteady on feet
- Slow with responses
- Loss of consciousness
- Changes in mood, behavior, personality
- Short and/or long term memory loss

Symptoms of a concussion reported by patients:
- Headache
- Dizziness
- Nausea or vomiting
- Vision problems
- Sensitivity to light
- Sensitivity to noise
- Mentally foggy
- Memory problems
- Confusion

You cannot see a concussion and some patients may not experience or report symptoms until hours or days after the injury. Most people with a concussion will recover quickly and fully. But for some people, signs and symptoms of a concussion can last for days, weeks or longer. Each individual concussion is unique in its recovery time. As long as the number and severity of symptoms is decreasing, no further referral is necessary. If symptoms remain steady or worsen, then referral to a TBI (traumatic brain injury) specialist is warranted.

TBI specialists include:
- Neurologist
- Neuropsychologist
- Physiatrist
- Neuropsychiatrist

Patients must not return to rigorous activity if any post-concussive signs or symptoms are present. When signs or symptoms are no longer reported or experienced a patient may slowly and carefully return to their daily activities (both physical and cognitive).

At Lincoln Orthopaedic Center, a five day, return to play protocol is followed for the athlete. The protocol is recommended by the Prague Concussion Conference:

- **Day 1:** Walking for 20-30 minutes at a rate of 2 ½ miles per hour, target heart rate approximately 40% maximum.
- **Day 2**: Jogging for 20-30 minutes target heart rate 40-60% maximum.

- **Day 3**: Running for 20-30 minutes and agility drills target heart rate 60-80% maximum.

- **Day 4**: Performing sports specific practice drills target heart rate 80-90% maximum.

- **Day 5**: Maximum exertion-Return to contact sports.

If headaches or other symptoms occur during any step, stop immediately. The athlete should then wait 24 hours and start at the previous level.

If you or someone you know displays any of the concussion symptoms outlined in this article, please contact your school athletic trainer or primary care physician office for a referral to the proper healthcare professional.

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**References**

- [www.neurosurgery.pitt.edu](http://www.neurosurgery.pitt.edu)  
  *University of Pittsburgh*

- [www.cdc.gov/concussion](http://www.cdc.gov/concussion)  
  *Center of Disease Control*

- [www.braininterrupted.org](http://www.braininterrupted.org)  
  *TBI Site*
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- **Charles Scholtes**
  - Physician Assistant
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- **Mike Koebernick**
  - Physician Assistant
  - Dr. Geoffrey McCullen

**All Lincoln Orthopaedic Mid Level Providers have completed intensive training and education in an accredited program and are certified in their areas of expertise.**
Lincoln Orthopaedic Center Welcomed New Providers July 1st

Lincoln Orthopaedic Center (LOC) welcomed two established orthopaedic surgeons to its practice; Dennis Bozarth, MD and Geoffrey McCullen, MD.

Dr. Matt Reckmeyer, President of LOC, said, “We are pleased to welcome Dr. Bozarth, Dr. McCullen, Chuck Scholtes, PA-C and Mike Koebenick, PA-C to our medical staff. These two surgeons and their physician assistants are well established and highly respected in Lincoln and the state. Our medical team is happy to have them practicing at Lincoln Orthopaedic Center.”

Dr. Bozarth joined Lincoln Orthopaedic Center with over 25 years of experience in orthopaedics. He focuses on returning individuals to an active and productive lifestyle. He specializes in the care and treatment of individuals with workers compensation injuries. He also performs evaluations related to medical-legal issues and has taken specialized courses regarding these evaluations. He is certified in the evaluation of disability and impairment ratings from the American Association of Disability Evaluating Physicians.

In addition to his practice in Lincoln he also travels to York and Crete to provide orthopaedic and workers compensation care to these and surrounding communities.

Dr. Bozarth was born and raised in Lincoln and attended Nebraska Wesleyan University. He attended University of Nebraska Medical Center followed by a residency in orthopaedics at West Virginia University. He is a board-certified orthopaedic surgeon.

Dr. Geoffrey McCullen has over 18 years of dedicated experience in spine care evaluation and treatment. His focus is providing comprehensive evaluation and detailed discussion of the issues and options for each patient.

Educated at Williams College and graduated with honors from Case Western Reserve University School of Medicine. He then went on to his residency in orthopaedics at Dartmouth Medical School in New Hampshire and a fellowship in spine surgery at State University of New York.

Dr. McCullen was active duty as Chief of Spine Surgery for the US Naval Medical Center in San Diego. Most recently, Dr. McCullen received a Masters of Science in Health Care Delivery in 2013. He is a board-certified orthopaedic surgeon.

Dr. Vande Guchte said, “The LOC Spine team which includes, Dr. McCullen and myself, will collaborate to continually develop relationships in Lincoln and Southeast Nebraska. Our efforts and energy will be focused on patients who need comprehensive spine care.”

In addition to his practice in Lincoln, Dr. McCullen provides spine care and evaluation in Hastings, Columbus and surrounding communities.

Lincoln Orthopaedic Center was pleased to add to its team of mid-level providers as well.

Charles “Chuck” Scholtes, PA-C hails from Ainsworth, NE. He has been practicing orthopaedics for 29 years.

Mike Koebenick, PA-C is from South Sioux City, NE. Mike has been a practicing physician assistant in orthopaedic spine care with Dr. McCullen for 13 years.

Lincoln Orthopaedic Center provides orthopaedic, spine and sports medicine care for individuals in Lincoln and Southeast Nebraska.

For more information about Dr. Bozarth or Dr. McCullen, Charles Scholtes, PA-C and Mike Koebenick, PA-C please visit our website www.ortholinnc.com. For an appointment please call 402-436-2000.
Lincoln Orthopaedic Center (LOC) was proud to introduce Linda Tegler, RN as its new Surgery Center Manager.

Linda joined LOC in June 2013 as the Surgery Center Manager. In this role she manages LOC’s two suite surgery center, its staff and operations.

Doug Wyatt, LOC Administrator said, “We are pleased to have Linda on the LOC team. Linda’s nursing and management experience give her a strong understanding of LOC surgery center operations, staff and patient care needs. She is a great communicator which is a necessity in the manager role.”

Linda grew up in Seward where she still has family. She graduated from Seward High School before attending Nebraska Wesleyan University and Bryan School of Nursing.

Linda began her nursing career at Bryan Hospital in 1982. Initially, she worked on the floor in a variety of areas including general medical and surgical, neurology and renal units. She advanced to the role of Charge Nurse then to Assistant Manager of a renal unit. Next, Linda earned the title of Utilization Management Coordinator for all areas of BryanLGH Hospital’s two locations including the chemical dependency and mental health areas.

Most recently, Linda was the Assistant Manager of Care Management of the hospital, chemical dependency and mental health areas at Bryan Health. This role included responsibilities such as authorization of services, reimbursement and working closely with social workers in the department for discharge planning and problem solving for a large array of clientele.

Linda has two children. Mikayla is an Administrative Tech for an advising center at UNL. David is starting his second year at Concordia University studying graphic arts.

She enjoys getting together with family, friends and neighbors when she has free time. She also likes working in her yard, attending sporting events, visiting vineyards and listening to local music. Linda also volunteers with a grief group at her church and for Clinic with a Heart.

Linda said “I look forward to learning more about healthcare in the private sector and getting to know additional resources in our community. We have a great team of physicians and staff at LOC and I’m confident in their vision to move forward and meet the needs of our patients in Lincoln and the surrounding areas.”

For more information about Linda Tegler and Lincoln Orthopaedic Center Surgery Center please visit our website https://www.ortholinc.com/surgery-center or find us on facebook.

LOC Added Sabrina Reed to Spine Team

Sabrina Reed, RN, BSN, APRN-NP joined the expert medical staff of Lincoln Orthopaedic Center in January 2013. Sabrina will primarily work alongside Dr. Robert Vande Guchte in his spine and orthopaedic practice.

Dr. Vande Guchte said, “I am very pleased to have Sabrina join us. She has demonstrated excellent rapport with patients. Her clinical expertise and energy will continue to be a great asset to LOC’s spine practice.”

Sabrina has worked as a Nurse Practitioner in Internal Medicine. She obtained her Master Degree in Nursing with Certification as a Family Nurse Practitioner at the University of Nebraska Medical Center in 2008. Prior to her Master’s Degree she received her Bachelor’s degree from the University of Nebraska Medical Center as well. Sabrina is a native of Crawford Nebraska and grew up on a ranch.

Sabrina is a member of Nebraska Nurse Practitioner Association and the American Academy of Nurse Practitioners and is Board Certified by the American Academy of Nurse practitioners.

To schedule an appointment please call 402-436-2000. To find out more please visit our website www.ortholinc.com
Pars Fracture in Athletes: 
When Pain is more than a Strain

By: Geoffrey McCullen, MD, MS
Mike Koebernick, PA-C

CLINICAL SCENARIO
A 15 year old male presents to office complaining of back pain for 2 weeks that began during a summer athletic camp. There is no history of significant trauma, no fall. The pain began after a typical weight lifting session. He initially noted some mild discomfort but the pain increased with activities. He went to work “detasseling” but had a hard time making it through the day due to pain. The patient sees you the next day. The neurological exam is normal. There is no palpable deformity over the lower spine. The hamstrings are tight.

DISCUSSION

Everyone has experienced back pain, whether as a patient, a family member or as a practitioner seeing a patient. Everyone will agree: New onset back pain can be very frustrating and challenging.

“What is the diagnosis, cause and the most appropriate treatment?”

In most cases we reassure the patient that the symptoms are self-limiting and typically will go away within a few weeks with activity modifications.

But, with the onset of each new school year and the participation in youth sports we see an uptick in young adults and children presenting with back pain. Patients, families and coaches want solutions to get their child back in their chosen activity. Fortunately, the most common cause of back pain in children and young adults is musculoskeletal strain that resolves with time. However there are occasions for greater concern when pain fails to improve within a few weeks.

DIAGNOSIS

A “pars” fracture or “spondylolysis” (fig 1) occurs in 3-6 % (1) of general population and is a fracture between L5 and S1, occurring in the small “bone bridge” between the L45 facet joint and L5S1 facet joint known as the pars interarticularis. It can occur unilaterally or bilaterally.

The mechanism is usually secondary to excessive extension or axial load and repetitive trauma. In sports such as football, volleyball or gymnastics, tackling, diving after a ball or weight training can cause overload of the “pars” and result in fracture.

Pars fractures are typically diagnosed in teenage athletes with pain recalcitrant to time, rest and conservative care.

When a teenage athlete initially presents with back pain it is...
reasonable to assume it is simply low back strain. Treatment can consist of activity modification, rest, NSAIDs and a trial of physical therapy.

If the pain persists after 3-4 weeks x-rays can be obtained looking for evidence of a pars fracture classically described as the area of the collar on the “Scotty dog” as seen on an oblique lumbar view (fig. 2).

If the X-rays are negative but clinical suspicion is high then a referral could be made for imaging with either a CT scan or MRI. MRI could show edema (a “high” T2 signal) within the area of the pars or pedicle if there is an acute fracture. A negative result however does not rule out a fracture. CT scan is the most definitive method to diagnosis the fracture (fig. 3) but even on a CT scan a subtle fracture (fig. 4) can be difficult to appreciate.

**TREATMENT**

*Nonsurgical*

The first course of treatment for a pars fracture is activity modification and bracing. If currently participating in a sport we recommend no contact or impact activities for 3 months and the use of a LSO (Lumbosacral Orthosis) brace. The athlete can participate in aerobic conditioning using a stationary bike, elliptical trainer, stair stepper or by swimming. The goal is to diminish excessive stress, motion and torque on the segment to help maintain anatomic alignment and promote healing while keeping some degree of cardiovascular fitness.

Studies (2, 3) have classified fractures into three categories (early,
progressive and terminal) depending on the radiographic appearance on CT and MRI (Figure 5). Basically, the earlier the fracture is identified and the smaller the fracture gap, the more likely the fracture will heal with 3 months of bracing and activity modification. Those with a wider gap and sclerotic changes at the fracture have a very low chance of healing.

After three months of brace treatment, a new CT is obtained. If there is good evidence of interval healing, the patient may begin aerobic conditioning as well as core and paraspinal strengthening with a therapist. If they are tolerating this after 2 weeks they may begin to slowly engage in running activities with a gradual resumption of their desired sport within 4 weeks if they are pain free.

Those who don’t heal are at more risk of developing degenerative changes within the disc and possibly spondylolisthesis (a slipping forward of the vertebral body) that can lead to chronic mechanical back pain.

We typically recommend that athletes with pars defects and pain do not participate in contact sports. Playing vigorous contact sports always carries risks, but teenage athletes may reasonably participate in sports if they have a “terminal” pars defect radiographically, are pain free and accept the risks of participation. For those people who continue to play despite the pars defects, only time will tell what the long-term impact may be.

Surgical

Unfortunately, some patients fail to heal the fracture and go on to a “non-union” of the pars. The next step after this depends on the patient, their symptoms and radiographic findings. If the patient is pain free they can go back to normal activities but must be counseled on the long-term risks of possibly developing back pain, nerve compression or spondylolisthesis.

In a patient with persistent back pain and non-union, they have the option of living with the pain, continuing activity modifications or proceeding to surgical treatment. The two surgical options are lumbar fusion or direct pars repair. Fusions bind together the L5-S1 motion segment permanently and do change the motion dynamic of the low back. Fusion is typically performed from a posterior approach and may or may not involve use of pedicle screw instrumentation. Fusions can also be performed via an anterior/retroperitoneal approach. Both approaches have pros and cons associated with them. Usually, after discussion, we typically recommend the posterior approach.

Pars repair (bone grafting and instrumentation to secure the pars defect directly) is also an option for some select patients. Classically, attempting a solid pars repair had poor outcomes (ref 5), therefore fusing the segment became the more standard treatment. Recently, newer techniques using compression screws as well as intraoperative navigation for accurate screw placement has allowed us to once again attempt to perform a pars repair with the potential of a higher success rate. (Figure 6) (ref 5,6,7)

CONCLUSION

Pars fractures may occur in teenage athletes and should be considered in the differential diagnosis for continuing, functionally limiting back pain. Activity modification and bracing is the first method of treatment. If after three months, the fracture has not united and there is continuing pain with functional limitations, options could include surgical fusion or pars “repair” depending on the symptoms, the radiographic results and the patient/families preferences.

For more information about Pars Fractures or other spine questions please contact Dr. McCullen or Dr. Vande Guchte at Lincoln Orthopaedic Center at 402-436-2000.

References

2) J Bone Joint Surg Br February 2009 vol. 91-B no. 2 206-209
3) J Bone Joint Surg Br July 1995 vol. 77-B no. 4 620-625
5) Am J Orthop (Belle Mead NJ). 2013 Feb;42(2):72-6
6) J Spinal Disord Tech. 2012 Oct 16
LOC Sports Medicine Program is proud to support these teams:

- Waverly Vikings
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Many seniors enjoy active lives with little or no pain. There are also many seniors who begin a descent to an inactive lifestyle because they suffer from spine or joint pain.

Jo Thomas can relate, her slow decline began with minor back pain. Over time, the pain deterred her from doing household chores without careful planning. She could only do a few at a time with rest in between. Next, her leg and back pain halted her regular walks and independent trips to the grocery store. Jo would not go without her husband for fear she would fall when the pain became unbearable.

Unfortunately, one day while running errands Jo did fall. The next day she scheduled an appointment with Dr. Robert Vande Guchte at Lincoln Orthopaedic Center (LOC). He told her she had a degenerative disc and spinal stenosis which was the cause of her back and leg pain. After her initial appointment at LOC, Jo and her husband both knew she had no other option than to undergo spine surgery if she wanted to regain her independence and activity.

Before and after any major surgery comes physical therapy to better prepare patients and to help rehabilitate them. Jo made a choice to use Midwest Physical Therapy due to location, therapy options and reputation.

Jo found comfort knowing her physical therapists would have direct access to discuss her case with Dr. Vande Guchte. Jo said, “One of the other things that made me choose Midwest Physical Therapy was the fact that they offered both land and water therapy. Not many places offer both types of therapy and I do think water therapy is important.”

Jo’s spine surgery was successful and she began post-operative physical therapy 90 days afterward. During her initial days of post-operative therapy it was suggested Jo continue land therapy with Darci Fanning, PT and add aqua therapy with Roxie Tesmer, PT. This was appealing to Jo because she likes the water and she knew it would help her regain an active life even quicker.

Jo said she learned many important techniques from her two physical therapists that have helped her since surgery. "Roxie stressed to walk heel, toe and we practiced that in the pool", Said
Jo. They also taught her how important it is to bend your knees instead of your back when doing household chores. Darci impressed upon Jo how her stomach muscles protect her back and if Jo did her home exercises the recovery time should be decreased.

After five months of land and water therapy and continued home exercises, Jo looks forward to traveling to see her family more often. She is very thankful for the team at Midwest Physical Therapy and the spine team at LOC. She would recommend them to anyone undergoing joint or spine surgery.

In closing, Jo wants others out there who may be suffering from spine or leg pain to remember, “Being active and exercising your muscles is good for your general well-being and it’s a must if you want to recover from surgery. Listen to your therapists.”

If you would like to schedule an appointment with Midwest Physical Therapy please call 402-436-2535. For more information about Midwest Physical Therapy services and physical therapists please visit their website: www.midwestphysicaltherapy.com

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The hand is one of the most important aspects of the human anatomy. It is a complex tool that can provide precise, fine motor control (as in threading a needle) as well as generate tremendous power and strength (as in opening a tight jar or gripping and holding very heavy objects). This capability enables us to perform a variety of tasks in our everyday life.

The hand is comprised of a complicated network of tendons, ligaments, muscles, and bones that, when working properly, produce the smooth transition of opening (extension) and closing (flexion) of our fingers. This is a relatively simple movement that we take for granted…until something happens that can lead to debilitating hand usage. A very common condition that decreases normal hand function is known as Trigger Finger.

**TRIGGER FINGER DEFINED**

A trigger finger, which can affect one or more digits, involves the “catching” or “locking” of a finger as it moves.

Powerful tendons in the hand and fingers control the flexion (bending) of the fingers, as in clenching a fist, as well as straightening of the fingers. These tendons must pass through a series of pulleys in the fingers and hand. These pulleys vastly improve the efficiency of the tendon pull (similar to line passing through the eyelets of a fishing pole).

Irritation to the tendon or the pulleys can cause inflammation and swelling that causes an abnormal tendon glide. The result is a tendon that cannot pass freely within these pulleys, similar to a large truck that is unable to pass under a small bridge.

**SYMPTOMS**

People with trigger fingers generally complain of a “catching” or “clicking” sensation in a finger or palm of the hand. Though some people have pain, in most cases the major problems are stiffness and the disruption of normal hand function. This stiffness and triggering of the fingers occur most commonly after periods of inactivity, frequently occurring in the early morning.

In more severe cases, the affected digit will completely lock into the palm as the irritated tendon is unable to pass thru the palmar pulley. Patients with a trigger finger may also detect a lump or area of discomfort in the palm of the hand.

**CAUSES**

Trigger fingers are found more frequently in individuals 40-60 years of age, women, diabetics, and those suffering from rheumatoid arthritis. People who use their hands in repetitive job tasks, handle vibrating tools, or perform tasks that require forceful, wide gripping can be at risk as well. In some instances, the cause of the condition cannot be identified.

**TREATMENT OPTIONS**

Treatment for trigger finger depends upon the severity of the symptoms. In milder conditions, medication or an anti-inflammatory injection may be recommended by your physician to ease the irritated tendon/pulley relationship and help promote a more normal tendon glide. Commonly, patients are also referred to a hand therapist for treatment. This therapy program can include specific tendon gliding exercises and, in some cases, a small finger splint to prevent triggering. Together, the medication and therapy can provide effective, long-lasting results for many patients with mild symptoms.

As is the case with most medical conditions, early diagnosis and treatment remains the critical element in the effective treatment of trigger finger. Early intervention provides patients with more alternatives for treatment and a faster return to normal activity. If you are experiencing symptoms consistent with the trigger finger, do not hesitate to contact your physician for diagnosis and treatment.
Healthy Bones

Aging is a part of life; bone disease and fractures (broken bones) need not be. By focusing on prevention and lifestyle changes, you may significantly reduce your risk of osteoporosis (weakened bone) and fracture in the future.

Bones provide a framework for our bodies to perform all activities. They also protect our vital organs, such as brain, heart and lungs. Ways to increase bone health and minimize risk of fracture include adequate nutrition, exercise, not using nicotine, and minimizing the risk of falls.

NUTRITION

● Consume adequate calcium. The requirement is different for each age group. The requirement is highest for teens and adults over 50 at the equivalent of four 8-oz glasses of milk per day. An average adult needs the equivalent of three 8-oz glasses of milk per day. Fortified cereals and orange juice also provide calcium.

● Consume adequate vitamin D. The requirement for vitamin D increases as we age. Our bodies produce vitamin D from sunlight. Seniors who do not get much sunlight may need to use supplements to obtain enough vitamin D.

● Limit alcohol intake to two or less drinks per day. Excessive alcohol use may weaken bone.

● Limit caffeine intake to three or less drinks per day. Caffeine is also known to weaken bone.

EXERCISE

● Bones increase their strength with regular weight-bearing and strength-training exercise. Activities include walking, tennis, dance, jogging, and weight lifting. Exercise at least 30 minutes daily.

DO NOT SMOKE

● Nicotine is known to weaken bones and interfere with fracture healing.

PREVENT FALLS IN THE ELDERLY

● Remove small rugs or other objects that may cause tripping, and maintain adequate lighting in the home. Wear supportive non-slip shoes. Begin exercises that help coordination and balance such as dancing or pilates.

By following the recommendations listed, you may reduce your risk of a fracture. Keep your bones healthy: spend your time and money on something you enjoy rather than treating a preventable fracture resulting from weak bone.

Reference


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Outreach Clinic Locations

Auburn Outreach Clinic
Nemaha County Hospital
2022 13th Street
Auburn, NE 68305
Phone: (402) 274-4366

Beatrice Outreach Clinic
103 S. 9th Street
Beatrice, NE 68310
Phone: (402) 228-5969

Central City Outreach Clinic
Litzenberg Memorial County Hospital
1715 S. 26th St.
Central City, NE 68826
Phone: (308)946-3015

Columbus Outreach Clinic
Columbus Community Hospital
4508 38th Street, Ste. 133
Columbus, NE 68601
Phone: (402) 436-2000

Crete Outreach Clinic
Crete Area Medical Center
2910 Betten Road, Crete, NE
Phone: (402) 826-2102

David City Outreach Clinic
Butler County Health Care Center
Outpatient Department
372 South 9th Street
David City, NE 68632
Phone: (402) 367-1265

Hastings Outreach Clinic
Central Nebraska Neurology
2727 W 2nd Street, Ste. 340
Hastings, NE 68901
Phone: (402) 436-2000

Henderson Health Care Services
1621 Front Street
Henderson, NE 68371
Phone: (402) 723-4512

Marysville Outreach Clinic
Community Memorial Healthcare
708 N. 18th Street
Marysville, KS 66508
Phone: (785) 562-2314

Seward Outreach Clinic
Memorial Hospital
300 N. Columbia Avenue
Seward, NE 68434
Phone: (402) 643-2971

Tecumseh Outreach Clinic
Johnson County Hospital
Specialty Clinic
202 High Street
Tecumseh, NE 68450
Phone: (402) 335-6372

Wahoo Outreach Clinic
Saunders Medical Center
1760 Country Road J
Wahoo, NE 68066
Phone: (402) 443-4191

York General Specialty Clinic
York County Hospital
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