

# OAK *Sports Medicine*

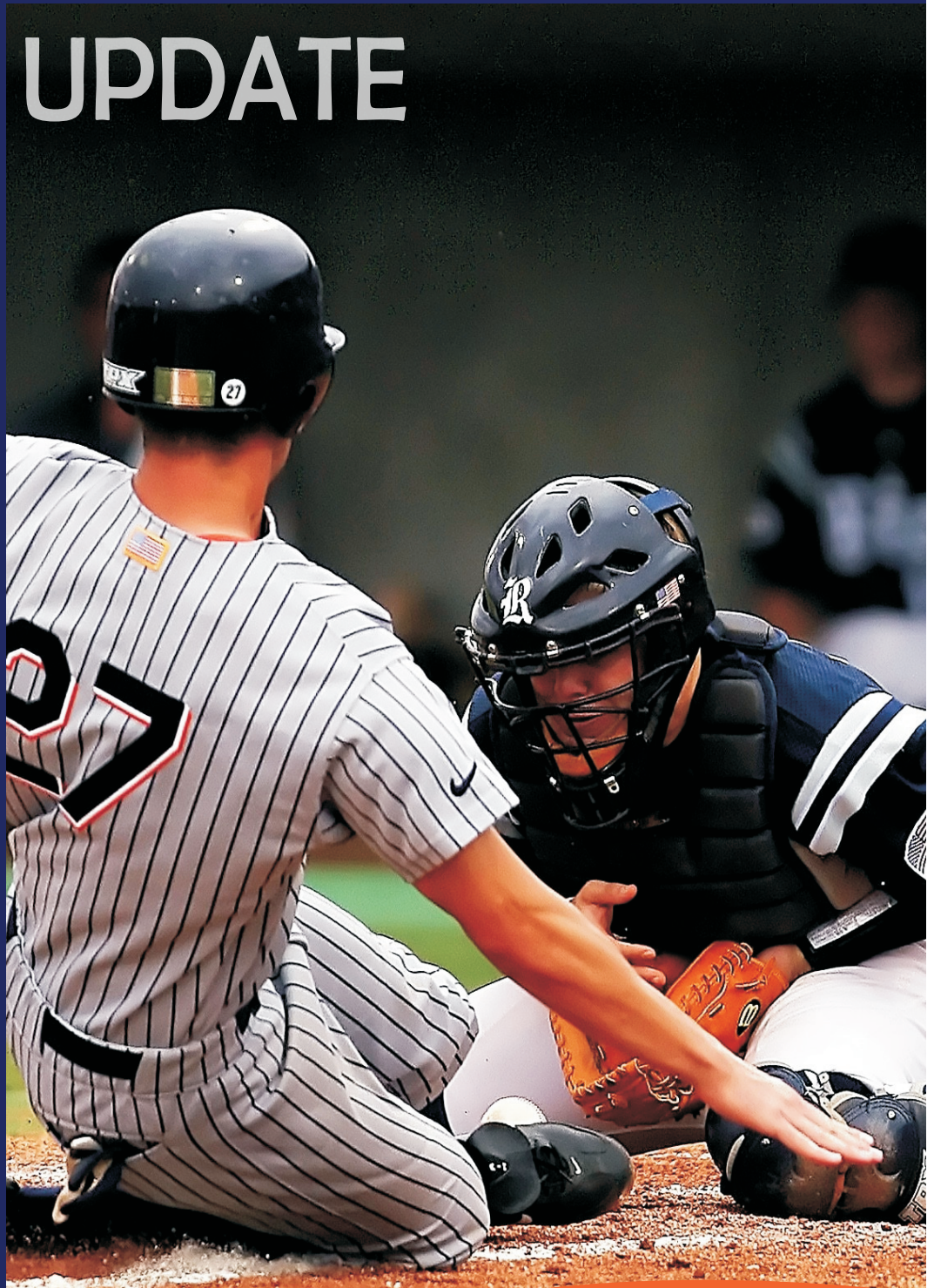
## UPDATE

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Phone (815) 469-3452

**WATSEKA**

200 Fairman, Watseka, IL 60970  
Phone (815) 432-7722

**EDITOR**

Carey E. Ellis, M.D.

**PUBLICATIONS COMMITTEE**

Carey E. Ellis, M.D.  
Mark N. Sutton MA, ATC/R, CAA

**CONTRIBUTORS**

Michael J. Corcoran, M.D.  
Eric L. Lee, M.D.  
Kermit Muhammad, M.D.  
Mark N. Sutton MA, ATC/R, CAA

**PRINTING**

Printwerk Graphics & Design

OAK Sports Medicine Update is a publication of OAK Orthopedics. This newsletter is intended for those healthcare professionals, coaches, and athletic directors who are interested in the diagnosis, prevention, treatment and rehabilitation of sports injuries.

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[msutton@oakortho.com](mailto:msutton@oakortho.com)



## IMMEDIATE ORTHOPEDIC ACCESS

At OAK Orthopedics, we know that injuries don't fit into anyone's schedule.

With our new Immediate Orthopedic Access clinic, you can be seen the same day you sustain an injury, which saves you on cost and time by skipping the ER.

We treat a variety of orthopedic injuries, including:

- Dislocations
- Fractures/broken bones
- Sports injuries
- Sprains and strains
- Work injuries

### Walk-ins welcome. No appointment necessary.

Monday – Thursday: 10:00 a.m. – 7:00 p.m.

Friday: 10:00 a.m. – 5:00 p.m.

Saturday: 9:00 a.m. – 12:00 p.m.

**Bradley**

400 S. Kennedy Drive, Suite 100  
Bradley, IL 60915  
**(815) 928-8058**

**Frankfort**

19552 S. Harlem Avenue  
Frankfort, IL 60423  
**(815) 469-3452**

# The Changing Face of Healthcare

**Michael J. Corcoran, M.D.**  
OAK Orthopedics



**Michael J. Corcoran, M.D.**

The face of healthcare continues to change. It seems to get more complicated every day. The business of medicine is a conundrum of alphabetsoup: DRG, HMO, PPO, MIPS, EMR, CPT.... and the list continues. Governmental bureaucracy and regulatory oversight continues to suffocate all providers. Audits with outrageous penalties have stifled multiple practices for "wrong coding" ....the problem is the number of codes continues to grow at an exponential rate. Insurance companies continue to make billing more and more difficult with mountains of "red tape" needed before a procedure can be approved. Some insurance carriers require a 7-day grace period before you can order an MRI!?

Many independent physician practices, such as OAK, struggle to wade through the quagmire of the absurd rules and regulations. Practices have been required to implement expensive and grossly inefficient EMR (electronic medical record) systems. Registration and the ability to view x-rays, MRIs & Labs are all dependent on the computer. What used to take a second to put an x-ray up on a view box now takes 20 clicks on the computer to hopefully find and view the image.

Independent providers are being squeezed by larger corporate health care systems. Its mind boggling to me that insurance companies will pay for a procedure at 3, 4 or 5 times the rate of an ambulatory surgery center to be done in a hospital setting! The same absurdity applies to diagnostic tests such as CTs and MRIs. These corporate entities are not run by the medical providers. Big medicine is big business. The University of Pittsburgh Medical Center made \$948 million in profits from 2011-2012, yet the hospital is considered not-for-profit? That equates to a state and federal tax break of over \$200 million!

OAK physicians have taken great pride in being good community stewards. Many of our providers can be found on the sidelines of multiple sporting events volunteering their time and expertise. Our physicians volunteer to cover free clinics in our community. I and all of my partners have waived our professional fees hundred of times to accommodate patients with special circumstances. Our providers have been involved with multiple medical missions and disaster relief efforts. In spite

of the impersonal, over-regulated system we are forced to live in, OAK still does everything in its power to take care of our patients and the community.

My point to the above rant is to try to explain how these changes in healthcare make taking care of the patients and athletes more challenging. I used to see an athlete and not worry about getting insurance approval. I would order whatever diagnostic test was needed so we could hopefully get them treated and back to playing as soon as possible. For the most part I think we have still done an exceptional job in accomplishing those goals.

Many times, the insurance companies do everything in their power to delay or deny access to care. OAK has instated a very affordable MRI program forgoing insurance approval. Our scanner is state of the art and is the same scanner utilized by the Chicago Bears during training camp with radiology interpretation from the same radiologist who reads for the Bears. To better serve our community, OAK has always had Saturday morning clinics with a recent addition of Ortho Access with walk-ins welcome and hours expanded during the week.

I doubt healthcare will get less complicated in my lifetime. Be rest assured that OAK has been in this community for 75 years and will continue to provide exceptional orthopedic care into the distant future.



*Many of our providers can be found on the sidelines of multiple sporting events volunteering their time and expertise.*



*Dr. Puri volunteering at the Azzarelli Clinic in Kankakee.*



*Relief effort for Hurricane Katrina. Volunteers from left: Dr. Gary Morsch, Brian McCaskey, Leo Swift, Steve Williams, Dr. Joe Scott, Dr. Eddie Jones, Nick West and Dr. Cary Ellis.*



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# Lower Extremity Stress Fractures

**Eric L. Lee, M.D.**  
OAK Orthopedics



**Eric Lee, M.D.**

Many runners will tell you that spring is their favorite time of the year. The weather has warmed making running outside much more enjoyable, and if they have chosen to run indoors on a treadmill all winter, they cannot wait to get outside and run in the fresh air. Indeed, here in the Lincoln-Way area, the Old Plank Trail sees a noticeable uptick in running traffic in the spring. As runners return to running outside, they often extend their runs and increase their training distances, especially if they have late spring or summer races planned. For the runners or joggers who just enjoy the exercise and are not in it for the competition, they too often find themselves extending their running distances in the spring, enjoying the more pleasant environment. With this increase in distance however, comes the risk of added stress to the body, specifically the lower extremities. It is why in sports medicine we often see an increase in stress fractures in the late spring and early summer.

Stress fractures are overuse injuries. Much like muscles are broken down and then built up while weight lifting, bone is constantly remodeling in response to the stresses we place on it. If the breakdown process from stress outpaces the bone remodeling, or repair, a stress injury can occur. Often, this occurs around 1 ½ to 2 months after a change in the intensity of training or running distance occurs. Runners will often report that they first noted some mild pain with running, but not with normal other weight bearing activities. If the stress injury progresses, the pain becomes more intense with running, will linger longer after a run, and can become painful with normal walking or even at rest. This history generally corresponds to the anatomical features of stress injuries, which occur along a continuum from mild bony edema to a complete fracture. It is important that athletes be aware of the risk of stress injuries, and to understand that running through increasing pain can lead to worse outcomes and longer recovery from the injury; the earlier a stress injury is diagnosed and treated, the quicker the return to activity.

Clinically, stress fractures present as localized bony tenderness, though certain stress fractures, such as in the femoral neck or the tarsal navicular bone, can present with more aching or vague pain. The runner usually gives a history of having pain with running, and as mentioned above, often notes that they recently increased their distance or intensity. X-rays are nearly always obtained, though at least half the time they are normal. If the clinician has a high index of suspicion for a stress injury, especially in an at risk area such as the femoral neck, anterior/proximal tibial cortex, or tarsal navicular, a triple phase bone

scan or MRI can be ordered, both of which are quite sensitive for diagnosing stress injury. I prefer MRI as it does not expose the patient to radiation, and is much more useful in yielding information about soft tissue structures around the painful area as well. It is also quite helpful in determining the severity of the stress injury and developing the subsequent treatment plan. CT scan is often employed for further evaluation of tarsal navicular stress fractures if a bone scan or MRI has previously demonstrated stress edema within the bone.

Stress fractures in the lower extremity can be categorized as high risk or low risk, depending upon where they present. High-risk stress fractures include the femoral neck, the proximal or anterior middle third tibial cortex, the tarsal navicular, and the proximal fifth metatarsal. Delay in treatment of stress fractures in these areas can lead to much poorer outcomes, and generally these injuries require more strict rest and a longer time back to activity.

Lower risk stress fractures include those found in the posteromedial cortex of the tibia (especially distally), fibula, and metatarsals. Fractures in these areas are less likely to progress to complete fractures, and therefore can be treated a bit more aggressively; for instance, I will generally let patients with these stress injuries cross train more rigorously, and can they usually resume more high impact activities in a functional progression sooner than patients with stress injuries in the at risk areas.

Because stress injuries involve both intrinsic and extrinsic factors, and all runners have their own unique anatomy and gait/stride patterns, there is no one absolute way to prevent them. However, some simple guidelines can help to lessen the chance that a runner will develop a stress injury. First, mileage should be increased very gradually, especially if running on harder surfaces like concrete or asphalt. I encourage runners in my clinic to resist the urge to extend those warm spring runs, no matter how good it may feel at the time. A second guideline is to never run through pain. A little soreness initially as you transition outdoors can be expected, but should subside rather quickly. If a runner has persistent or worsening pain with running, and certainly with other activities after running, they should be seen. Proper footwear is important, and though I don't endorse any one brand of shoes, a good running shoe store with experience in fitting runners into proper shoes can be very beneficial. Proper, well-balanced nutrition is important as well, and is often overlooked. Finally, if you have had a stress fracture in the past, or are planning on doing a lot of long distance running, a formal gait analysis with a provider familiar with running gait patterns can help correct mechanical deficiencies that could lead to increased stress through the lower extremity.

Running remains a popular activity for people of all ages, and is a great way to maintain or to increase your cardiovascular fitness. By listening to their bodies, not ignoring increasing pain, and following guidelines to gradually increase distance and intensity, runners can enjoy those warmer outdoor running days and stay out of a doctor's office.



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##### **Frankfort - W Bankview Dr**

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Matteson, IL 60443  
708-283-0021

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815-462-9420

##### **New Lenox - Laraway Rd**

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##### **Orland Park - 13125 S La Grange Rd**

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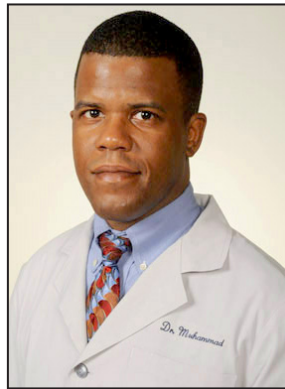
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# Spring Injuries

**Kermit Muhammad, M.D.**  
OAK Orthopedics

Spring time is a great time to finally get outdoors and do all of the things you have been holding off during the winter. From the perspective of an orthopedic surgeon this is a transition period to a level of greater activity which directly correlates with the increase in injuries and emergency room visits. As a hand surgeon that sees this surge in injuries take place around the improved weather conditions I can give some advice on how to avoid the negative side of the change of seasons.



**Kermit Muhammad, M.D.**

When spring comes there are several predictable categories of injury that increase. Children get out on the playground again and injuries that haven't been seen all winter suddenly resurface. The summer athletes begin training or start their season and sports injuries return from winter levels. In adults, the outdoor projects begin as well as outdoor activity and sports. Some of these injuries can be avoided but there has to be some education on how to best go about it.

In children and adults making sure that you have the correct protective equipment for the activity you are doing is a very simple but effective way to avoid injury. I see many people starting their small garden and even farmers injuring their hands just by not having protective gloves. As yard work comes back into play wearing protective goggles while mowing the lawn or cutting branches is a simple way to protect the eyes. Steel toe boots while cutting down a tree can also save a limb. As a hand surgeon something I see rather commonly is someone who is working in the garden and gets a thorn or splinter into their finger. This can be a simple fix or this can develop into a big problem. A thorn or a splinter in the hand is a simple thing but not properly treated I have seen these things develop into serious infections which really can all be avoided with a small amount of precaution.

Children riding their bikes, scooters and skateboards likewise need protective equipment. They naturally take more risks and are also immortal as far as they can tell. The simplicity of a bike helmet, knee pads or wrist guards can avoid head injury and fractures and also decrease the severity of injury. The problem is it is generally not "cool" to wear any of these things. My experience was unique because I grew up when wearing bike helmets was really just becoming a standard thing. My father was a pediatrician and he saw the results of children not wearing their helmets and emphasized the importance to me. Like many children then and now I was not totally compliant with this. However during my orthopedic

residency I developed the same view on the issue when I would see children in the ICU resulting from a bump on the head after a fall from their bike.

For children there's only so much precaution you can take because by their nature they are going to take risks but you can ensure that they have the safest environment possible. If they are going to a playground make sure that its a more updated one with a ground surface that can absorb impacts. This can be rubber, wood chips, or sand. Avoiding a hard surface significantly decreases the number of injuries and the severity. In addition, make sure you go to a playground or recreation facility that has good upkeep and new equipment. Degraded equipment is another important source of injury. An example of this would be a rusty swing that breaks leading to a fall from a height. Definitely an avoidable situation! There are a lot of elbow and wrist fractures that come about on the playground usually from a fall onto an outstretched hand. The falls are inevitable but the environment and equipment should be such to decrease the severity of these accidents.

Getting outdoors after a long winter is a pleasure. Take the necessary precautions to make sure its entirely enjoyable. Having fun and being safe at the same time is possible. However if you get a sprain or strain, or even worse, a possible fracture then its time to visit OAK and our team will get you fixed up in short order. Delay of treatment is a common but really not justifiable since access to orthopedic care in this community is readily available. Hopefully an ounce of prevention will keep you injury free as you transition to greater activity after a winter indoors.

## Saturday Immediate Orthopedic Access Clinic

OAK Orthopedics offers a Saturday morning Immediate Orthopedic Access Clinic. We provide services for athletic and pediatric injuries, school and work related injuries, new muscle or joint pain and other acute injuries. We are able to do xrays, braces, MRI and other tests that may be rendered by the provider on site or scheduled same day.

The Bradley and Frankfort offices are open 9:00am – 12:00pm on Saturday mornings. Both locations are open year round to accommodate any injury. Address and phone numbers listed below.



**BRADLEY:** 400 S. Kennedy Dr, Suite 100  
Bradley, IL 60915 **Phone (815) 928-8050**

**FRANKFORT:** 19552 S. Harlem Ave.  
Frankfort, IL 60423 **Phone (815) 469-3452**

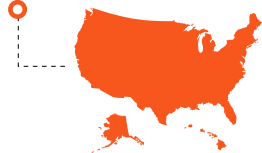


# Let's all EAT HEALTHY. BE HEALTHY. SAVE.

The Dietary Guidelines for Americans can help.

## We're in the red.

**117 MILLION** U.S. adults have **1+** chronic diseases.<sup>1</sup>



**BILLIONS** Spent in medical cost of diet-related chronic diseases.<sup>2</sup>

**\$147B**  
Obesity

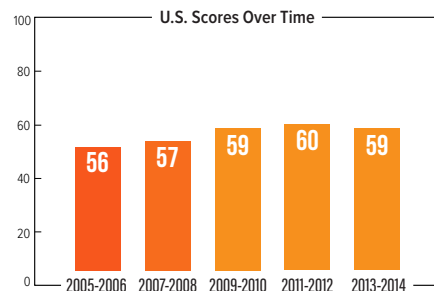
**\$245B**  
Type 2 Diabetes

**\$316B**  
Heart Disease

**8 in 10** Americans think advice about what to eat is conflicting.<sup>3</sup>



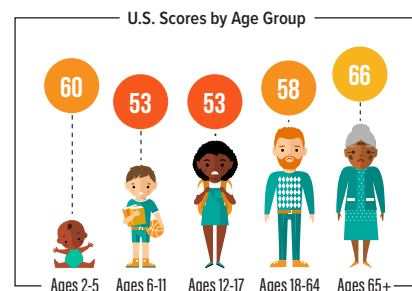
## Healthy eating can help... but first, we need to do it.



**59**

### The Healthy Eating Index Score

shows that Americans do not align their eating choices with the Dietary Guidelines.  
(on a scale from 0-100)



## What's the return on our investment?

Each step closer to eating a diet that aligns with the **DIETARY GUIDELINES** reduces risk of:<sup>4</sup>



Heart Disease



Type 2 Diabetes



Cancer



If we invest **\$10/person** each year toward improving nutrition, increasing physical activity, and preventing tobacco use —

THAT COULD **SAVE THE UNITED STATES \$16,000,000,000** annually within five years!<sup>5</sup>

That's a  
**5.6x return**  
for every  
**\$1 invested!**

## 3 reasons why the Dietary Guidelines matter.

### PRACTICAL TOOL

“ [USDA and HHS] took the science and brought it into the real world of how we eat... the Academy encourages everyone to follow the Dietary Guidelines recommendations because as dietitians we stand by science-based recommendations and realize that healthy eating is one of the most powerful tools we have to reduce the onset of disease. ”

ACADEMY of NUTRITION & DIETETICS

### DATA-DRIVEN

“ With confusing and often-conflicting information in the media, it is more important than ever that Americans have a clear source of science-based information about diet. We would like to see the 2020 Dietary Guidelines continue to provide Americans with science-based guidelines... ”

AMERICAN COLLEGE of CARDIOLOGY

### FOR ALL AGES

“ Pediatricians routinely look to the Dietary Guidelines to provide advice to our patients... We look forward to the inclusion of science-based Dietary Guidelines for children birth to 24 months in the 2020 Dietary Guidelines for Americans... Early nutrition sets the course for preventing many diseases, even those that would occur in adulthood... ”

AMERICAN ACADEMY of PEDIATRICS

Released jointly by USDA and HHS every 5 years, the *Dietary Guidelines for Americans* is the cornerstone for Federal nutrition programs and a go-to resource for health professionals nationwide. For more information, go to [www.DietaryGuidelines.gov](http://www.DietaryGuidelines.gov).

[www.cnpp.usda.gov/dietary-guidelines-infographic-references](http://www.cnpp.usda.gov/dietary-guidelines-infographic-references)  
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Center for Nutrition Policy and Promotion  
September 2017  
Revised February 2018

## OAK Welcomes Sherri Guertin as Market Development Director

OAK is pleased to welcome Sherri Guertin to the team as its first-ever Market Development Director. Sherri brings 10 years of healthcare experience to her new position, and with her knowledge of the community and deep roots in the River Valley, Sherri is well-suited to make a significant impact in OAK's future growth.

Sherri will be strengthening OAK's physician referral network, as well as developing new referral streams for each OAK specialty. You'll see Sherri in and around the community representing OAK at Chamber functions and many other local gatherings. "I feel truly blessed to represent the talented physicians and caring staff at OAK," said Guertin. "This is so much more than a job, it's a privilege."

A resident of the Kankakee area for over 40 years, Sherri resides in Bourbonnais with her husband, Bill of 31 years. Together they have three adult sons; Kyle and Alexandra of Myrtle Beach; Ryan and Alicia of Bradley and Tyler a sophomore at Olivet Nazarene University. They've also been blessed with three beautiful granddaughters; Jayden, Delanie and Avery.

If you have a question for Sherri, or if you're a physician and would like to request a visit, contact Sherri directly at 815.352.9578, or email her at [sherri@oakortho.com](mailto:sherri@oakortho.com).



*Sherri Guertin*

## Krystal Hiser RN, MSN Joins OAK

OAK Orthopedics would like to introduce Clinical Director, Krystal Hiser RN, MSN as the organization's newest member to the leadership team. Krystal has 12 years of collective nursing experience specializing in pre-operational and post-operational care of the surgical client. Her skills have earned a reputation for enhancing the recovery process by focusing on pre-surgical education for a variety of patient populations. Krystal's educational background consists of an Associate's Degree in Nursing from Kankakee Community College, Bachelors of Science in Nursing from Olivet Nazarene University, and a Master's of Science in Nursing- Healthcare Administration from the University of St. Francis.

As the Clinical Director, Krystal is committed to providing a unique patient experience that focuses on compassionate, comprehensive, specialized orthopedic care. She is excited to be a part of the regions leader in orthopedic services where physicians and staff are committed to delivering a high quality, innovative, patient centered experience.

Krystal has strong roots within the community as she was born and raised in the Bradley-Bourbonnais area. She resides with her husband Zack of 11 years and 3 small children Fiona (9yr), Tessa (7yr) and Callen (4yr), who keep her very busy! Krystal enjoys spending her free time playing with her children, reading, working out, running, skiing, and camping.

If you would like to contact Krystal directly, she can be reached at 815-352-9504.



*Krystal Hiser RN, MSN*



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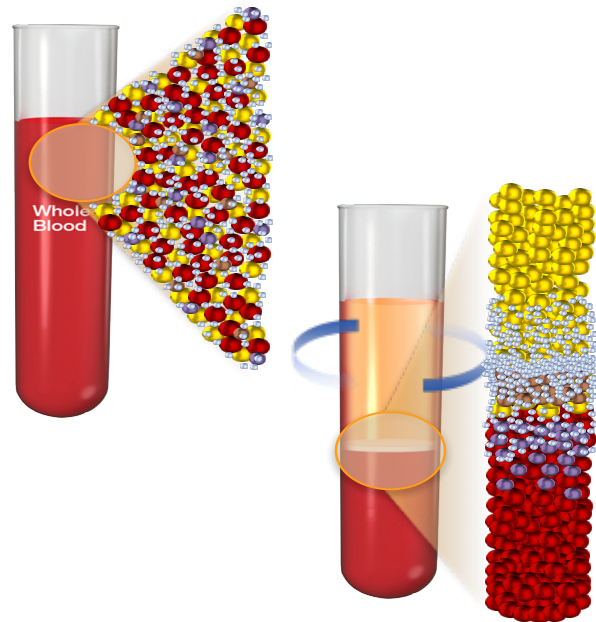
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# Customized Autologous Therapies

Patient's Approach to Natural Healing

## Platelet Rich Plasma

PRP has been used for over a decade in orthopedic surgery. PRP is a concentration of the body's native platelets that can assist the healing process. PRP is made by taking a patient's blood and spinning it in a centrifuge (a centrifuge rotates an object rapidly). Since platelets are lighter in weight than other components of our blood, when blood is spun in a centrifuge, the platelets are easily separated, without being damaged.



## Bone Marrow Concentrate

Bone marrow is rich in cells that have not differentiated into their final form, or precursor cells, meaning they can be directed to become any type of cell (blood cell, tendon or muscle, etc). The presence of a high concentration of precursor cells, growth factors and anti-inflammatory cells may be used to treat a variety of musculoskeletal injuries.



# UNDERSTANDING BULLYING AND HAZING IN SPORTS

**BULLYING:** Any unwanted aggressive behavior that involves an observed or perceived imbalance of power and is repeated multiple times. This includes physical, verbal or social harm or distress that occurs in person or through technology.

- 20% of high school students have been bullied on school property
- 16% of high school students have been bullied through technology
- Of those students who have been bullied:
  - 18% were verbally bullied
  - 8% were physically bullied
  - 5% were physically threatened
  - 18% were the subject of rumors
  - 6% were purposefully excluded from activities

**HAZING:** Any potentially humiliating or dangerous activity expected of someone to belong to a group, regardless of his or her willingness to participate. Hazing is a form of bullying and is conducted by a group for a seemingly short period of time.

- 74% of college athletes experience at least one form of hazing
  - 47% were done so by being forced to participate in drinking games
- 48% of high school students who belong to groups were subjected to hazing
  - 25% experienced their first hazing activity before age 13
  - 43% were subjected to humiliating activities
  - 30% were forced to perform potentially illegal activities
- Dangerous hazing activities are as prevalent in high school (22%) as in college (21%)



## SIGNS THAT SOMEONE IS BEING BULLIED AND HAZED

- Unexplained injuries
- Loss of personal items
- Sudden loss of friends
- Difficulty sleeping
- Frequent headaches
- Complaints of stomach discomfort
- Faking illness or injuries
- Depression
- Loss of self-esteem and self-confidence
- Increase in stress levels
- Post traumatic stress disorder



## SIGNS THAT SOMEONE IS BULLYING OR HAZING OTHERS

- Frequently getting into verbal or physical fights
- Having unexplained money or belongings
- Increasing aggression
- Having friends who are antagonistic
- Being overly concerned with popularity



## IF YOU'RE BEING HAZED OR BULLIED

If you or someone you know is being bullied or hazed, seek out a trusted adult, such as an athletic trainer. Your athletic trainer can offer support and help connect you to a counselor or person of authority.

**Source:** March 2017 *NATA News*, NCAA Sport Science Institute, National Federation of State High School Associations, Inter-association Recommendations for Developing a Plan to Recognize and Refer Student-Athletes With Psychological Concerns at the Secondary School Level: A Consensus Statement  
**Infographic provided by the National Athletic Trainers' Association**

## Department Spotlight: Front Desk-Registration Check-in

As one enters OAK Orthopedics in Bradley you are greeted by the Front Desk staff. Their responsibilities consist of greeting each patient, reviewing/updating demographics and insurance, making appointments for Ortho Access and addressing questions and concerns the patient may have. In addition the Front Desk staff also has Patient Financial Counselors easily accessible to have billing inquiries and concerns as this detail can become very confusing and maddening at times.

The goal of the Front Desk staff is to make the patient feel valued and comfortable upon check-in. The staff fully understands that many times the patient is experiencing physical difficulties and they work very hard to keep this process of registration as efficient and smooth as possible. In the event a patient is experiencing difficulties waiting their turn, please notify the staff so that they can help address these needs to minimize one's discomfort.



*Left to right: Alison S., Lindsey P., Amber F., Mallory G.*

The Front Desk staff also encourages patients to utilize the patient portal. By accessing the patient portal prior to the appointment this will expedite the check-in process by updating/completing the health history form, insurance information, paying one's balance and/or the co-pay prior to your visit.

The Front Desk is staffed by Mallory G., Alison S., Amber F., Jennifer J., and Lindsey P, who continually strive to meet the patient's needs of a friendly and efficient registration and check-in the moment one comes in the door.

## Clinic Spotlight – Dr. Rajeev Puri and Staff

When patients find an orthopedic surgeon that has a wonderful demeanor, is a great communicator, gives them the time, is compassionate and caring plus is an extraordinarily skilled surgeon it is not hard to understand why Dr. Rajeev Puri is in great demand for his expertise.



*Left to right: Dr. Puri, Randi F. (PA), Devon S. (PA), Maile B. (Clinical Coordinator), Mary H. (not in picture)*

Dr. Rajeev Puri's clinic demands are numerous and diverse which makes communication and coordinating a must within his practice. That responsibility falls mainly on Clinical Coordinator Maile B. with the help of Mary H. to orchestrate the smooth flow within the practice. Certainly a clinic goal has become to work efficiently and safely while allowing for all the ample time a patient needs to receive the needed information on their course of treatment. Integral to this process are Dr. Puri's two Physician Assistants Devon S. and Randi F. as they play a vital role in the care and treatment within this very busy and demanding practice.

As well as handling general orthopedic cases, Dr. Puri's subspecialty Fellowship training in Total Joint Reconstruction and Foot and Ankle has doctor and his staff seeing some of the more complex cases coming into OAK Orthopedics. Utilizing the most advanced surgical techniques and aided by way of navigation and robotics Dr. Puri utilizes minimally invasive procedures to assist in the outcomes and patient's recovery.

With Dr. Puri's working out of the Bradley office location and also Silver Cross Hospital in New Lenox his Physician Assistants and staff have to be meticulous and constantly communicating to provide the level of care doctor demands. While providing wonderful physician care Dr. Puri also is currently in working in the design and development of new knee implants with a manufacturer.

OAK Orthopedics is fortunate to have Dr. Rajeev Puri, his Physician Assistants and staff as they provided world-class care to our region.

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## Athletic Trainer Spotlight- Taylor Anderson, ATC

Certified Athletic Trainer Taylor Anderson grew up in the Momence area where she participated in various sports; softball, volleyball, basketball, cheerleading, gymnastics, soccer as well as taking karate lessons. So with all these diverse sporting interests and her passion to participate injuries did happen. Taylor's visits to her physician and the orthopedic care she received peaked an interest in injury care, rehabilitation, and the return to play status needed to continue.



*Taylor Anderson, ATC*

As Taylor's participation progressed through junior high and high school she was able to have access to an Athletic Trainer who assessed and guided Taylor's parent to seek the proper medical care as needed. In Taylor's words she had a medical professional at her finger tips to assist in determining what to do next and having an Athletic Trainer at her practices and games was amazing, which only furthered her interest in Athletic Training. Nick Koch, Certified Athletic Trainer at Momence High School, became a mentor to Taylor through his wonderful care and treatment which lead her to decide on enrolling at Olivet Nazarene University and pursuing a degree in Athletic Training.

Although Taylor has just begun her career in Athletic Training and working for ATI Physical Therapy, Taylor is providing athletic training services at Peotone High School in a profession she dearly loves. The great support from the parents and working with wonderful athletes has made her first position an amazing experience. Every day Taylor always has to be on her toes as new injuries and illnesses come through the door, but the amazing people she works with and for provide a very strong support group. Taylor's biggest challenge is when the injured athlete just is having a difficult time progressing back to play or when that injury ends a season for the athlete, that really bothers her. Taylor looks forward to growing in the profession and learning as much as possible about current and new techniques and modalities to allow her athletes to return to the sport they love.

Family means the world to Taylor and coming from a large family, with 5 sisters and 2 brothers plus a fiancé, Paul and their two dogs and cat, plus Taylor still finds time to play in an adult softball league an Oh yes the entire family is big in ATVing which all leads to a very busy and enjoyable life.

OAK Orthopedics looks forward to our continued working relationship Taylor and Peotone High School and caring for their athletes and community.

## PULLS AND TEARS: INJURIES THAT IMPACT THE HAMSTRING

The hamstring is a group of three muscles that starts at the bottom of the pelvis and ends at the top of the lower leg and is essential to walking and running. Hamstring injuries range from pulls to tears, and can have lasting effects on athletes if not treated promptly and properly. Hamstring injuries are common in athletics, especially when sprinting is involved.



### SIGNS OF HAMSTRING INJURY

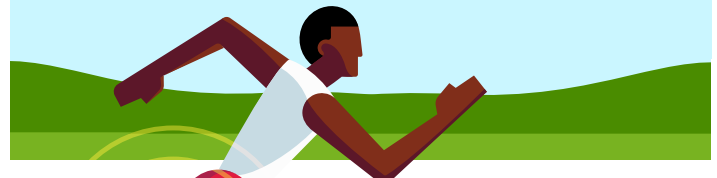
The main cause of hamstring injury is muscle overload. This risk is increased when muscles are tight, fatigued, imbalanced or in poor condition. Signs of injury include:

- Sudden, sharp pain in the back of the thigh
- Inability to walk or carry weight on the leg
- Swelling within a few hours
- Bruising or discoloration within the first few days
- Hamstring weakness that can persist for weeks



### TREATMENT OPTIONS

Visit your athletic trainer or health care provider if you suspect a hamstring injury. They will recommend the best treatment option based on your needs, which, depending on severity, can include nonsurgical options – such as RICE (Rest, Ice, Compression, Elevation) – or surgical options.



### Did You Know?

- 68.2% of hamstring injuries occur during practice
- While anyone can experience a hamstring injury, football (35.3%), men's soccer (9.9%), and women's soccer (8.3%) players have the highest rates of hamstring injuries
- 37.7% of hamstring injuries resulted in a time loss of less than 24 hours, while 6.3% resulted in a time loss of more than three weeks

Infographic provided by the National Athletic Trainers' Association  
Sources: American Academy of Orthopaedic Surgeons, American Journal of Sports Medicine, National Athletic Trainers' Association



# WHAT'S THAT PAIN IN MY KNEE?

**Patellofemoral pain (PFP) is one of the most common knee problems affecting active individuals, especially young athletes. Despite its commonality, PFP is often misunderstood and can be challenging to manage due to its complex nature. Gaining a better understanding of PFP can help mitigate risk factors and lead to better discussion among patients and health care providers, such as an athletic trainer.**

## What is PFP?

PFP describes pain in the front of the knees and around the patella (kneecap). This irritation of the knee joint can be caused by numerous factors, with the most common symptom being a dull, aching pain in the front of the knee. Pain and stiffness caused by PFP can make everyday activities, such as climbing stairs and kneeling down, more difficult.

## What Causes PFP?

Several factors can lead to PFP, contributing to its complexity. These factors include:

- Excessive hip adduction and internal rotation during dynamic tasks such as running and landing from a jump
- Quadriceps weakness and tightness
- Slower muscle contraction of the inner part of the quadriceps muscle compared to the outer portion
- Increased knee abduction impulses and moments during running and landing activities

## Preventative Measures and Treatment Options

With as many as 70 to 90 percent of individuals with PFP having recurrent or chronic symptoms, early detection is essential to preventing, treating and managing the condition. A sports medicine professional, such as your athletic trainer, can assess your risks through a variety of evaluations, including gait and jump landing test. Your AT can also develop a PFP prevention program that includes lower extremity stretching and quadriceps and hip strengthening exercises. Those diagnosed with PFP can expect a multimodal approach to treatment that addresses impairments of the knee, hip, foot and ankle.

Sources: National Athletic Trainers' Association; Journal of Athletic Training; American Academy of Orthopaedic Surgeons  
Infographic provided by the National Athletic Trainers' Association



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## Meet our Doctors

OAK Orthopedics is a team of orthopedic surgeons, primary care sports medicine specialists, pain management specialists, a podiatrist and physician assistants.

Our mission is to provide high-quality, orthopedic health care for all people with musculoskeletal disorders. We offer a unique approach to medicine with highly specialized treatment options and feel that the medical and surgical care we provide is the finest anywhere.



Wesley E. Choy, M.D.



Alexander E. Michalow, M.D.



Michael J. Corcoran, M.D.



Rajeev D. Puri, M.D.



Carey E. Ellis, M.D.



Eddie Jones Jr., M.D.



Juan Santiago-Palma, M.D.



Kermit Muhammad, M.D.



Ashraf Hasan, M.D.



Eric L. Lee, M.D.



Timothy Friedrich, D.P.M.



Tom Antkowiak, M.D., M.S.



Ryan Sullivan, M.D.

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