OAK Sports Medicine UPDATE

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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.

Cover photo courtesy of zimbio.com

TENDON RUPTURES

By Michael J. Corcoran, MD

Michael Corcoran, M.D.

Peanut Tillman (triceps), DJ Williams (pectoralis), Derrick Johnson (Achilles) and Cadillac Williams (patella tendon). What do these professional football players all have in common? Season ending, possibly career ending, tendon ruptures. How does this occur and how can we minimize or prevent these injuries?

Soreness of the tendon after a strenuous workout or after doing an unfamiliar activity is common. This is usually acute inflammation of the tendon and is called tendonitis. It is usually of short duration and responds to rest, ice and anti-inflammatories.

If left untreated, tendonitis can become chronic with degenerative changes

and is called tendinosis. Tendinosis occurs with overuse injuries, repetitive micro-trauma and to some extent with the normal aging process. On a cellular level there are changes in the relationship of type I and type III collagen. There is more type III collagen present in chronic tendinosis. Over time, these microscopic changes become macroscopic causing structural changes in the tendon. If not treated, these changes over time can weaken a tendon resulting in failure when a load exceeds the strength of the tendon. The basic pathology of tendinosis is essentially the same regardless of the tendon. Common tendons involved are the rotator cuff, Achilles, triceps, biceps, quadriceps and patellar tendons.

Athletes many times ignore the subtle symptoms associated with tendinosis. Sometimes the symptoms are cyclical and intermittently responds to conservative treatment. Many times the best treatment is rest…….difficult for an athlete to comply with mid-season. The history for the majority of tendon disruptions is intermittent pain and irritation of the involved tendon prior to the acute event that leads to failure. The vast majority of the time surgical intervention is necessary to return the athlete to their prior level of function.

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Surgery to repair the acute rupture requires debridement of all non-viable tissue, creation of a bleeding bony bed with stable fixation of the tendon to the underlying bone. Below is an acute repair of an Achilles tendon disruption.

Acute rupture


After rupture


After repair

Post-operatively, the patient is immobilized to decrease soft tissue swelling and to diminish stress on the repair. After approximately 4 weeks, gentle PROM can begin with advancement to AAROM around 6 weeks. Between 6-8 weeks, progressive weight bearing can begin with advancement to full weight bearing around 8-10 weeks. Return to sports will be 6-12 months, depending on the specific injury.

To help minimize tendonitis and prevent tendinosis these subtle injuries need to be addressed as early as possible when symptoms present. Ice, rest, activity modification, and modalities should be utilized to decrease acute inflammation. Return to sport specific activities should be gradual and progressive as symptoms dictate.

Recurrent and chronic tendinopathy can benefit from a functional and mechanical evaluation to identify deficiencies in body mechanics that may be overloading the involved tendon. Training regimens need to be varied and flexible to avoid chronic overuse. Conditioning can continue as long as the athlete remain pain-free.

Early intervention with physical therapy, bracing, physiotape, cryotherapy and appropriate use of anti-inflammatories is usually curative. Some chronic tendinopathies that are resistant to conservative treatment responds well to judicious use of cortisone injections. Overuse of cortisone can weaken the tendon. Some recalcitrant injuries respond to PRP (platelet rich plasma) injection. Some recent literature is exploring the use of stem cell therapy. Percutaneous ultrasonic guided debridement (Tenex procedure) has been successful with certain chronic tendinopathies. When these treatment modalities fail, surgical debridement with primary repair will hopefully allow normal healing and avoid a chronic situation that leads to an acute failure.

Overuse Injuries in Youth Sports: A Growing Epidemic?

By Eric L. Lee, M.D.

Eric Lee, M.D.

There is a growing concern in the sports medicine community regarding the number and severity of injuries in youth athletes. Particularly disturbing is the apparent rise of so-called overuse injuries in younger, non-elite athletes. There is little dispute that over the past several decades, youth sports has exploded in popularity. A recent survey by Sporting Goods Manufacturers Association Research/Sports Marketing Surveys suggested approximately 27 million U.S. children and adolescents between the ages of 6 and 17 participate regularly in team sports.[1] (The fact that sporting goods manufacturers are researching and tracking youth sports suggests that this is a big market). The National Council of Youth Sports Survey found that nearly 60 million children from 6 to 18 years of age participate in some form of organized athletics.[2] Specific sport organizations such as Little League Baseball and the American Youth Soccer Organization track numbers, with around 2.3 million and 630,000 participating respectively. Most sports medicine physicians freely acknowledge the benefits of children and adolescents participating in sports, including the opportunity to promote health and fitness, development of self-esteem and leadership, and peer socialization.[3] However, what was once a group of kids getting together to play unsupervised and non-officiated "neighborhood ball", has evolved into travel teams, showcases, individualized coaching, sports performance centers, and big business/money. With the increasing competitiveness and demands on youth athletes, more extensive training, and trend towards sport specialization at younger ages, there has been a rise of overuse injuries in youth athletes. Dr. James Andrews, one of the most prominent orthopedic surgeons in the United States, has noted: "I started seeing a sharp increase in youth sports injuries, particularly baseball, beginning around (year) 2000. I started tracking and researching, and what we've seen is a five-to sevenfold increase in injury rates in youth sports across the board."[4]

Despite the general agreement that overuse injuries in youth athletes are on the rise, there is actually very little research regarding the incidence and prevalence of these injuries in youth athletes. This can be attributed to the fact that methods of reporting injury, classification of injuries, and injury definitions that require time lost from sports participation may underestimate the actual prevalence of overuse injuries. Estimates, though, of the proportion of all sports injuries that are due to overuse range from 45-54% according to several sources.[5] Furthermore, the prevalence of overuse injuries can vary drastically by sport; they are seen much more frequently in runners, swimmers, and gymnasts than in other sports. Finally, although there is not one clearly defined definition of overuse injury, an American Medical Society for Sports Medicine position statement on the subject states, "it is generally recognized that overuse injuries occur due to repetitive submaximal loading of the musculoskeletal system when rest is not adequate to allow for structural adaptation to take place."[6] When one considers this definition, it is difficult not to make the association that factors listed in the previous paragraph regarding the changed nature of youth sports are playing a role in overuse injuries in young athletes.

Overuse injuries can involve bone, cartilage, muscle-tendon, growth plates, bursae, or neurovascular structures. Some of the more common overuse injuries seen in youth athletes are apophyseal stress injuries such as Osgood-Schlatter disease (knee), Sever's disease (heel), and Little League elbow. Also frequently encountered are stress fractures involving the pars interarticularis in the spine, osteochondritis dissecans in the knee and the elbow, and physeal (growth plate) stresses in high demand athletes such as gymnasts. These can be grouped into high risk and low risk injuries, depending upon severity of the overuse injury and the potential of missing significant time from the sport if they are not treated promptly and correctly. The difference in delay of diagnosis of Osgood-Schlatter disease, for example, likely does not have the same potential long term serious effects as delay in the diagnosis and treatment of a pars interarticularis fracture.

Risk factors for overuse injuries are often grouped into either intrinsic factors or extrinsic factors. Intrinsic factors include traits unique to the individual athlete, including anatomy, level of conditioning, growth-related factors and physical maturity, biomechanics, or menstrual dysfunction. Extrinsic factors include training workload, competition schedules, equipment, training environment (gym, sports performance center, backyard), and technique. Psychological factors can be both intrinsic (internal drive, competitiveness, pain threshold) or extrinsic (peer and/or adult pressure to perform). Looking at these factors, common sense tells us that, very often, overuse injuries are likely not due to just one factor, but a combination of both intrinsic and extrinsic factors that are unique to an individual athlete. When treating the athlete with an overuse injury, it becomes very important to try to identify the factors most responsible for that particular athlete, and to address those factors. Taking a good injury history is critical, as a previous injury is the strongest predictor of future injuries.[7] Another important factor to remember is that chronological age is not always a good indicator of readiness to progress to higher levels within a sport; there is a rather wide variation in maturation

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and accompanying physical strength, flexibility, and coordination amongst age matched peers. Therefore, guidelines can be very helpful, but again, each individual's unique situation must be addressed. A more logical approach is to ensure that there is a mastery of progressive skills within each sport, starting from the most basic or easy, and progressing to more difficult skills only when the athlete has shown the ability to handle the easier skills.

Though intrinsic factors certainly play a role in overuse injuries, and should be addressed by those taking care of youth athletes, extrinsic factors can help to be modified by both the medical community and the population at large. As the AMSSM position paper points out, multiple studies have consistently shown that higher workloads increase the risk of overuse injury in multiple sports. "Specifically, training more than 16 hours per week was associated with a significantly increased risk of injury requiring medical care."[8] This includes both volume and intensity of training. In addition to workload in training or practice, scheduling of competitions may play a role in overuse injuries. Repeated bouts of high intensity activity in a day, such as in weekend tournament settings, may increase the risk for injury for a variety of reasons. Early sport specialization can increase demand on a particular muscle-tendon unit, joint, or growth plate, and with the high intensity and volume often associated with this, can lead to increased risk of overuse injury. Finally, with the emphasis of sports so prevalent in our society, there is pressure on both the athlete and on the family to "keep up with the other athletes" who may be receiving individual coaching on the side, playing on multiple teams, or spending increasing amounts of money on the newest equipment or training devices/methods.

As noted earlier, there are many benefits of youth participating in athletics, and by no means would I suggest that the medical community discourage children from participating in sports. There are many important life lessons to be learned through competition. However, with the rise in participation in youth sports, we would do well to remember that for the vast majority of young athletes, sports will be a fun, and hopefully healthy experience, and not the way in which they will support themselves later in life. Much more research needs to be performed regarding overuse injuries in the youth athlete; that statement alone should serve to drive those of us in the sports medicine world to encourage our youth sports organizations, coaches, and parents to focus on the positive of sports participation while minimizing the risks of injuries to our youth athletes.

1. Sporting Goods Manufacturers Association Research/Sports Marketing Surveys, USA. U.S. Trends in Team Sports Report, 2011. Jupiter, FL: Updated May 2011. http://www.sfia.org/reports/280_2011-U.S. Trends-in-Team-Sports-Report.
2. National Council of Youth Sports. Report on trends and participation in organized youth sports 2008. http://www.ncys.org/pdfs/2008/2008-ncsy-market-research-report/pdf.
3. DiFiroi, J. et.al. Overuse Injuries and Burnout in Youth Sports: A Position Statement from the American Medical Society for Sports Medicine. Clin J Sport Med. 2014; 24:3-20.
4. http://www.jn.com/little-league-worldseries/index.ssf/2014/08/trying_to_save_little_league_tommy_from_tommy_john_surgery.html. Accessed September 08, 2014.
5. DiFirori, et al. ibid.
6. ibid.
7. ibid.
8. ibid.

Get There with Aquatic PT at ATI

By Tim Donnelly, PT

There are numerous physical therapy avenues that can assist patients in their recovery from injury or surgical procedures. Aquatic therapy has been a valuable tool in the rehabilitation arsenal for many decades, but unfortunately it is often under-utilized. Many factors contribute to this including availability of facilities, public awareness, and an understanding of aquatic therapy benefits compared to other traditional therapy interventions.

Aquatic therapy has many advantages that often make people recover faster and with less pain. The buoyancy of water assists movement which can allow a body part to be moved with greater ease earlier in the recovery phase. With less weight bearing force placed on joints, there is typically less pain while moving. When in neck depth water, there is a reduction of 90% of your body weight. This helps reduce fear and apprehension, increasing the patient's willingness to move and restore function. The hydrostatic pressure of water can aid in edema reduction for swollen limbs. Exercising while immersed in water improves the function of musculature that assists in breathing. Immersion also increases venous return and circulation making the heart function more efficiently.

With numerous benefits available the question becomes, "What type of patient is typically seen in the pool setting?" Patients who have had total joint replacements are excellent candidates for aquatic therapy once their surgical wounds are closed. The unloading of joints in the water assists in normalizing the walking pattern. Patients are able to walk without an assistive device much sooner and with less compensation. People experiencing low back pain especially with nerve involvement also do very well in the water by introducing core stabilization and stretching exercises with significantly less pressure on the spine. If someone has been unable to tolerate traditional land based physical therapy, the water may allow them to reach their goals with less interference from pain. In all reality, aquatic therapy can help anyone with physical limitations when it is utilized the right way.

ATI Physical Therapy, at the Bourbonnais Convent St. location, has an on-site warm water therapy pool which has been helping patients regain their prior level of function for over 5 years. Aquatic therapy sessions are designed to meet the needs of the individual incorporating strengthening, flexibility, balance, and stabilization exercises. The aquatic physical therapy team including Tim Donnelly, PT, Allison Fowler, DPT, and Chris Deschand, PTA treat side by side with the patient in the water to ensure safety and proper form. Patients are able to smoothly progress into a land based routine working at the same facility and with the same therapists to achieve great outcomes.

If you are dealing with an orthopedic issue or having difficulty completing your regular activities due to pain, aquatic therapy might be right for you. Please feel free to stop by the facility on 1275 N. Convent St. in Bourbonnais to see what we have to offer. Questions can also be answered by telephone at 815-936-1855. We look forward to helping you.

Physician in the Spotlight, Eddie Jones Jr., M.D.

Eddie Jones, M.D.

Dr. Eddie Jones Jr is a Michigan man, born and raised in the Great Lakes state, where he received his undergraduate degree in science from the University of Michigan in Ann Arbor. Dr. Jones completed medical school at Wayne State University in Detroit Michigan in 1989 which then was followed by his orthopedic surgical residency. During Dr. Jones medical training he served as an instructor in the Department of Anatomy and upon completion was a clinical assistant professor in the Department of Orthopedics Surgery at Wayne State University.

Dr. Jones joined OAK Orthopedics in 2004 and his orthopedic surgical skills have evolved into the subspecialty of orthopedic trauma and fracture care. Along with internal medicine physicians Dr. Stephen Hermes, Dr. Mobolaji Sulieman and Riverside Medical Center they have established the Geriatric Fracture Center which is a comprehensive interdisciplinary program that provides the highest level of care for elderly patients that suffer fractures. This program has been recognized as a Five-star recipient for Hip Fracture Treatment for 3 years in a row.

Dr. Jones is actively involved thorough the American Academy of Orthopedic Surgeons in Disaster Response which was developed by the Society of Military Orthopedic Surgeons. This extensive and advanced training has been put to use as Dr. Jones has provided services to the victims from the hurricane disaster Katrina and the devastating earthquake to hit the country of Haiti.

Many of us at OAK like to think of Dr. Jones as our gentle giant. A former athlete who had the distinction of being a member of the Maze and Blue football program at Michigan. Dr. Jones brings a soft, gentle and compassionate mannerism to his patients and the OAK staff. Our community is fortunate to have a surgeon with his skill set and demeanor.

Athletic Trainer in the Spotlight John Meyer MA, ATC

John Meyer MA, ATC

Growing up in a small town in east central Illinois, sports were a big part of John Meyer's life. John went to Illinois State University for his bachelor's degree in Athletic Training. Along with athletic training, he played club baseball at Illinois State which taught him the importance of time management.

Upon graduating from ISU, he accepted a graduate assistant athletic training position at Ball State University to receive his M.A. in Sport Performance. While working on his degree, he worked as the head athletic trainer for the Ball State Women's soccer and Women's Track and Field team for the '12-'13 season. The next year he moved to be the assistant AT for the Ball State Football team and the head AT for the Ball State Men's Volleyball team. From there, John happily accepted a position a little closer to home to work for ATI Physical Therapy and over the past couple of months has been covering athletics at Manteno High School. Being from the area it was nice for him to be back around home and getting to do what he loves.

Being an athletic trainer can be one of the most rewarding jobs as long as you love what you do. The most rewarding aspect of this job for John is knowing that you were a big part of helping an injured athlete, who has worked so hard, to get back to pre-injury level. While John enjoys working at Manteno High School, he plans someday to return to college athletics. John gives a lot of his credit for who he is today to his parents, his family, and all of the mentors that he has had throughout his athletic training career.

John loves most anything outdoors including playing softball, baseball, volleyball, and just being outside to enjoy the weather. He loves going to sporting events, primarily baseball games, and also just being at home hanging out with his family.

Ballistic Stretches:

What They Are And How To Do Them

Complete-strength-training.com

Ballistic stretches are a simple way to give your stretching routine some variation and build flexibility. But they also have some risks you should know about, so you don't hurt yourself.

So, What Is Stretching Ballistically?

Ballistic style stretches are stretches that use the momentum of the body (with relaxed or tense muscles) to extend your range of motion (ROM).[1] They typically involve bouncing or swinging a limb through its full range of movement.

Bouncing into stretches, such as touching your toes, is one example of ballistic stretches.

They are different from static stretching, where you slowly ease into a position and hold it.

Bouncing down to touch your toes, or swinging your arms out, are both good examples. They are simple to do, and you can modify many common static stretches to be ballistic.

Does It Work? What Are The Advantages?

Yes, it works! Ballistics can increase your flexibility, especially dynamic flexibility (ROM when moving, esp. fast). This has been noted in karate practitioners, though it can help anyone interested in flexibility of movement.[2]

Plyometrics are a special kind or ballistic stretching that involves stretching the muscles, and then immediately contracting them in an explosive movement.[3] It's great for developing explosive power.

An especially effective method uses ballistics after regular, static stretching.[4] This works very well, and I really like it for building dynamic flexibility. It also helps if you're warmed up, like after a workout.

It has also been noted that, "ballistic is more controlled than most athletic activities. Therefore it [ballistic stretching] is likely to be much less dangerous than the sport itself if performed properly and not over aggressively."[5]

It's also a fun way to try something different in your stretching routine. Mix things up once in a while!

Concerns About Ballistics?

Many sources do not recommend ballistic stretching on the grounds that it is ineffective and can lead to injury.[6][7] And these are valid concerns!

The primary argument against ballistics is that if you stretch tissue too fast you can injure it. This is something to be aware of - but just don't be overly aggressive.

Also, fast stretching like this can induce the stretch reflex.[8] This is a protective reflex that tenses your muscles if they stretch too far too fast, in an effort to keep you from injury.

If the stretch reflex kicks in it can actually make you less flexible, as your muscles tense to protect yourself. Your ballistic stretching might actually make you tighter, unfortunately.

And finally, ballistically stretching quickly does not give time for the body to adapt to the increased ROM on a neuromuscular level.[9] Thus, your increased flexibility may not be as enduring as flexibility gained through longer, more relaxed periods of static stretching.

Should You Do Ballistics?

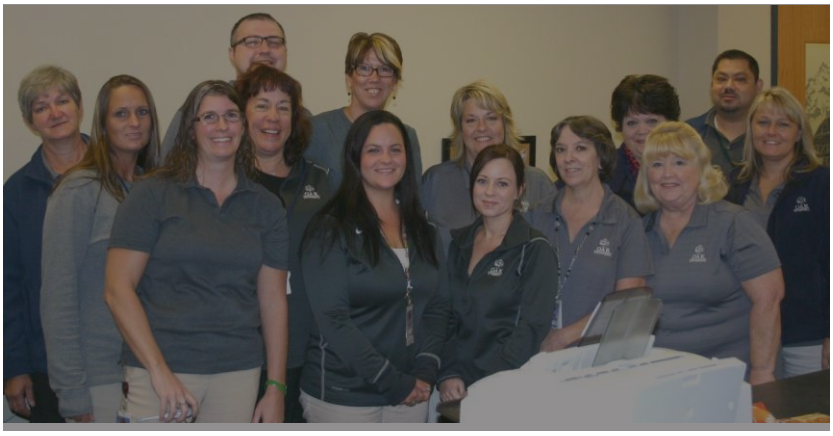
Unless you really need dynamic flexibility, for martial arts or gymnastics, you don't need ballistics. They are potentially dangerous and you really don't need the flexibility they'll give you. But…

If you want to develop dynamic flexibility, and you have movements (like punches, kicks, or dance movements) that take you to the edge of your flexibility, then you might try ballistic style stretching. Add it at the end of your static stretching routine, make sure you're still warm, and start slowly.

Really, only go in for the ballistic stretching stuff if you have that specialized need for extreme dynamic flexibility - and you're already in pretty good shape!

1. Alter, Michael J. 1996. Science of Flexibility. Champaign, IL: Human Kinetics.Pp. 157.
2. Ibid. Pp. 157-8.
3. Ibid. Pp. 158.
4. Ibid.
5. Ibid.
6. Appleton, Brad. 2001. Stretching and Flexibility: Everything You Never Wanted to Know. Roots & Wings. Pp. 17.
7. Deuster, Patricia A., Anita Singh, and Pierre A. Pelletier. 2007. The U.S. Navy SEAL Guide to Fitness and Nutrition. New York: Skyhorse Pub. Pp. 113.
8. Alter. Pp. 158.
9. Ibid.

Department Spotlight: OAK Central Billing Office



The OAK Central Billing Office is a staff dedicated to entering, filing and producing all charges associated to the patients visit at OAK Orthopedics. These detailed tasks include billing, insurance, pre-certifications, disability applications, and private pay claims as well as workman's compensation claims. In addition, OAK Orthopedics also has four certified medical coders in the Billing department which ensure that medical claims are posting correctly.

OAK's Central Billing prides itself on the days in accounts receivable which are lower than the national average. The enormity of this detail and getting it "right" falls on a group of individuals that take great pride in their work.

The addition of the new Athena Medical intake and billing system will further the accuracy of this process, with hopes to expedite needed documentation to all. One of Athena many features is the ability for patients to pay on their account through the new patient portal.

OAK Orthopedics continues to strive and update their medical business procedures to match the rapid advancements of today's medicine.

About OAK Sports Medicine

Our doctors have trained at internationally-renowned programs for Sports Medicine, such as the American Sports Medicine Institute. Our doctors have extensive training and experience with NFL, MLB, NHL, MLS, and Olympic athletes. All of our sports medicine doctors travel internationally with U.S. Soccer, providing care for our nation's premiere soccer players.

From coverage of high school and college sporting events to providing care for the Chicago Bears as consulting physicians and coordinating medical services at Olivet Nazarene University during training camp, OAK Orthopedics is strongly committed to the care of our communities' athletes. OAK's physicians are highly-trained in all areas of sports medicine, including: preventative medicine, non-operative treatment of sports injuries, and minimally invasive or arthroscopic surgery of the shoulder, knee, hip, and elbow.

Our team is also involved in research and development of treatment algorithms and surgical techniques, having published extensively in peer-reviewed academic journals such as:

- The Journal of Bone and Joint Surgery
- The American Journal of Sports Medicine
- The Physician and Sportsmedicine

Our doctors are actively engaged with national and international sports medicine academies, such as:

- The American Orthopedic Society for Sports Medicine
- The International Society for Arthroscopy
- Knee Surgery and Sports Medicine
- The American College of Sports Medicine

Our sports medicine doctors treat the full spectrum of athletic injuries: ACL, meniscus, and cartilage injuries of the knee, rotator cuff and labrium tears of the shoulder, labral tears of the hip, "Tommy-John" ligament reconstructions of the elbow, traumatic fractures, and so forth. Whether it's providing care for recreational, high-school, or professional athletes, our doctors are fully dedicated to returning athletes to the playing field.

Healthy Eating: Quick Tips for Eating More Produce

Everydayhealth.com

Once you start to add fruits and vegetables to your healthy eating plan, you'll want to keep eating them. Learn what to look for when choosing produce as part of a healthy diet.

It probably doesn't surprise you that most Americans don't eat enough fruits and vegetables. The American Dietary Guidelines suggest that each person eat four and a half cups, or nine servings, of fruits or vegetables each day. Many people find this difficult to manage, but with a little creativity and the right information, it's as easy as (apple) pie!

What can a diet rich in produce do for you? Besides being a delicious part of your meals, fruits and vegetables have amazing health benefits. People who eat a variety of fruits and vegetables generally have a lower incidence of chronic diseases like heart disease, diabetes, stroke, and certain types of cancer.

Try these menu ideas to increase your fruit and vegetable intake:

- Top your breakfast cereal with sliced bananas or fresh strawberries or blueberries.
- Blend some fresh fruit, yogurt, and honey for a delicious breakfast smoothie.
- Add vegetables like spinach, mushrooms, and peppers to an omelet.
- Have a piece of fresh fruit with your lunch or as a snack.
- Add a green salad to your evening meal. Simple additions like yellow peppers, tomato, or avocado can make it more interesting.
- Use vegetables as a topping for easy meals like pizza or pasta.
- Keep some dried fruit handy as an energy-rich snack.

There are many ways to add fruits and vegetables to your diet. Start by adding a few fruits and vegetables each day and, as this becomes part of your routine, begin to add a few more. Before you know it, you'll be well on your way to a healthy, produce-rich diet.

Saturday Sports Injury Clinics

OAK ORTHOPEDICS will once again offer its Saturday morning Sports Clinic to area athletes. The Bradley clinic will be staffed by an orthopedic physician, an x-ray technician, and a physical therapist or an athletic trainer. The Frankfort clinic will be staffed by an orthopedic physician and x-ray technician. We will be able to do x-rays, braces, MRI, physical therapy and other tests that may be rendered by the physician.

The sports clinic is offered to all athletes, all ages. It begins at 9:00 a.m. on Saturday mornings. The clinic in Bradley will run year round and the clinic in Frankfort will run through the fall sports season.

The clinic will be held at the Bradley and Frankfort offices listed below.

OAK ORTHOPEDICS

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5 Ways to Stay Healthy This Season

By Jeff Weber MS, CSCS

Another season and the only thing more inevitable than that fresh crisp autumn air is the rash of sports related injuries that occur.

Today I'll give you my top five ways to stay on the field and court this fall.

1) Learn to listen

As athletes we are a competitive bunch and it can be really difficult to turn it down when we probably should. Unfortunately we are not men of steel and our bodies remind us of this all the time. There is a difference between being tough and being smart. As an athlete you need to be both.

The signals are there you just need to listen. Always remember, fatigue masks performance. If you are less than recovered in any way your overall potential will not shine through. There are times to gut it out and push through, but that doesn't mean you must do it every day. Train and practice hard but don't do it for the sake of beating yourself up. If your knee is achy take note, if your back is sore listen up, if you feel drained don't ignore it. The most important games are at the end of the season; make sure you are on the field to see them.

2) Make refueling a priority

Calories = energy. Without quality sources of calories our energy levels suffer drastically and so does our performance. It does not matter if you are 13 or 30 without quality fuel performance, endurance and fatigue resistance significantly suffers. It is up to you to make proper refueling a top priority.

Refueling begins with proper hydration. Although water does not contain any calories staying hydrated is critical for all health, recovery and performance. In fact, water loses of just 2% of total bodyweight have shown to directly relate to a significant drop-offs in performance. Most athletes pay close attention to hydration during practices and games but have poor awareness the rest of the time. Water is the best way to stay hydrated, drink a lot and drink it often.

Eat like there is a purpose because there needs to be. If you are waiting four hours after practice until you eat something then you are doing yourself a serious disservice. Refueling does not occur without the fuel source. The more active the athlete the higher the caloric demands. As an athlete you should know the difference between a carbohydrate, protein and fat. What good choices are and when is the best time to consume them. Yes, this might take a little homework on your part but if you aren't willing to help yourself then you aren't going to make it to the next level anyway.

3) Rest easy

The majority of the recovery process occurs during sleep so without adequate amounts, recovery is impossible. Research has suggested sleep deprivation increases fatigue, low energy and poor focus during competition. Rules for quality sleep go like so:

- Go to bed near the same time every night
- Eliminate as much light in the room as possible
- No caffeine after dinner
- Plan on 7-8 hours every night
- Get in bed before midnight

4) The weight room is still open for business

A critical mistake I witness way to often is the disappearance of foot traffic in high school weight rooms during the season. Do yourself a huge favor and do not stop lifting in-season. It is almost unanimously agreed upon that building strength is a great way to prevent injury and stay bullet-proof through the season, but this only works if you stay strong during the season.

There are a few simple rules to follow during in-season strength training:

1. Cut training frequency. This means if you were training 4 times per week in the offseason you will likely only need to train twice per week to maintain the majority of your strength.
2. Reduce overall training volume. This will automatically come just by reducing training frequency but another way to do this is reduce the number of sets and reps. Stick to 2-3 sets of lower rep brackets with higher weights.
3. Eliminate extra conditioning sessions. The purpose of offseason conditioning should be to prepare you to face the exact metabolic demands of a specific sport. If you are in-season then you are facing those conditions almost every day to some degree.

5) Mobility is a must

Mobility is a must and in-season athletes tend to lose quite a bit of it from accumulated fatigue and poor recovery. Stiff muscles decrease our flexibility and active range of motion making us much more prone to muscle strains and other soft tissue injuries. When mobility is lost so is movement efficiency, this means the energy costs of a given task increase which means we run out of gas sooner. In addition once mobility is lost technique and mechanics suffer. These mechanical breakdowns lead to compensatory movements of parts of the body that shouldn't be moving and are the major cause of energy leaks and overuse injuries. Mobility work should always be a priority especially in-season. Some mobility and flexibility work should be done everyday in-season.

You will never be unbreakable but you should be hard to break. Adopt these habits this season and stay on the field and off the trainer's table.

OAK athletic development
BUILDING COMPLETE ATHLETES

HIGH POWERED
SPORT PERFORMANCE AND PERSONAL TRAINING

OUR APPROACH

Our athletes utilize the OAK Strong Training System, which is the application and execution of our training methodology and sound sport science principles, which are focused on developing the physiological and psychological traits of athleticism and fitness. The OAK AD athlete developmental hierarchy focuses on the aspects of movement mobility, stability, work capacity, strength, power and speed.

WHAT WE DO

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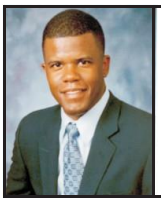
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