

OAK 8:25 Sports Medicine

UPDATE

INSIDE THIS ISSUE:

How Much is Too Much..... p. 2

Physician Spotlight..... p. 3

Hip Pain & Minimally Invasive
Anterior Hip..... p. 4

Clinic Spotlight..... p. 5

Elbow Injuries in Skeletally
Immature Overhead Throwers.... p. 6

OAK Welcomes Physician..... p. 7

Health Tip: When in Doubt,
Eat Mediterranean..... p. 7

Golf Performance..... p. 8

The Importance of the Pre-
Participation Physical Evaluation..... p. 8

The Power of Protein..... p. 9

Osteoporosis in Men..... p. 9

Health Tip: Sitting Negates
Exercise p. 9

Saturday Sports Injury Clinics..... p. 9



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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.

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HOW MUCH IS TOO MUCH?

by Michael J. Corcoran, MD
OAK Orthopedics

Injury rates in youth sports has increased 5-7 fold over the last 15 years. Sport specific training, year-round competition, personal coaches and an exponential increase in club sports has put a tremendous amount of pressure on these young athletes as well as their bodies.

Injuries that we used to see in mature athletes are becoming common in younger and younger players. Dr. James Andrews has written a book *Any Given Monday: Sports Injuries and How to Prevent Them, for Athletes, Parents, and Coaches* – Based on my *Life in Sports Medicine* detailing the epidemic of youth injuries. Dr. Andrews is one of the most respected and renowned orthopedic sports medicine physicians in the world. He has worked with a who's who of professional athletes including Drew Brees, Roger Clemens, Peyton Manning and Albert Pujols to name a few. I was fortunate enough to complete a Sports Medicine fellowship at the American Sports Medicine Institute under the tutelage of Dr. Andrews.

Dr. Andrews asked me to participate in a prevention program call the STOP program: Sports Trauma and Overuse Prevention (in youth sports). Two primary factors seem to be associated with increased youth injuries.

1. Specialization. This leads to playing a sport year-round. The same joints and muscle groups are over-loaded and never get a chance to rest, leading to overuse injuries.
2. Professionalism. This refers to trying to train a young athletes like a professional. Younger immature bodies are just not designed to handle that sort of abuse. More is not better.

Continued on page 3



Michael Corcoran, M.D.



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HOW MUCH IS TOO MUCH? cont.

3. Young athletes need to be athletic, not specialized. Overall athletic skills are developed by playing a number of different sports and activities. Specialization can overload specific muscle groups leading to muscle imbalances that can exacerbate overuse injuries. Functional training to identify these deficiencies with an appropriate training regimen can help decrease the risk of a lot of these injuries.



I feel a lot of these injuries could be avoided with appropriate education for coaches, parents and young athletes. Training regimens

need to be geared toward the young growing bodies and learning proper mechanics. There is a lot of pressure on kids and parents to specialize and train year-round for their sport. I hear time and time again "my kid is going to get a college scholarship". Possibly! I would encourage any young athlete to pursue their dream, but they need to have realistic expectations. If a young athlete dreams of being a major league pitcher and pitches year-round from the time they are 8-10 years old, the chances of their elbow or shoulder being worn out by the time they reach college are pretty high. When you're born, your shoulders and elbows only have "x" number of throws in them. A



young athletes would sure hate to hit "x" before they reach high school and never have that chance at the next level.

Young athletes need a minimum of two months off each year from their specific sport. I personally would like to see closer to 4 months off. They can participate in other activities during those



months to help develop overall strength and coordination. Let kids be kids!

I always encourage my young athletes that academic success is the best way to get scholarship money. There is a lot more money available for good grades than for athletics. Even if an athlete is blessed with the God-given ability to be a Division I athlete or actually

make it to the professional level, they still need an education. You may be one injury away from ending your athletic career. Coaches will tell you that NFL stands for "Not For Long"!

-Note: All proceeds from Dr. Andrew's book are going to the STOP program.

Physician Spotlight Juan Santiago-Palma, M.D

Dr. Santiago-Palma spent his formative years in Guatemala before attending medical school at Francisco Marroquin University which was followed by his residency in Physical Medicine and Rehabilitation at the Albert Einstein College of Medicine in New York City. Specializing in non-surgical spine care Dr. Santiago-Palma then completed his fellowship at the Harvard Medical School and Massachusetts General Hospital



Juan Santiago-Palma, M.D

where he received advanced training in interventional procedures to relieve back and neck pain. In addition he also completed a second fellowship in pain and palliative care at the world renowned Memorial Sloan Kettering Cancer Center. Dr. Santiago uses minimally invasive cutting edge procedures to relieve spine pain and over the past 10 years he has performed over 20,000 interventional procedures to relieve back and neck pain and other painful disorders.

His dedication and passion are evident within the practice and his willingness to see patients with neck and back pain sometimes stretches long into the evening. Dr. Santiago fully understands the discomfort and suffering nerve pain can bring as he continually monitors patients progressing through their course of treatment.

Dr. Santiago-Palma has also authored and published numerous book chapters and peer reviewed articles and his research interests include the development of safer and novel ways of performing spinal procedures. Dr. Santiago is board certified both in Physical Medicine & Rehabilitation and Pain Medicine by the American Board of Medical Specialties (ABMS). He holds memberships in the North American Spine Society and the International Spinal Intervention Society.

Dedication to his family is first and foremost but when time permits Dr. Santiago enjoys his passion for different cuisines, taking care of his sport cars and staying healthy through fitness programs. Dr. Santiago is a physician with vast experience in interventional pain management and OAK Orthopedics is fortunate to have a physician of his training and caliber.



Hip Pain & Minimally Invasive Anterior Hip

by Tom Antkowiak, M.D.
OAK Orthopedics

There are a few things in life that slow active patients down as much as hip arthritis. The healthy hip is made up of a ball and socket lined with smooth cartilage that glides and rotates in a pain-free manner. When the cartilage is healthy, we are able to walk, run, and jump without pain. When the cartilage wears out, the underlying bone is exposed and the hip becomes painful. At first, this can begin as an annoying ache in the groin and over time can progress to severe, debilitating pain. Because of the pain, patients often stop participating in the activities they enjoy.

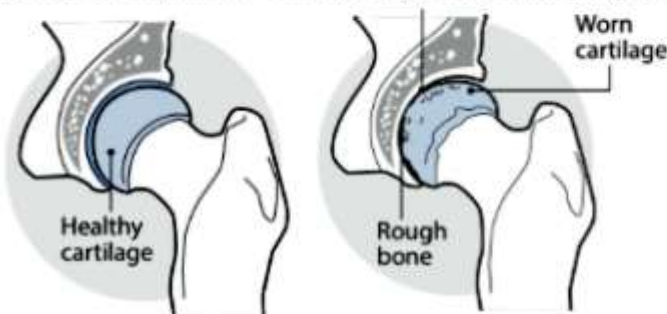


Tom Antkowiak, M.D.

Recreation and sports are usually the first to go. Sometimes, the pain can keep patients up at night, stop them from working, or even make activities of daily living challenging.



The diagnosis of hip arthritis is confirmed with a physical exam as well as x-rays obtained in the office. X-rays often show a loss of cartilage, and formation of bone spurs as a result of the arthritis. Once the diagnosis is made physicians



may prescribe anti-inflammatory medications, physical therapy, home exercise, cortisone injections, and other such treatments. Unfortunately, once there is a loss of cartilage the pain in the hip often persists and over time may get worse. When this occurs,



Posterior Incision

Anterior Incision

a hip replacement can successfully eliminate the pain and help patients return to their normal life and activity level.

Minimally invasive orthopedic procedures have gained popularity as they help to shorten recovery time and accelerated rehabilitation. OAK Orthopedics offers the latest in minimally invasive technology using the anterior approach to hip replacement. Traditional hip replacement surgery utilizes an incision made over the posterior or back portion of the hip. In order to access the hip from this incision one of the largest muscles in the body, the gluteus maximus, is split. In addition, several muscles which rotate the hip must then be cut to gain deeper access. Using the anterior approach, this muscle trauma can be avoided. Surgeons are able to use natural planes between muscles to access the front of the hip joint. This muscle sparing technique has several advantages including decreased pain, faster recovery, and shorter hospital stay.



When a hip replacement is done using the traditional posterior approach, precautions are often necessary to avoid dislocation of the hip. These precautions may include sleeping with a pillow in between the legs, avoiding reaching down to the toes, avoiding crossing of the legs, using an elevated toilet seat, and others. When using the anterior approach, these precautions are not necessary and patients are able to return to their normal lifestyle more quickly. When surgeons perform hip replacement procedures they often obtain x-rays after surgery to evaluate the placement of components and to check that the leg lengths are

Continued on page 5

Advantages of the Anterior Approach:

No muscles or tendons are cut through this approach to the hip joint. Patients can therefore expect a quicker and easier recovery with less pain.

During surgery, the patient is lying flat on their back. This allows for easy and accurate use on x-ray during the procedure. This allows the surgeon to most accurately confirm that the patient's leg lengths are equal and that the hip components are implanted in the optimal position.

Patients have NO hip precautions or restrictions after surgery.

Patients do not have to sleep or sit with an abduction wedge between their legs.

Shorter hospital stay

Lower risk of dislocation

Hip Pain cont.

equal. On additional advantage of anterior hip replacement is that components are placed under x-ray guidance in the operating room (OR). This allows the surgeon to make immediate changes in the OR to ensure that components are placed perfectly and the leg lengths match.

Once the surgery is complete, patients are able to place full weight on their hip replacement. Many patients walk on their new hip with the assistance of physical therapy on the day of surgery. Patients who are very motivated to can often go home within 1 day of surgery and most patients go home within a couple of days. The anterior approach to total hip replacement is an advanced technology offered by the surgeon's of OAK Orthopedics. We are here to help you move better, play better and live better.

Clinic Spotlight – Dr. Choy

Dr. Wesley Choy and his staff are featured in this edition. Dr. Choy treats the full array of orthopedic problems and issues which certainly demands a knowledgeable and dedicated staff. Coordinating these duties and tasks is Dr. Choy's Clinical Coordinator Marianne. Marianne and Dr. Choy have been working together for 30 years this August, so we are confident in saying "they are certainly on the same page". Clinical relationships of this longevity are a testament to professionalism, knowledge and dedication. Marianne is one of the go to staff when discussing past practice, OAK procedures and OAK history. Assisting Marianne is Mary H. who along with duties in Dr. Choy's clinic serves as Director of Clinical staff at OAK. Mary's supervision duties of other clinic's personnel and the coordination of medical compliances and mandates certainly keep's her day extremely busy. Rounding out Dr. Choy's clinical team are Lisa and Jordyn. This next generation of medical assistance is only strengthened by working and learning from their clinic colleagues. Their knowledge, enthusiasm and willingness to make Dr. Choy's clinic run's efficiently and smoothly is in direct reflection to the role models that Marianna and Mary serve within Dr. Choy's clinic and the OAK family.

Dr. Choy's clinical staff is recognized for their outstanding value and service and again we congratulate Marianne's upcoming 30 years of service with Dr. Choy and OAK Orthopedics.



From left to right Marianne, Mary, Dr. Choy, Lisa, Jordyn



OAK Orthopedic's team of orthopedic surgeons, primary care sports medicine specialists, pain management specialists, and podiatrist

Milton J. Smit, M.D.

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Specialty: Total Joints; Knee & Hip
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Bradley

Wesley E. Choy, M.D.

Orthopedic Surgeon- Board Certified
Specialty: General Orthopedics, Upper Extremities, Total Joints, Knee Arthroscopy
Bradley, Champaign

Alexander E. Michalow, M.D.

Orthopedic Surgeon- Board Certified
Specialty: General Orthopedics, Upper Extremity, Total Joints, Arthroscopy
OAK Pediatrics
Bradley, Watseka

Michael J. Corcoran, M.D.

Orthopedic Surgeon- Board Certified
Specialty: Sports Medicine, Shoulder, ACL Reconstruction, Arthroscopy
OAK Sports Medicine
Bradley, Frankfort

Rajeev D. Puri, M.D.

Orthopedic Surgeon- Board Certified
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OAK Total Joint Center
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Bradley, Frankfort, Watseka

ELBOW INJURIES IN SKELETALLY IMMATURE OVERHEAD THROWERS

By Carey Ellis M.D.

Overhand throwing places multiple stresses on the elbow joint. These stresses place demands on vulnerable immature elbows that can cause numerous injuries. Persistent elbow soreness, stiffness, and discomfort can lead not only to poor performance but can be significant indicators of debilitating injuries.

Baseball is one of the most popular participation sports for children in the USA, but repeated throwing in skeletally immature athletes can produce elbow injuries that threaten proper growth. It is estimated that 40% of 9-12 year old throwing athletes sustain elbow injuries requiring medical intervention. Athletic trainers, physicians, and parents should be aware that persistent elbow pain after throwing can be a sign of a significant injury.

The skeletally immature elbow has secondary growth centers located at the distal humerus, radial head, and olecranon (Figure 1).

When these structures are subjected to the stress of overhead throwing, the growth plates are vulnerable to injuries more than the adjacent muscles and tendons. The act of throwing places compressive forces on the lateral elbow, specifically the radial head and capitellum of the humerus.

It also places distractive forces on the medial elbow specifically the ulnar collateral ligament (Figure 2).

Both of these forces can result in debilitating injuries that have lifelong implications.

These stresses occur during the acceleration phase of pitching. Repeated overuse, exacerbated by poor mechanics, will result in failure of the tissues on either side of the elbow.

MEDIAL COMPARTMENT INJURIES

The distractive forces on the medial elbow can result in damage to the growth plates in skeletally immature athletes and disruption of the UCL in the mature athlete. Both of these injuries are potential career ending injuries.

The skeletally mature athlete will often times tear the ligament rather than avulsing it from the bone. These injuries require reconstructive surgery referred to as "Tommy John Surgery." This is named for the first athlete that successfully returned to professional baseball following an UCL reconstruction.

The skeletally immature athlete is at potential risk for an avulsion fracture of the UCL from the medial epicondyle of the humerus. This type of injury may not be due to a one-time injury, but rather the result of repetitive stress. Due to this coaches and parents must be aware of soreness after throwing that does not resolve within 24 hours. Post exercise soreness should resolve within one day of the activity, pain that lingers longer may be a sign of significant injury.

Signs and symptoms of a medial compartment injury are: medial joint tenderness, pain with a valgus stress test, diffuse medial pain while palpating the flexor muscle mass, and pain with resisted pronation. The medial musculature becomes symptomatic while acting as a secondary restraint for the injured UCL.



Carey Ellis, M.D.

In the event of persistent medial elbow pain, a physician should be consulted to rule out ligamentous injury. Bilateral x-rays should be performed to compare the amount of medial apophyseal separation at the distal humerus. A separation of greater than 3 mm is an indication for surgical repair.

Treatment for the non-surgical cases should include rest and rehabilitation exercises. The athlete should not throw a ball until the elbow is completely pain free and full strength has returned. Rehabilitation exercises should focus on wrist flexors and extensors, forearm pronators and supinators, as well as the shoulder musculature. After the athlete is pain free he/she should begin an interval throwing program, gradually returning to full throwing activities. Any pain during the interval throwing program should be evaluated and the throwing progression adjusted to compensate.

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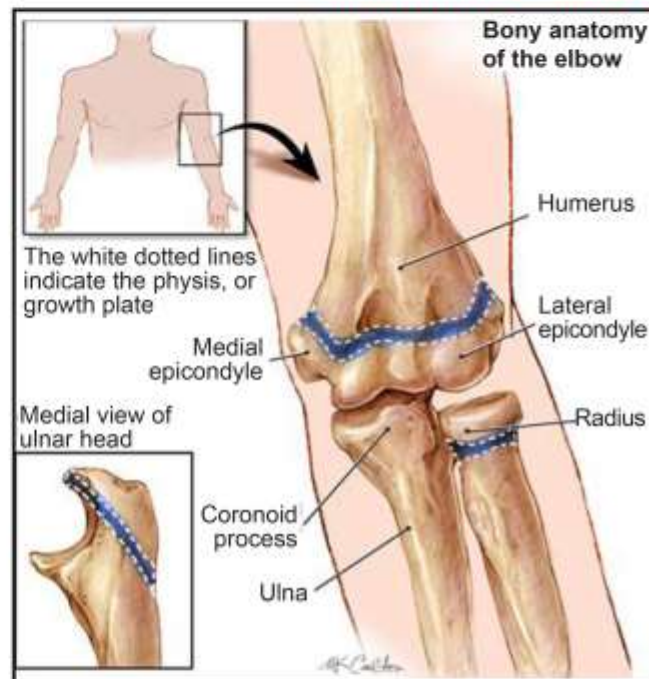


Figure 1

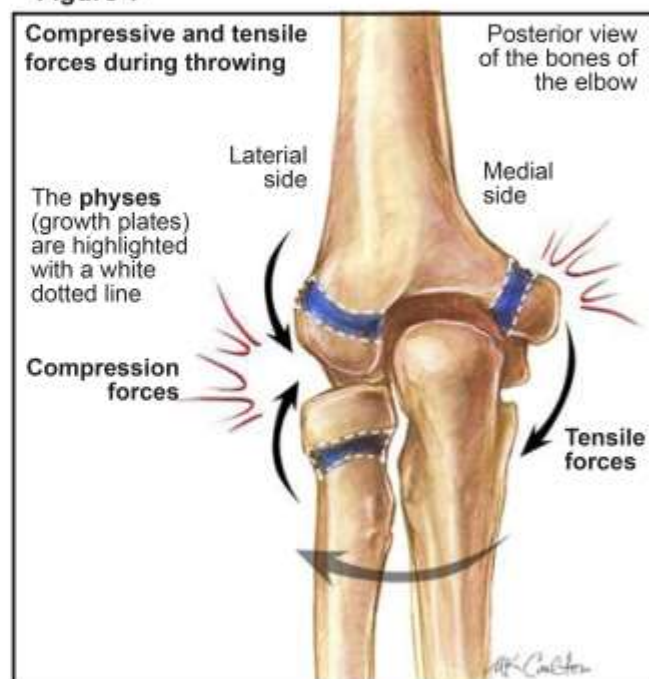


Figure 2

ELBOW INJURIES CONTINUED

LATERAL COMPARTMENT INJURIES

The same valgus stress that can lead to medial compartment injuries also place compressive forces on the lateral compartment that can result in damage. These compressive forces cause the radial head to impinge on the capitellum of the humerus. The capitellum has a tenuous vascular supply that makes this area predisposed to bony necrosis or osteochondritis dissecans (OCD).

The repetitive forces of throwing cause subchondral bone fatigue that result in microfractures. Repeated trauma and the limited blood supply to the area, does not allow these fractures to heal. This results in bone resorption and separation of an osteochondral fragment from its underlying bed. Without the osseous structural support, this separated fragment becomes avascular resulting in a partial or complete loose body.

The resulting loose body can then impinge on other areas in the joint causing further damage. X-rays may also show radial head hypertrophy. This is a result of the increased surface contact with the capitellum.

Signs and symptoms of this type of injury include: loss of full range of motion, most commonly in a loss of extension; pain with throwing that does not resolve after rest; swelling; grinding with elbow motion; and a decrease in performance.

This injury usually results in surgical intervention to correct the damage. If this injury is not treated appropriately the damage to the joint surfaces may result in permanent loss of normal joint function. Many athletes who have dealt with this injury have complications that include: lack of full extension, loss of normal pronation and supination, and incontractable pain.

POSTERIOR ELBOW INJURIES

The posterior aspect of the elbow is also subjected to significantly increased forces during throwing and can experience injuries ranging from stress fractures to avulsion fractures. The patient may experience pain in the back of the elbow as well as increased discomfort when attempting to extend the elbow against force. X-rays show changes, particularly a widening or fragmentation of the growth center. Treatment consists of immobilization until the pain and tenderness have resolved. If the fracture fragment has shifted away from the bone, surgery may be required to stabilize it.

Prevention is the key to protecting young throwing athletes. Educating the athlete, as well as, coaches and parents is critical. Proper training with respect to technique and limiting the number of pitches per week should be encouraged (*Tables 1 and 2*).

Table 1

Maximum number of pitches recommended		
Age (years)	Maximum pitches/game	Maximum games/week
8-10	52 ± 15	2 ± 0.6
11-12	68 ± 18	2 ± 0.5
13-14	76 ± 16	2 ± 0.4
15-16	91 ± 16	2 ± 0.4
17-18	106 ± 16	2 ± 0.6

Table 2

Minimum number of pitches thrown that requires a rest				
Age (years)	1-Day rest	2-Day rest	3-Day rest	4-Day rest
8-10	21 ± 18	34 ± 16	43 ± 16	51 ± 19
11-12	27 ± 20	35 ± 20	55 ± 23	58 ± 18
13-14	30 ± 22	36 ± 21	56 ± 20	70 ± 20
15-16	25 ± 20	38 ± 23	62 ± 23	77 ± 20
17-18	27 ± 22	45 ± 25	62 ± 21	89 ± 22

OAK Welcomes Physician Assistant Adriana Lingl

Physician Assistant Adriana Lingl has joined Dr. Tom Ankowiak's practice at OAK Orthopedic and will be seeing patients in the Frankfort and Bradley offices.



Adriana Lingl

Adriana grew up in Michigan and attended The University of Michigan where she graduated with a Bachelor of Science in Movement Science and was awarded University Honors in Kinesiology from 2010-2012. In addition, Adriana was a member of the Club Tennis Team, Pre-PA Club, and Sports Medicine Club. She volunteered for the Red Cross and worked as a medication care manager at a nursing home, as well as a research assistant for two years in the Department of Molecular and Integrative Physiology studying the impact of aging and exercise in muscle.

Following her undergraduate work Adriana attended PA school at Midwestern University and graduated in August of 2014 with a Master of Medical Science and received her certification by the NCCPA as a Physician Assistant in September. She has always been interested in science throughout school and was drawn to sports medicine as she grew up in a very active family and being an outstanding athlete herself. With these interests in mind, Adriana applied to the School of Kinesiology for undergraduate studies and began taking pre-med classes. She discovered the PA profession the summer of her sophomore year, was instantly enthusiastic about this career path and began researching and applying to schools the next year. Adriana was fortunate enough to be able to fulfill her dream at Midwestern University.

Adriana is passionate and excited to begin her career in orthopedics and looks forward to helping others. She approaches patient care with compassion and commitment, and fully intends to treat all patients as she would care for her own family and friends. Adriana is excited for the hands on technical approach offered by orthopedics, as well as the prospect of working with a dedicated and capable healthcare team to provide optimal care.

When time allows Adriana enjoys working out, running, competing, and playing tennis. She is especially passionate about the Detroit Red Wings, Detroit Tigers, and Michigan football. She also enjoys cooking and exploring new restaurants and recipes, reading, and spending time with friends and family.

OAK welcomes Adriana Lingl.

Health Tip

When in Doubt, Eat Mediterranean

A major study in the New England Journal of Medicine found eating this way – greens, fish, nuts, olive oil – lowered the incidence of heart disease, heart attacks and heart related deaths by 30 percent. The researchers actually shut down the study after just under five years because the results were so conclusive.



Golf Performance

Jeff Weber, MS, CSCS

OAK Athletic Development

Like any athlete, complete physical preparation is essential for optimal performance outcomes. This holds true for golfers as well, but often times we see a lack of consideration when it comes to training outside of the game itself.

In order to drive the ball farther, and more consistently, rotational power, strength, balance and mobility all must be present. This combination helps develop and transfer the largest amount of energy into a powerful and well balanced swing. Without these physical factors in-place it really doesn't matter how much you spend trying to refine your swing. It is important to understand that common swing faults and technical issues can be caused by physical limitations. This means spending hours upon hours on your swing will never be very fruitful until you better identify the true limiting factors of your swing.



Complete performance training should include: mobility and dynamic flexibility exercises, ground based balance and coordination exercises, static and dynamic core stabilization exercises, functional full body strengthening exercises, full body power exercises and work capacity training for endurance and stamina. There is no one best exercise or program for you, it is and always will be an integrated mix of all the right pieces to form the whole. The takeaway is that to be a complete golfer it is important to include all of these training exercises in your program for the best possible results.

We can easily liken a golfer to a driver and his car. It doesn't really matter how talented or how much the driver knows about the course or driving if the car lacks the steering, suspension, transmission and horsepower to perform. If you lack the critical physical attributes it doesn't matter how much you know about the 5th hole or how much you have practiced your short game. Sure strictly focusing on skill practice can help but it will always keep you well short of your true potential.

For perspective let's consider something called the athlete performance pyramid. The pyramid is just that and it helps us understand the essential considerations an athlete needs to truly excel. Like a balanced pyramid the base is broad and as it ascends it narrows before reaching its pinnacle. There are several interpretations of the performance pyramid but for the purpose of this article we will keep it consisting of eight separate tiers. At the base is nutrition and adequate recovery, from there it goes, mobility and flexibility, efficient movement patterns, stamina, relative body strength, explosive strength, speed and skill. If you haven't realized yet, skill work is an athlete playing his or her sport. The pyramid demonstrates the importance of approaching athletic development from a multi-factorial and integrated approach. All of the pieces of the pyramid are important and we certainly will hold ourselves back or even set ourselves up for injury if we don't follow the logical progression that the pyramid lays out.

Remember more is not better, better is better. Spending hours on the range may seem like it is your best bet to improve your game but don't forget about everything else.

The Importance of the Pre-participation Physical Evaluation

The number of athletes participating in high school sports has increased every year for the past 25 years. According to the National Federation of State High School Associations, 7.8 million high school athletes participated in sports in 2013-2014. Before participating in sports, athletes are required to undergo a pre-participation physical evaluation (PPE) from a healthcare provider. The overall goal of the PPE is to promote the health and safety of the athlete during training and physical competition; the purpose is not to exclude athletes from participation. The PPE has been utilized for the last 30 plus years, and is designed to help screen athletes for potential medical issues that may inhibit the athlete from participating. Pre-participation evaluations are encouraged by the American Academy of Pediatrics, the American Academy of Family Physicians, the Medical Society for Sports Medicine, and the Orthopedic Society for Sports Medicine.



**Josh Johnson PA-C,
OAK Orthopedics**

The primary components of the PPE are a complete medical history, a physical examination, a diagnostic evaluation, and the determination of clearance to participate. A thorough medical history is important because it can help recognize whether an athlete may be at increased risk to participate sports. Common questions of a medical history include whether the athlete has had symptoms of chest pain, shortness of breath, episodes of syncope (fainting or passing out), or near-syncope with exercises. A complete medical history also allows the patient to inform the healthcare provider about their medical diagnoses, past or current injuries, as well as any past surgeries. Athletes should inform the medical staff of any medications or supplements they are taking.

An athlete's height, weight, blood pressure, and heart rate are all measured as a part of the physical examination. The exam will include listening to the athlete's heart and lungs, and a full musculoskeletal evaluation. Diagnostic tests, including x-rays, blood work, or a cardiology consultation, are then ordered if necessary. At this point, the healthcare provider will determine whether the athlete is able to fully participate.

It's the time of year to begin preparing for summer sports camps, off-season training programs, and the start of a new season of high school athletics. OAK Orthopedics Sports Medicine is proud to offer pre-participation evaluations at its Frankfort location on Saturday May 16, 2015 and at the Bradley location on Saturday June 6, 2015; the cost is \$20.00 with all proceeds being donated to that participants athletic department. For more information call (815) 928-8060.

The Power of Protein

EVERYDAYHEALTH.COM

Protein is one of the building blocks of a healthy diet to fuel and repair the body. But not every protein-rich food makes a good choice.

Protein is an essential element of a healthy diet. You may only think of meat when you think about protein, but this important nutrient actually comes in a number of different forms. Choosing a variety of protein-rich foods while still paying attention to your fat and cholesterol intake are the keys to healthy eating.

Why We Need Protein

Sure, protein tastes good, but why is it so good for the body? "It's an essential nutrient," says Anne Wolf, RD, registered dietitian and researcher at the University of Virginia School of Medicine. Protein serves as a critical building block for cells and tissues throughout our body. "We need it for every function in our body — for healing purposes and for building muscles," explains Wolf.

Make sure you give your body what it needs, but don't overload on protein or make it your primary food source. Remember that a healthy balance of foods is your best bet for a healthy diet. Wolf says most women only need about 50 grams of protein per day, while men may need 60 to 70 grams — that works out to between two and three servings. Athletes, seniors, and pregnant women need a little more than that. But most people, notes Wolf, eat more than 120 grams of protein a day — more than twice what we generally need!

The Lowdown on Meat

As much as the body needs protein, not all protein-rich foods are good for you. You have to evaluate sources of protein for unhealthy factors, like saturated fat (unhealthy fat) and cholesterol. The saturated fat content of many types of meat is so high, you can exceed your daily fat allowance with just a few bites.

Wolf points out that skinless chicken breasts are an extremely lean source of protein. Red meat is a great source of protein, but it also contains cholesterol and can be very high in saturated fat, so you have to be careful about which meat sources you choose.

"Find lean cuts of beef and pork," says Wolf. Ask a butcher for advice on the leanest cuts and avoid meats like steak that are marbled, since that white marbling is actually fat. Processed meats, including cold cuts and hot dogs, should also be avoided because they tend to contain excess salt and fat.

The Healthiest Sources of Protein

To work protein into your diet, opt for healthier, lower-fat options. Fortunately, there are many healthy sources of protein, including beans, nuts, fish, and low-fat dairy products (these will give you needed calcium, too).

What's considered the ultimate source of protein? "We commonly use the egg as the best source of protein," says Wolf. If people are concerned about fat and cholesterol, Wolf says, they can still get their protein by just eating the egg white — the fat and cholesterol is all in the yolk.

Protein-rich foods are an integral part of a healthy diet. Just be sure to go for choices that are low in cholesterol and saturated fat so that you're giving your body protein without those unwanted "sides."

Osteoporosis in Men?

Osteoporosis is often labeled a "women's disease", but a new report from the International Osteoporosis Foundation reveals that men over 50 are 27 percent more likely to break a bone secondary to osteoporosis than to get prostate cancer. Experts say there's a clear explanation: Guys haven't gotten the message that they need to take steps to prevent bone loss. There are ways men can do so in their thirties and forties that will dramatically reduce risk of disease later, states Dr. Robert Recker board member of the National Osteoporosis Foundation. Men can increase bone mass with weight-bearing and muscle strengthening workouts, such as jogging, push-ups and pull-ups or active sports like tennis and basketball plus make sure your getting your vitamin D. If your concerned about the potential risk of osteoporosis consult with your primary care physician or contact one of our specialists at OAK Orthopedics.

Health Tip

Sitting Negates Exercise

Even if you exercise regularly too much sitting can counteract the positive effect of your exercise routine, according to new research. Doctors at the University of Texas Southwestern Medical Center analyzed more than 2,200 healthy people under age 50, and after adjusting for age, gender, and body mass index, the results were clear and consistent: Two hours of sitting can be as detrimental to your health as 20 minutes of exercise is beneficial. Simply getting up from time to time can help. Stand to answer the phone, take a walk to the water cooler, walk over to talk with a co-worker and if you're tied down for hours, try to move more later suggests lead author Dr. Jarrett Berry.

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.



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



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Bradley Hand Clinic: (815) 936-0400 | Frankfort: (815) 464-3525 | Matteson: (708) 283-0021

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